



a moment
in time...

...AIDS and
business

A white paper prepared for the **American Foundation for AIDS Research (amfAR)** symposium
The Global Economics of HIV/AIDS: Defining Social and Business Costs
The United Nations

November 30, 1999

A Moment In Time: AID\$ and Business

David Bloom

Allan Rosenfield

and

River Path Associates.

White Paper prepared for the American Foundation for AIDS Research (amfAR) symposium 'The Global Economics of HIV/AIDS: Defining Social and Business Costs' held at the UN, November 30, 1999.

Business has transformed the planet. But this gives it new responsibilities. People now expect business leaders to lead – and not just respond when things go wrong.

HIV/AIDS is a global problem, with over 16.3 million people now thought to have died of the disease¹. Without action now, the pandemic will worsen, health services will come under relentless pressure and the number of people dying will increase exponentially.

So why should business sit up and take notice?

First: money.

AIDS is slowly strangling many businesses and economies – and in a global market, everyone eventually suffers. Without profit, there is no business – so the business community needs to act to protect its bottom line.

Second: people.

Over 80% of those dying are in their 20s, 30s and 40s. Businesses are losing workers and customers, and human networks that have taken decades to build.

Third: imagination.

Business is inventive, creative and fast-moving. It has the opportunity to use these strengths for the benefit of the wider community. It's time to pit business *ideas* (and some money, too) against the threat of AIDS.

The course of the AIDS epidemic is not inevitable. The world's businesses have the skills and intensity to make a measurable difference, especially if they find public sector and NGO partners with whom they share a vision. A focused, coordinated, results-driven effort will hit AIDS hard.

The HIV virus moves fast (and is mutating all the time). Business has the opportunity to make a difference. It must grasp this opportunity. And grasp it fast.

back to basics

These simple facts provide a framework for action against AIDS:

- *HIV is an invisible problem.* The illnesses associated with AIDS can develop within months or after 10 years, during which HIV-positive people may infect many others. The biggest problem is therefore the one we can't yet see. Action should ideally be taken *early* in an epidemic – with efforts concentrated on countries where the problem is growing, as well as those countries where a crisis has already been reached.
- *HIV is transmitted socially.* Infection follows patterns of commerce and development – whether the long-haul trucking industry in East Africa, the commercial blood donation system in India, or migrant miners in southern Africa. Interventions must work through communities, overwhelming patterns of infection with patterns of prevention and treatment.
- *AIDS hits workers hardest.* HIV is spread in a number of ways (unsafe blood, sharing of needles amongst injecting drug users, transmission from mother to child, and homosexual sex, for instance) but **heterosexual sex is the dominant means of transmission** in most developing countries. As a result, more than four in five people dying from AIDS are in their 20s, 30s or 40s. Their deaths suck productivity out of businesses and whole economies. And they leave behind children and elderly relatives who must be supported by those who are left to work. The epidemic also crosses social and economic classes in many developing societies, affecting the skilled as well as the unskilled, the rich as well as the poor.
- *A vaccine won't come quickly.* After a period of stagnation, the pace of vaccine development has picked up. But even following a major breakthrough, trials and distribution would take many years. Researchers also face a moving target, as the virus continues to rapidly mutate. Like cancer, there is unlikely to be a 'magic bullet' cure.
- *For the moment, information is the best defense we have.* Prevention campaigns have had a significant impact in the West, with information moving faster than the disease. But few efforts have been tried on this scale in the developing world. Clear, imaginative, well-researched marketing could save millions of lives, especially if it grapples with the problems of reaching audiences in countries that have less sophisticated communication networks than are now common in the developed world.
- *Something can be done for the sick.* There is a despicable but detectable tendency to 'write people off' because they are infected. Yet there is great human and economic value in extending lives and improving their quality. In addition to families, business needs this productivity – especially as the global economy continues to develop.
- *Affordable approaches to AIDS care are available.* We've all heard of new antiretroviral therapies that cost dozens of times what the average African, for example, earns in a year. But there are cheaper treatments – such as preventive antibiotics, antifungal creams or vitamin supplements – that can help combat the symptoms of AIDS, even if they cannot treat the virus itself. Improved care can also have a significant – and cost effective – impact on the quality of people's lives. Training and support for home carers and better training for front-line physicians lifts the burden from hospitals and helps people lead longer, more productive, and more dignified lives. These interventions can also keep people working, which is a vital boost to their prospects (as they need income to protect their health), as well as to the bottom-line of their employers.

one: beyond statistics

Not everything that can be counted counts, and not everything that counts can be counted.

Albert Einstein, scientist

How bad is the global HIV/AIDS pandemic?

Thousands of conferences have tried to answer this question. Frightening and arresting statistics abound – one of the most sobering is that as many as 15,000 people are now infected every day. The problem is worse in some countries than others, but no country is immune to the ravages of the disease. We believe the seriousness of AIDS is now self-evident, and the focus should move from plotting the size of the epidemic to better policy and more effective action.

95% of people with HIV now live in developing countries, with the public in developed countries increasingly aware of the global impact of AIDS. A recent opinion poll showed that Americans think the disease is one of the most important problems the world faces (more critical than the environment, terrorism, political unrest, or overpopulation²). 95% believe that as long as AIDS exists anywhere in the world, Americans will be at risk – while 80% think the global AIDS epidemic will have a serious impact on the world economy.

We believe that it is possible to build on this heightened interest and call on a large number of new actors – especially from the business community – to take action to target AIDS around the world. The aim would be to engage developed world and developing world audiences, while bringing imagination, skills, and increased resources to prevention and care programs in countries most at risk.

So why should business get involved?

- *business has a natural interest* – productive adults are hit hardest, while the social nature of transmission means AIDS goes hand-in-hand with economic development.
- *business can make a difference* – the global AIDS epidemic is terrible, but not hopeless (see 'back to basics'). As not-for-profit pioneers have shown, the right interventions save large numbers of lives and alter the course an epidemic takes through a society. They also make many lives better, by mitigating the social and economic impact of the disease on those afflicted, their families, and communities.
- *business has skills that can add value* – any new business efforts will add to the value of existing work, not displace those already involved. Business is by nature diverse. It is constantly inventive and serves large, varied, and demanding audiences. It has effective distribution channels, excellent marketing skills, consumer credibility, and political clout – and will bring a heightened focus on results to existing public health efforts. Many businesses have bridged the gaps between developed and developing countries, and between quite different cultures. AIDS is a global problem – and business can suggest global solutions.
- *business will benefit from the campaign* – businesses will see the benefits of involvement in a campaign against AIDS on their bottom line. Direct benefits include decreased risk and operating costs. There will also be discernible indirect effects on intangible – but increasingly valuable – assets such as reputation and customer loyalty, while some businesses will be able to use action on AIDS to build stronger and more effective brands.

new stories

Stories mean more than statistics. In 1991, it was not the world's 10 million HIV-positive people who caught the public imagination as much as the infection of one man – Magic Johnson. When Johnson announced his status, it led to more news stories in the American press than ever before or since³.

A business campaign will need to tell similarly compelling stories about AIDS around the world, about human suffering and the tragedy of fragile economies under attack – but also about its positive agenda and the fact that action can and will make a real difference. It will also have to engage different audiences and make new connections with them.

AIDS is a story:

- *for young people* – businesses find it notoriously difficult to engage this audience, but anyone under 30 has lived with AIDS throughout their sexual maturity and knows the impact the disease has. This makes AIDS the universal story of a generation – uniting people across the world in a shared experience (unlike for example malaria or TB). Any new campaign needs to embrace youthful energy, developing an explicitly creative and contemporary approach.
- *about globalization* – while the public in many countries is dubious about the benefits of the global economy, most businesses and economists are convinced it is essential to future prosperity. An effective, business-based global campaign will tell quite new stories about globalization and assert that the move towards interconnectedness is about international security and cooperation, as well as money.
- *about new types of business and how they express themselves* – after a decade of phenomenal innovation and rapid change, business has transformed people's lives and their ability to communicate. New business sectors are now dominant, run by a different generation and organized in ways that would have been unthinkable 20 years ago. According to the United Nations Development Programme, more than half the GDP in the major OECD countries is now knowledge-based, while tourism has proclaimed itself as the world's largest industry. A campaign against AIDS should look for champions and advocates in these new sectors. They are now reaching maturity, broadening their horizons and beginning to realize the impact they can make (the Bill and Melinda Gates Foundation looks likely to overtake the Wellcome Trust as the world's biggest foundation, for example).
- *for small businesses* – as societies emphasize entrepreneurship, the small business sector becomes more important. No one has yet found a winning formula for talking to this diverse and busy audience. Business people, however, like to listen to other business people (a businessman once said that "one entrepreneur can recognize another at 300 yards on a misty day") and big businesses are powerful influences on their suppliers and competitors. United Distillers, for example, helped the Confederation of Indian Industries to reach its 3,500 industry members – sending out powerful messages about what networks of businesses can achieve when they work together.
- *about partnership* – businesses are often drawn into adversarial relationships with not-for-profit organizations. An HIV/AIDS business campaign offers the chance for businesses to work closely with NGOs, trying to achieve clearly defined goals. The goal is a new standard for co-operation. Flexible partnerships will allow different types of organization to work to their strengths and set a new (and popular) standard for social solidarity.

two: the business agenda

If... your inanimate machines can produce such beneficial results, what may not be expected if you devote equal attention to your vital machines, which are far more wonderfully constructed.

Robert Owen, 19th century British industrialist

A detailed case for business action on AIDS starts with the balance sheet. As AIDS advances:

- *business costs rise and markets shrink* – as health and life insurance costs, loss of productivity and discipline, and increased absenteeism hit the balance sheet. Businesses must replace trained workers (with staff turnover expensive whether unemployment is high or not). As people get ill, they have less money to spend on businesses' products and services. As Mechai Viravaidya, AIDS pioneer in Thailand, put it – “dead customers don't buy”⁴.
- *global instability becomes more likely* – health shocks are hitting countries hard at a perilous stage in their economic development – and as the East Asian crisis showed, economic shocks can move quickly from market to market in today's world, with political unrest following close behind.

It's about more than money, of course. Commerce is one of the most fundamental interactions between *people* – and AIDS threatens this exchange. As AIDS advances:

- *human capital is lost* – as societies get healthier, people invest more in their own and their children's education. More sophisticated businesses develop as the population becomes more educated. Health also increases the amount of available capital for investment, as people save more for their retirement (healthy people think about life tomorrow, not just living today). Wealthier societies go on to spend more on health, locking an economy into a virtuous spiral where every 5-year increase in life expectancy adds as much as 0.5% to annual growth figures⁵. AIDS is *reversing* this process in many countries.
- *social capital is lost* – a market does not exist in a vacuum. Businesses need strong and fair government, freedom from corruption, and effective social institutions to function efficiently. AIDS makes achieving good governance harder. In many parts of Africa, for example, AIDS has taken a heavy toll on senior civil servants and younger people are now being promoted early, without sufficient experience or training. AIDS also hits the families of those who have the disease. AIDS has now left behind 11.2 million orphans⁶, most of whom have decreased opportunity to become productive members of society. The disease also has an intangible – but real – effect on morale, draining vibrancy from businesses and society as a whole⁷.

By taking action on AIDS, businesses do more than protect investment and reduce risk. They also have the chance to significantly enhance their image. Businesses across the world are now more client-focused, with value increasingly concentrated in intangible assets such as reputation, brand and customer loyalty. Action on AIDS offers companies a chance to enhance dialogue with the audiences on whom they rely – shareholders, media, employees, suppliers, and customers (and all their friends and families) – while for businesses that take a lot from developing countries, this is a clear opportunity to demonstrate they are giving something back.

An energetic campaign against AIDS raises real leadership challenges. So far, few businesses have brought the same dynamism to their social programs as they bring to marketing core products and services. If businesses are to join the leaders, social *responsibility* must be transformed into true social *entrepreneurship*.

regional round-up

Successes include:

- in *North America* and *Western Europe* predictions of the extent of the epidemic have not been borne out. Information spreads faster than the disease, especially in the gay community, leading to many fewer HIV infections than some experts were predicting. The disease is not defeated, of course, and complacency is a real danger. Epidemics are still building in certain sections of the population (mostly poorer or minorities) and the number of new infections is no longer declining in many richer countries.
- in *Australia*, however, dramatic gains have been sustained, with incidence of new cases continuing to move down, from 5,985 in 1995 to 206 in 1997. As a result, the country is acknowledged as the world leader in prevention and tracking of the disease.
- *Thailand's* vast sex industry soon made it Asia's worst case, but it is now recognized as having one of the world's "most forceful, long-standing, and successful AIDS prevention programs." Brothels were bombarded with campaigns and condoms, which are now used in 90% of sex acts, with sexually transmitted disease incidence dropping steadily over the past ten years.
- *Uganda* also launched an aggressive prevention campaign that has halved numbers of new infections among young people, and bucked the trend in the rest of the region. Increased condom use, higher rates of abstinence, fewer sex partners, and the treatment of sexually transmitted disease have all had a significant effect.

These successes put lack of progress in other countries into stark relief:

- In *Eastern Europe* and *Central Asia*, the epidemic is in its early stages and there are worrying signs that it is beginning to grab hold, especially in countries where economies are deteriorating. HIV infections in the former Soviet Union have doubled in just two years.
- *Sub-Saharan Africa* remains the global epidemic's undisputed center of gravity. Eight per cent of all African adults are now living with HIV/AIDS, with some countries having a much more serious problem⁸. Life expectancy in the region is now declining – reversing the development gains of the past twenty years. 56% of the region's population are not now expected to reach the age of 60, compared to 28% for developing countries as a whole.
- in Asia, the spotlight, according to UNAIDS, is on HIV in *South* and *South-East Asia*, whose populations have an increased risk of transmission because of their youth. Cambodia is an example of a small country that is especially at risk, with 100 new infections a day. In India, to cite another example, 4 million people are HIV-positive and, although the country has made great strides in improving its understanding of the epidemic, stigma and discrimination still present major obstacles to successfully tackling the disease. In *North-East Asia*, there is a growing problem. In China, for example, infection rates are low but seem to be rising fast, as the Chinese economy becomes increasingly open. This could have serious consequences both for the world economy – with China now a global center for manufacturing – and for the poor, in a country that has achieved in recent years what the World Bank has described as possibly the most spectacular poverty reduction in the history of the world.

three: learning lessons

It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all try something.

Franklin D. Roosevelt, 32nd President of the United States of America

Successful interventions against AIDS have often come from beyond the establishment and have involved working with communities in new and different ways. In the UK, for example, early government initiatives against AIDS were widely ridiculed and it was left to new not-for-profit organizations, working in highly entrepreneurial ways, to set a different tone. They had a clear understanding of their audience's needs and had discovered, to paraphrase Peter Drucker, the godfather of modern management, that "marketing is not a function, it is the whole problem seen from the customer's point of view."

When designing new initiatives, business has the opportunity to learn from the experience of fifteen years of action against AIDS. We believe that any new business campaign will need to:

- be about *more than money* – while researching this paper, one senior corporate figure told us that for business "money is the easy way out", while many businesses have come to resent being tapped for funds by organizations they do not believe will spend them well.
- bring in *new ideas* – a new business initiative must add to the overall effort, rather than displacing existing activity. A business campaign should audit business skills, identify deficits in current HIV/AIDS work, and offer an approach that marries the two.
- be *entrepreneurial* – businesses are successful because of the drive to do things better than the competition. This tends to make them more efficient and better at creating value than the public sector. A business campaign should find ways to ensure that businesses bring the same high standards into social programs as they apply to their economic activities.
- be *results-driven* – businesses are used to working towards clearly defined targets and they should bring the same discipline to social campaigns. Defining achievable objectives – and demonstrating that interventions achieve value for money – is essential to success.
- be *cooperative* – thriving markets are not characterized by unfettered competition, but by a mixture of competitive and cooperative mechanisms. Businesses understand the value of partners (and use this model when entering new markets). However, businesses will not benefit from all-embracing coalitions that smother innovation. Instead, they need to find partners with whom they share goals, have mutual trust and respect, and have complementary skills and capacity.
- be *audience-led* – whether mounting a national advertising campaign or running a prevention program in a local factory, AIDS initiatives need to be run with an understanding of the audience (or community) for whom they are intended. Levels of dialogue, engagement and participation are critical to success.
- have *political support* – businesses are very good at getting the attention and commitment of top political leaders. Their involvement and support will continue to matter. Business also has to operate in a legal environment and need, therefore, to consider the international agreements, national laws and shop-floor agreements that are part of the wider social response to HIV/AIDS.

business impact

This paper, we hope, pushes at an opening door. Many businesses are waking up to the threat AIDS poses and beginning to respond with imaginative solutions.

In Africa, for example, preliminary findings from a survey in 29 countries conducted by the World Economic Forum and the Harvard Center for International Development reveals that business leaders now believe that AIDS imposes significant and increasing costs on their businesses, with perceptions of costs especially high in responses from the AIDS-ravaged countries of Zambia, Zimbabwe, and Malawi. HIV/AIDS is reported as having a strong or very strong impact on the productivity of the workforce among 30% of the firms surveyed, up from 20% three years earlier, but already over 50% among those firms surveyed in Zambia, Zimbabwe, and Malawi.

There are encouraging signs that increased awareness of the problem is leading to action. Over 40% of companies in Angola, Botswana, Kenya, Malawi and Zimbabwe now provide free condoms to their workers, while over 40% of companies in Kenya, Malawi, South Africa and Zimbabwe provide free counseling services.

Many countries now have a not-for-profit organization that works with and represents businesses on AIDS. The Thailand Business Coalition⁹ on AIDS is thriving, with over 100 full members. It is struggling to meet demand for its workplace education (which it offers for everyone from chief executive to shop-floor worker) and is now compiling evidence for the cost effectiveness of this kind of intervention.

In India, UNAIDS highlights a partnership between the southern Indian state of Tamil Nadu and a multinational advertising agency. They launched an advertising campaign targeting young men. Advertisements were screened at major cricket matches, using cricketing language with humorous sexual innuendo to get the message across ("if you bowl a maiden over tonight, use a condom"). Surveys show the campaign has had a measurable effect on sexual behavior.

China clearly has great potential for this kind of workplace strategy. It already has large numbers of workplace health facilities and has widespread experience in using health campaigns to encourage behavioral change (population control is a well-known, if controversial, example). With China and India likely to have as many HIV infections as Africa by 2005, according to Xu Hua, Associate Secretary-General of the China Sexually Transmitted Diseases and AIDS Foundation, the time is right for extensive work to develop AIDS programs through existing health facilities.

Any new initiative will grow out of the strength of existing best practice – learning from other businesses and from pioneering work in the public sector. UNAIDS, for example, is collaborating with MTV International, as well as a number of not-for-profit organizations, on the 1999 UNAIDS campaign, while the Global Business Council on HIV/AIDS (under Sir Richard Sykes, chair of Glaxo Wellcome) runs a highly successful award scheme, among other activities. The International AIDS Vaccine Initiative, meanwhile, is a non-profit scientific organization working to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. It is attempting to expand public/private collaboration and increase private sector investment in a global vaccine effort.

Many not-for-profit organizations provide especially inspiring examples. There are social entrepreneurs at work in NGOs across the world, large and small. Business people need to emulate their courage, sincerity and imagination, if their efforts are to really count.

four: a call to action

Ideas won't keep: something must be done about them.

Alfred North Whitehead, philosopher

In the 20th century, the USA has shown itself capable of overcoming vast obstacles in the pursuit of economics and development (the Marshall Plan after WWII), while global efforts in public health have seen family planning spread across the world and childhood vaccination shoot up from five percent in 1970, to now cover over 80% of the world's children.

We believe that global business can help mobilize the human, financial and organizational resources needed to mount a strategic effort to tackle AIDS. We therefore suggest forming a small team to:

- *assess existing activity* (duplication will not help anyone), brief business leaders, and recruit supporters
- *prepare a presentation for the World Economic Forum* in February, and for other key business events, business leaders, and like-minded partners
- *define the mission of a new task force* to take the campaign forward, with the skills of the best and brightest of the business world and benefiting from a mix of managerial, political, and communication skills

If formed, the task force might then consider some or all of the following areas for action:

- *condom promotion* – since the 1960s, condoms have not been heavily promoted (and are only chosen by four percent of developing world couples who use contraception). AIDS has stimulated the development of cutting edge packaging, marketing, and distribution efforts in some countries. Business efforts are the best way to extend this approach across the world.
- *consumer education* – businesses are skilled at creating new markets for products and services, using marketing, advertising and PR to change the buying decisions people make. Again, these skills can be directly applied to action on AIDS.
- *consumer research* – prevention campaigns benefit from clear behavioral segmentation of target markets – information that is hard to collect and is rapidly out-of-date. Business has proven experience of using focused quantitative and qualitative techniques in its marketing activities. This capacity can be transferred to an HIV prevention and AIDS care campaign.
- *removal of stigma* – abuse is part of life for many AIDS sufferers. Driven underground, transmission rates are higher and treatment is less effective. Businesses can effectively fight stigma through the workplace – and supply chain – sending a strong signal to the communities in which they operate.
- *workplace action* – the workplace offers a key strategic location for health-care initiatives. Business people are also best placed to talk to other business people about what works and why – helping them safeguard productivity with cost-effective interventions.
- *support of existing efforts* – public health efforts treating STDs, preventing drug use, or offering clean needles are often under-resourced and poorly promoted. Businesses can provide back up that will add value to the work of those already on the ground.

five: do the right thing

*Obsession does not guarantee success.
On the other hand a lack of obsession does guarantee failure.*

Tom Peters, business consultant

Business has transformed the planet, but HIV/AIDS is undermining tomorrow's world – today.

Governments can act. NGOs can act. But on their own, they can't do enough. Without the creativity, drive (and wealth) of business, a serious crisis is certain to worsen across many parts of the world.

The business community has already made some impact, with many projects underway and some strong partnerships developing. It's time to pull these efforts together – to articulate a new vision, build an embracing strategy and take concerted action.

Business is used to acting decisively and quickly. We need its help – right here, right now.

'A Moment in Time' has been prepared for the **American Foundation for AIDS Research (amfAR)**. The paper will be presented to a symposium, entitled '**The Global Economics of HIV/AIDS: Defining Social and Business Costs**', to be held at The United Nations, November 30, 1999.

The contents of this paper represent the views of the authors, not those of amfAR or any of those who have kindly assisted in the paper's preparation. That said, the authors are enormously grateful for helpful comments, suggestions, and assistance from Lakshmi Reddy Bloom, John Bongaarts, Tim Brown, Greg Carl, Kelley Dougherty, Nancy Fee, Sherry Glied, Sofia Gruskin, Deborah Hernan, Jim Jennings, Guy Macdonald, Ajay Mahal, Richard Marlink, Gayle Martin, Sheryl Martin, Charles McLean, Malcolm McPherson, Marc Mitchell, Keiko Miyagawa, Peter Piot, Gilles Pומרol, Jerome Radwin, Gita Ramjee, Michael Reich, Robert Shapiro, Sara Sievers, Donald Snodgrass, Sharifah Tahir, Humphrey Taylor, Myo Thant, Rosalind Whitehead and Alan Whiteside. We add many apologies to those who we have inadvertently omitted.

David E. Bloom is Professor of Economics and Demography at the School of Public Health, Harvard University. Professor Bloom's recent work focuses on the links between globalization and sustainable human development, the impact of health status and population change on economic growth and poverty reduction, and the importance of higher education to developing world economies. He has served as a consultant to numerous governments, corporations, and international organizations, including the United Nations Development Programme, the World Bank, the World Health Organization, the International Labor Organization, the National Academy of Sciences, and the Asian Development Bank. Professor Bloom is a member of the Board of Reviewing Editors of *Science* magazine and has been a contributing editor of *American Demographics* and an associate editor of the *Review of Economics and Statistics*. From 1990 to 1993, he served as the Chairman of the Department of Economics at Columbia University, and from 1996 to 1999, he served as Deputy Director of the Harvard Institute for International Development. Contact David Bloom on dbloom@hsph.harvard.edu

Allan Rosenfield, M.D., is Professor of Public Health and Obstetrics/Gynecology, and Dean of the Mailman School of Public Health at Columbia University. Dr. Rosenfield specializes in women's reproductive health issues, from both a domestic and international perspective, including AIDS, contraception, adolescent pregnancy and maternal mortality; health care reform in the U.S.; urban health care delivery systems; minority health concerns; and health care for the poor and disadvantaged. He is former chair of the Planned Parenthood Federation of America, of former the executive committee of the American Public Health Association, and of the Alan Guttmacher Institute; and is a past president of the NY Obstetrical Society. He currently is the chair of both the New York State AIDS Advisory Council and amfAR's Public Policy Committee. He has been a consultant and on committees of a number of domestic and international organizations. He is founding director of the Center for Population and Family Health, and former acting chairman of the Department of Obstetrics and Gynecology both at Columbia University. He is an elected member of the Institute of Medicine; and for six years was Medical Advisor for Family Planning and Maternal and Child Health to the Ministry of Public Health, Thailand, working for the Population Council. Contact Allan Rosenfield at ar32@columbia.edu

River Path Associates, www.riverpath.com, is a knowledge consultancy, specializing in bringing intelligent creativity – based on thorough understanding – to complex issues. River Path provides research, strategic counsel and policy advice – as well as the creative development and delivery of new ideas. Areas currently of special interest include entrepreneurship, the development of small business, globalization, science communication, emerging technologies, the environment, international development and the criminal justice system. The company has worked for a mixture of public and private sector clients including the World Health Organisation, the World Bank, the UK Department for International Development, the World Bank/UNESCO Task Force on Higher Education and Society, the United Nations Council on Trade and Development (UNCTAD), the British Council, the National Endowment for Science, Technology and the Arts (NESTA), British Telecom and One 2 One. Contact River Path Associates on pathfinders@riverpath.com

¹ *Global Summary of the HIV/AIDS epidemic*, UNAIDS, December 1999

² *Public Perceptions of HIV/AIDS*, conducted for amfAR, June 17 1999, Louis Harris and Associates.

When a sample of American adults were asked to rate world problems on a scale of 1 to 10, the worldwide spread of AIDS rates 7.9. Political unrest and terrorism rates 7.6. The threat to the global environment rates 7.3. The rate of worldwide population growth rates 6.7. Other relevant results include the finding that 95% of Americans believe that “as long as AIDS exists anywhere in the world, Americans are at risk”; while 80% believe that a “catastrophic AIDS epidemic in the rest of the world would have a serious impact on the US economy.” In addition 72% of people believe that “as America leads the world in medical research... the USA government should take the lead in solving the international AIDS crisis.”

³ *Covering the Epidemic: AIDS in the News Media, 1985–1996*, prepared for the Kaiser Family Foundation by Princeton Survey Research Associates, June 26, 1996.

⁴ Ann Marie Kimball and Myo Thant (Viewpoint, *The Lancet*, 1996, 347, 70–72) also note that more than half of households with a person living with AIDS “have had their consumption of goods and services reduced by 40–60%.” Mechai Viravaidya is now so associated with family planning that a “Mechai” has become slang for a condom.

⁵ *The Health and Wealth of Nations*, David E. Bloom and David Canning, *Science* 1999, forthcoming.

⁶ UNAIDS defines an orphan as someone who has lost his or her mother before the age of 15 and points out that many maternal orphans have also lost their father.

⁷ In *EAGER/Public Strategies for Growth and Equity, The Institutional Impact of HIV/AIDS in Africa*, August 1999, Malcolm McPherson writes of the “institutional disruption and dysfunction arising from both the loss of personnel due to HIV/AIDS and the changes in behavior and attitudes induced by the pandemic. Some of these costs include: the loss of ‘institutional memory’ when senior staff in an organization become disabled or die; declining job performance of workers whose lives have been prematurely shortened; and the reduction in productivity due to the erosion of discipline. Other related costs have been the increase in losses of public sector entities due to opportunism and the increase in organizational inefficiency as remaining, and new, staff struggle to ‘keep up’.”

⁸ In Botswana, Namibia, Malawi, Zambia and Zimbabwe, roughly 25% of adults and 40% of pregnant women are HIV-positive.

⁹ See www.mednet.loxinfo.co.th/tbca



David E. Bloom
School of Public Health, Harvard University

Allan Rosenfield
Mailman School of Public Health, Columbia University

and

River Path Associates
For further copies: www.riverpath.com