

Section 1 Executive summary

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Section 1 Executive summary

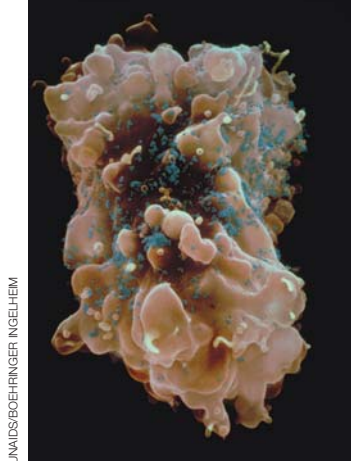
This book is about AIDS and Africa, and the world's response to both, and presents three stories describing possible futures.

If, by 2025, millions of African people are still becoming infected with HIV each year, these scenarios suggest that it will not be because there was no choice. It will not be because there is no understanding of the consequences of the decisions and actions being taken now, in the early years of the century. It is not inevitable.

As these scenarios demonstrate, it will be because the lessons of the first 20 years of the epidemic were not learned, or were not applied effectively. It will be because, collectively, there was insufficient political will to change behaviour (at all levels, from the institution, to the community, to the individual) and halt the forces driving the AIDS epidemic in Africa.

What we do today will change the future. These scenarios demonstrate that, while societies will have to deal with AIDS for some time to come, the extent of the epidemic's impact will depend on the response and investment now. Applying and sustaining the learning of the last 20 years will make a fundamental difference to Africa's future.

Hundreds of people have contributed to building the scenarios in this book. The project has been grounded in a dedicated group of participants from all walks of life, mostly Africans living and working in Africa, who are involved in responding to HIV and AIDS, living with HIV, and dealing with the impacts of AIDS. Their efforts have been supported and supplemented by analysis and comments from other experts in a variety of fields, along with writers and artists, and the contributions of many supporting institutions.



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The nature of the scenarios

Each of the three scenarios describes a different, plausible way in which the AIDS epidemic could play out across the whole of the African continent. They are rigorously constructed accounts of the future that use the power of story-telling as a means of going beyond the assumptions and understandings of any one interest group, in order to create a shared basis for dialogue and action about critical and difficult issues.

The epidemiological descriptions are explicitly not projections of what will happen. Rather, each scenario is illustrated by a model, based on one of three assumptions:

1. **'Traps and legacies' extrapolates current trends until 2025.**
2. **'Tough choices' applies the trajectory of the most successful response to date (Uganda), adjusted for respective national levels of the epidemic.**
3. **'Times of transition' illustrates what might occur if a comprehensive prevention and treatment response were rolled out across Africa as quickly as possible.**

Each scenario is also illustrated by regional epidemiological stories.

Similarly, the HIV- and AIDS-specific programme costs of each scenario are illustrative, and have been costed using the knowledge that has been built up over the last decade about the relationship between interventions and outcomes. These costs are also presented regionally.

The scenarios aim to go beyond a description of current events and to uncover some of the deeper dynamics that prompt the spread of the epidemic. These play out in three different ways in the three different scenarios.

A diverse continent and a diverse epidemic

The scenarios are rooted in the complex and interrelated social, economic, cultural, and medical realities of HIV and AIDS in Africa today. One of the biggest challenges that pan-African scenarios face is the need to reflect the continent's diversity: a continent that encompasses 53 countries and numerous ethnic, religious, and linguistic groups, whose respective boundaries rarely coincide, as well as a wide range of economic and political regimes.

Moreover, the dynamics of the epidemic—indeed the virus itself—are not uniform across the continent. According to the latest UNAIDS estimates, the average HIV prevalence in 2003 in the countries of Southern Africa was 16%, in East Africa 6%, in West and Central Africa 4.5%, and in North Africa less than 0.1%. There are, in effect, a number of different, overlapping AIDS epidemics in Africa, of differing viral subtypes.

This diversity should not be viewed as a barrier to effective action. Rather, it is a source of creativity and rich experience, which presents important opportunities for inter-country learning and sharing across Africa.

Key assumptions and uncertainties

The scenarios project was based on two key assumptions:

- That AIDS is not a short-term problem—whatever is done today, it remains inevitable that AIDS will still be affecting Africa 20 years from now. However, it remains uncertain in what ways, and by how much, Africa's future will be shaped by AIDS.
- That decisions taken now will shape the future history of the continent.

This project does not prescribe what those decisions should be. Instead, it aims to provide a tool to help people make better decisions, by

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exploring the interconnectedness of social, cultural, economic, and political factors and by identifying—and challenging—the often implicit assumptions that influence their thinking.

The future is fundamentally uncertain, but these scenarios explore two critical uncertainties surrounding the AIDS epidemic.

1. How is the AIDS crisis perceived, and by whom? If AIDS is perceived primarily as a health problem, or an issue of personal behavioural change, the response will be very different to one where the magnitude of the AIDS epidemic in Africa is perceived to be a symptom of underdevelopment and inequality. It is one thing for governments to define the problem, but if their definition is not shared by their civil societies (or vice versa), the response is unlikely to be coherent. If the problem is perceived in one way by donors, and in another by governments, again, the ensuing action is unlikely to be optimal.
2. Will there be both the incentive and capacity to deal with it? Will the current level of interest in the AIDS epidemic be sustained, and will the incentive and resources available for addressing the epidemic and its impact be commensurate with need?

The different scenarios provide different answers to these questions of perception and illustrate the effects of differing levels of incentive and available resources.

In addition to these ‘uncertain elements’, there are also some ‘predetermined elements’ that will influence every possible future: one example is the fact that the population across Africa will continue to grow.

The five critical and uncertain forces driving AIDS in Africa

Five powerful driving forces were identified in the project as being crucial to the future of HIV and

AIDS in Africa. These drivers each have their own dynamic and operate at many different levels, from the household and community, to the regional and international arenas. In addition, these drivers interact, creating further complex dynamics.

Consideration of these drivers and their interaction provides a powerful analytical tool for examining events in the past and present, and for considering plausible future developments. It is from the interplay of these drivers that the scenarios have been created.

The analysis of the drivers makes it clear that the shape and the extent of the AIDS epidemic is determined by a range of powerful forces, outside of the areas in which HIV and AIDS programmes normally respond. Addressing HIV and AIDS may act as a catalyst for addressing these broader socioeconomic and political dynamics. Equally, addressing HIV and AIDS effectively requires a consideration of these deeper forces.

The five drivers are summarized in the following sections.

The growth or erosion of unity and integration

This driver concerns the extent to which individuals, groups, and nations consider themselves connected. Unity and integration between individuals and their communities form the basis of peaceful, inclusive societies, which facilitate effective implementation of policies and programmes on HIV and AIDS. A perception of connectedness is necessary for the development of global solidarity. Societies will find prevention and care more difficult where: unity is eroding; there are high levels of inequality; or factionalism or ethnic and religious tensions predominate and lead to violence. Alternatively, tackling the AIDS epidemic effectively may contribute powerfully to the growth of national unity, through the creation of a sense of a collective challenge.



The evolution of beliefs, values, and meanings

Beliefs about how HIV is spread and how it can be prevented may be based on particular secular, traditional, or religious systems, or a mixture of all three. These include individual beliefs about personal identity and morality, and about sexuality, illness, life, death, and cosmology. Such ideas will determine whether HIV and AIDS are seen in the framework of transgression, stigma, and punishment, or of opportunity and risk. Cultural and religious leaders have shown that they can influence belief systems to ensure that HIV and AIDS are seen in a more positive light.

The leveraging of resources and capabilities

The struggle against HIV and AIDS is sometimes presented as simply a question of funding. While the scenarios presented here demonstrate that considerably more resources are needed, the issue is also about leveraging what is available to achieve more—especially when resources are limited. Resources include money, leadership, human capacity, institutions, and systems. Alternatively, the scenarios show that resources may become exhausted under the pressures of the epidemic and underdevelopment. Funds could be dissipated in short-term, conflicting initiatives, with little long-term benefit. The scenarios demonstrate that a remarkable window of opportunity is opening up and that it needs to be taken advantage of now. Making the money work, including through increased coordination, will be a critical part of mobilizing more resources, both domestic and international.

The generation and application of knowledge

New knowledge—and new ways of applying existing knowledge—about the virus and its spread will be crucial. The greatest impact is likely to come from combining three aspects: biomedical knowledge; a better understanding of sexual

behaviour; and knowledge about the effects on people living with HIV and AIDS and those who care for them. Approaches that combine traditional and modern views of the world are already being developed, and will continue to be crucial to reaching broader population groups.

The distribution of power and authority

This driver describes the different ways in which power and authority are distributed in society and how they may interact with each other. It asks who has power in any given situation and whether power is centralized or shared. This driver relates particularly to the importance of gender and age in the impact of, and response to, the epidemic.

The scenarios

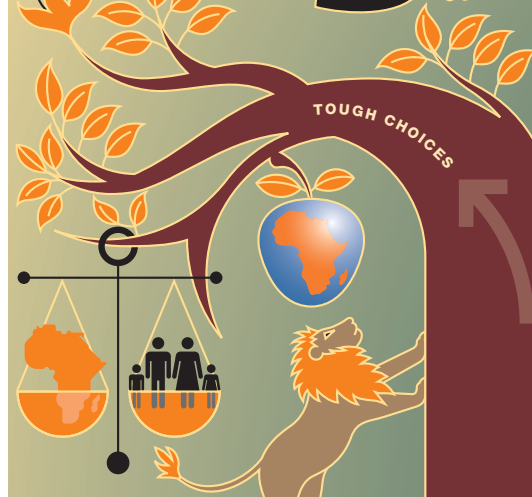
The scenarios initially set out to answer one central question: “Over the next 20 years, what factors will drive Africa’s and the world’s responses to the AIDS epidemic, and what kind of future will there be for the next generation?” In answering this question, the scenarios pose two related questions: “How is the crisis perceived and by whom?” and “Will there be both the incentive and capacity to deal with it?” The responses to these questions lead us into the three scenarios:

- **Tough choices: Africa takes a stand;**
- **Traps and legacies: The whirlpool;**
- **Times of transition: Africa overcomes.**

Each scenario proposes very different answers.

Tough choices: Africa takes a stand

‘Tough choices’ tells a story in which African leaders choose to take tough measures that reduce the spread of HIV in the long term, even if it means difficulties in the short term. This scenario shows that, even with fluctuating aid, economic



uncertainty, and governance challenges, collectively, Africa can lay the foundation for future growth and development, and reduce the incidence of HIV.

'Tough choices' is told as the script of a documentary film made in 2026, including observations by a range of African leaders and experts. It describes the tough economic, social, and ethical choices that leaders and governments have to make in order to generate national renewal. The scenario does not describe a time of abundance for much of Africa. In this context, skilful governance is of the utmost importance, and the development of regional and pan-African institutions assumes key importance as well.

In this scenario, governments insist that HIV and AIDS are tackled as part of an overall, coherent strategy for national medium-term and long-term development. They impose discipline on themselves, each other, and their external partners (if they refuse to take this on themselves) and demand that action match rhetoric.

The scenario identifies a series of tough choices and careful balancing acts.

1. The interests of the state as a whole versus those of individual communities, and individual rights versus the collective good. Inevitably, this includes managing dissent.
2. Immediate economic growth versus longer-term investment in human capital.
3. Choosing how to target resources—should the priority be to rapidly develop the skills and capacity of a minority essential for building and maintaining the functions of the state, or should most resources be spent on services for all and alleviating general poverty.
4. Navigating between helpful and risk-enhancing cultural traditions.
5. Balancing nation building with strong regional and pan-African alliances; and freedom from external control with the benefits of external resources.

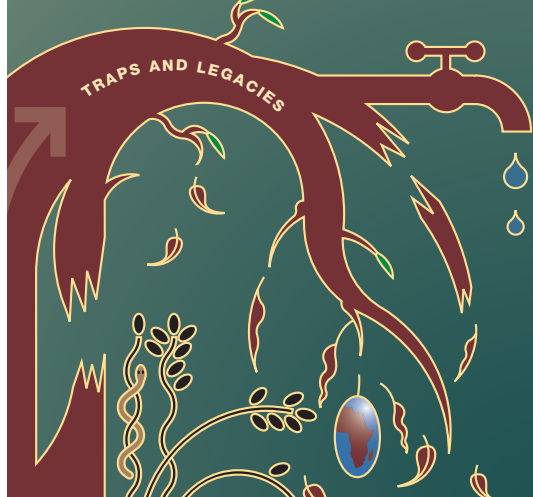
6. 'Protecting women' versus increasing women's freedom.
7. Determining the focus of HIV and AIDS programming: 'targeting' versus generalized prevention; treatment for key cadres only or treatment for all.
8. The needs of rural areas (including agricultural reform) versus the benefits of urbanization and industrial development.

The scenario shows that it is possible to mount a response in which leaders and communities come together. This can happen with similar levels of resources for stand-alone HIV and AIDS programming to those used by Uganda in the 1980s and 1990s, although with only moderate levels of antiretroviral therapy included. The scenario demonstrates that an early and rigorous approach to prevention will pay dividends, although it will take a while for these dividends to become evident.

Population growth means that, even with considerable efforts in prevention, the number of people living with HIV and AIDS will continue to grow, but by 2025 numbers will fall to levels similar to what they are today and continue to fall as long-term investments in social, economic, and human capital over the two decades begin to pay off.

While the main HIV and AIDS programme effort in 'Tough choices' focuses on prevention, there is some scaling up of antiretroviral therapy: from less than 5% treated at the start of the scenario to just over one third of those who need it by 2025. The trajectory of antiretroviral therapy roll-out is steadily upwards, reflecting the continued investment in health systems and training, as well as drugs manufacturing capacity within Africa.

There continues to be a high number of deaths in the 'Tough choices' scenario—though the rate begins to fall by 2015, reflecting the fact that prevention measures take time to work through the system.



Initiatives in support of children orphaned by AIDS are increased rapidly in the years to 2010 and then keep pace with population growth. Nonetheless, the number of children orphaned by AIDS almost doubles over the course of the scenario.

Overall, total HIV and AIDS spending grows rapidly in the years 2003 to 2013, followed by a more moderate rate until the end of the scenario. Much of the increase in costs comes from greater spending on prevention activities, which scale up rapidly between 2008 and 2014. Costs for care and treatment grow slowly in the early half of the period, then more rapidly in later years, as systems and capacity are put in place for a sustainable roll-out.

The total cumulative HIV- and AIDS-specific programme costs for this scenario are nearly US\$ 100 billion. The scenario builds on the assumption of substantial and sustained donor assistance in the early part of the scenario, followed by a plateau where official development assistance stagnates. Nonetheless, there is a considerable expansion of domestic capacity to take up and sustain the response to HIV and AIDS with funding generated within the Africa region—building on sound domestic policies pursued throughout the scenario. Annual spending in this scenario rises to around US\$ 5 billion by 2016, and to just over US\$ 6 billion in 2025.

Traps and legacies: The whirlpool

'Traps and legacies' is a story in which Africa as a whole fails to escape from its more negative legacies, and AIDS deepens the traps of poverty, underdevelopment, and marginalization in a globalizing world. Despite the good intentions of leaders and substantial aid from international donors, a series of seven traps prevent all but a few nations or privileged segments of the population from being able to escape continuing poverty and continued high HIV prevalence.

This scenario is told as a series of lectures by an acclaimed African author. She explores why Africa in 2025 still carries a huge AIDS burden, along with widespread poverty and instability. She recognizes that, even in an overall landscape of poverty, there are still those individuals, sectors, and even countries that have done well, but she does not seek to put their stories in the foreground.

The scenario suggests that HIV and AIDS will continue to receive very strong emphasis in the near future—but that responses are fractured and short-term, often fail to reflect the realities of everyday life, and therefore fail to deliver a lasting solution. By 2025 the demographic, social, and economic impacts of the epidemic, repeated over several generations (particularly in countries with an HIV prevalence of over 5%), have depleted the resources of households and communities. A 'missing' generation of grandparents is just one example of the demographic impacts, while a growing number of children orphaned by the epidemic are less skilled, less cared for, and less socially integrated than their parents. Many have little to lose, and perhaps feel they may gain from conflict and instability. The effects of these social impacts spill over into countries with lower HIV prevalence.

The scenario identifies seven traps that preclude effective, long-term, or widespread development in Africa.

1. The legacy of Africa's history (post-colonialism has been unable to overcome deep divisions).
2. The cycle of poverty, inequality, and disease (rising populations put pressure on inadequate social sector infrastructure, and AIDS further depletes capacity).
3. The divisions rupturing society (scarcity promotes division, and AIDS and stigma feed off division).
4. The quest for swift dividends (African leaders and their donor partners want to show quick results, so are unable to invest in long-term change).



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5. The challenges of globalization: integration and marginalization (trade rounds and reducing foreign investment fail to benefit Africa, whose formal economy is left to rely on a narrow primary export base).
6. Aid dependency and the quest for global security (aid donors fail to live up to the rhetoric of harmonization and the so-called global war on terrorism spills over into Africa, determining donor funding patterns).
7. Responding to the AIDS epidemic: shortcuts and magic bullets (the scramble to roll out antiretroviral therapy leaves few lasting benefits and prevents the much needed scale-up of prevention).
 - Donors do not harmonize their responses;
 - Aid is volatile and of poor quality, and AIDS funding continues but in the absence of deeper investments in social and economic development;
 - It is easier to get antiretroviral drugs than adequate nutrition and clean water;
 - The realities of human behaviour are denied; and
 - The root causes of poverty are not addressed.

'Traps and legacies' describes how AIDS does catalyse people and institutions into a response, but they cannot make sufficient headway with depleted capacities and infrastructure. The additional burden of responding to the AIDS epidemic detracts from other development efforts—continuing underdevelopment in turn undermines the ability of many countries to get ahead of the epidemic. The scenario shows growing disunity and disintegration, diminishing capacity, ongoing ethnic and religious tensions, and wasted resources, with (initially) abundant funding supporting a growing so-called AIDS industry alongside a discourse of blame and punishment around the epidemic. It shows how, despite good intentions, the epidemic will simply continue across many countries and populations in the continent as:

- HIV is seen in isolation from its root social, economic, and political context, is medicalized, and is treated primarily as an issue of individual behavioural change or personal treatment;
- Resource provision is as inconsistent and unpredictable over the next 20 years as it has been over the past 20;
- African countries fail to translate aspirations of pan-African unity into effective reality;

In this scenario, across the continent by 2025, HIV prevalence remains similar to today, at around 5% of the adult population, with some countries above, or below this level. The high prevalence rate translates into continuing reduced life expectancy across many countries, and an increase in the number of people living with HIV and AIDS of more than 50%. Prevention efforts are not effectively scaled up—although the level of services achieved in 2004 is maintained and expanded, it only grows at the same rate as the population.

Efforts to roll out antiretroviral therapy continue, but are impeded by a combination of underdeveloped and overwhelmed systems, and overall cost. By 2015 a little over 20% of people who need antiretroviral therapy have access to it and this figure stubbornly refuses to budge for the rest of the scenario. Care and treatment for a minority still costs an average of US\$ 1.3 billion per year over the 23 years of the scenario. By 2025 this scenario is still costing US\$ 4 billion per year in HIV- and AIDS-specific programme costs—just to keep service provision at the level that it is today. Because there is a failure to get ahead of the epidemic in terms of prevention, the costs continue to rise, and this rise continues into the foreseeable future.

'Traps and legacies' offers a disturbing window on the future death toll across the continent, with the cumulative number of people dying from AIDS



increasing more than fourfold, and the number of children orphaned by the epidemic continuing to rise beyond 2025.

Times of transition: Africa overcomes

'Times of transition' is the story of what might happen if all of today's good intentions were translated into the coherent and integrated development response necessary to tackle HIV and AIDS in Africa.

The scenario is told as an account by a storyteller and some of her friends, as they look back from 2036 at the changes that took place in the first quarter of the twenty-first century. This scenario is about the transitions and transformations that must take place in the way in which the world and Africa tackle health, development, trade, security, and international relations, in order to achieve the goals of halving the numbers of people living with HIV and AIDS and ensuring that the majority of those who need antiretroviral therapy have access to it by 2025.

A set of six interlocking transformations reshaping Africa's future, and its place in the world, is identified in the scenario:

1. 'Back from the brink' describes changes in how HIV and AIDS are dealt with, with a rapid roll-out of treatment and effective prevention strategies, supported by a very active civil society.
2. 'Setting the house in order' focuses on national policy responses to reduce poverty and spur development, crucial for limiting the spread of HIV.
3. 'Working together for development' investigates the improved collaboration between African governments and their external partners over the first quarter of the century, as resources are increasingly owned, directed, and coordinated by African governments and their people.
4. 'Trading on strengths' details the key changes

that have taken place in global trade.

5. 'Human hearts and human rights' describes the people at the core of the scenario and the ways in which they have changed—including powerful changes in the ways women and men relate to one another and to their communities.
6. 'Planting peace' describes how the prevention of conflict and promotion of peace and security, both within and between countries, has been a vital part of the new African agenda for the twenty-first century.

These transitions begin with a growing perception of crisis: the AIDS epidemic acts as an overarching symbol of many other problems facing Africa and the world in this scenario, including the potential collapse of the regulation of world trade; the failure to meet the Millennium Development Goals; continuing global inequality; the undermining of the multilateral order; the growth of terrorism; and urgent evidence of continuing climate change. The prospect of another century of conflict and impoverishment drives changes in attitudes, values, and behaviour—catalysed by civil society as much as by state leadership.

Transitions in the delivery of aid, in the rules around trade, in addressing human security, and in national and international governance are fundamental, leading in time to a more stable world, with benefits for the global North and South. There is a doubling of aid flows to Africa, sustained for a generation, with investments in health systems, agriculture, education, electrification, water, roads, social development, and institutional and governance capabilities. 'Times of transition' describes fundamental changes in the ways donors provide aid and the ways governments deal with that aid so that it promotes sovereignty, does not undermine autonomy, is not inflationary, and does not promote dependency.

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This scenario describes a mobilization of national and international civil society. It begins with treatment activists working towards the safe delivery of antiretroviral therapy, and leads to a gradual broadening of civil society concerns, skills, and engagements. It describes new roles and partnerships for international business. The story suggests that, if these transitions could be made in a generation, they could dramatically reduce the number of people infected with HIV. They could fundamentally alter the future course of Africa, and the world, in the twenty-first century.

In 'Times of transition', the number of people living with HIV and AIDS almost halves between 2003 and 2025, despite the fact that the population grows by 50%. The gender bias in infection and prevalence begins to even out, though women are still slightly more adversely affected at the end of the scenario.

The scaling up of antiretroviral therapy is dramatic: over the course of the scenario, access expands rapidly, to reach almost half of those who need treatment by 2012. By the end of the scenario, coverage has increased to 70%—reflecting the fact that expanding care beyond the capacity of existing health systems will be a time-consuming and painstaking process.

Despite lengthened lives due to antiretroviral therapy, total cumulative deaths on the continent continue to rise, leading to a steady increase in the number of children orphaned by AIDS, although the longer life-spans of parents has made a significant difference in the socialization of many children.

Achieving this scenario requires cumulative investments of nearly US\$ 200 billion, in the context of greater overall investments in health, education, infrastructure, and social development. HIV- and AIDS-specific funding is increased at a average year-on-year rate of more than 9% and spending is most rapid in the early phases, with external donors covering approximately half of the

overall costs. Spending reaches US\$ 10 billion per year by 2014 and remains at this level until near the end of the scenario when it begins to tail off, reflecting the fact that earlier investments are paying off.

The important message of this scenario is that early expenditure, with a continuous growth in prevention spending, means that the care and treatment budget can begin to decline as early as 2019, as the total number of people living with HIV and AIDS begins to fall.

Implications and learning from across the three scenarios

Taken as a set, the three scenarios introduce some important considerations for activists, policy-makers, programme-planners, and those implementing actions to take into account as they think about the future.

- A sufficient response to the epidemic is still not guaranteed: reversals in the current level of interest are still possible and everything must be done to prevent AIDS fatigue. The scenarios suggest that, while the worst of the epidemic's impact is still to come, there is still a great deal that can be done to change the longer-term trajectory of the epidemic and to influence the overall numbers of people who the epidemic will affect. Nonetheless, mortality rates in some countries, even with high rates of antiretroviral therapy roll-out, will continue to increase for a while and policy-makers need to prepare for this impact. Rapid and substantial investments in prevention will mean that these mortality curves begin to decline sooner rather than later.
- How the crisis confronting Africa is defined, and by whom, will make a fundamental difference to the outcome of tackling the crisis. Leadership in the response to HIV and AIDS is



vital—but strong leadership must be backed with institutional capabilities and resources, systems capacity, and effective public policy responses. ‘Traps and legacies’ makes it clear that leadership on its own is not enough.

- Local decentralized responses are critical: it is vital to include local culture, values, and meanings in shaping policies. Religious identity is also likely to play a major role in the future of the continent and the epidemic. However, effective responses will only be achieved by effective engagement and support from the centre.
- In the face of a crisis that manifestly exceeds the current capacity to respond, not everything can be done at once. ‘Traps and legacies’ demonstrates what happens if there is little or no time for reflection on the extent of national or international capacities because events are moving too fast, results are needed too quickly, and the priorities of stronger individuals, countries, or institutions dominate. ‘Tough choices’ demonstrates that, when resources are limited, governments need to take difficult decisions, but that skilful choices will pay important dividends. ‘Times of transition’ suggests that if African countries and the global community continue to expand the response to the epidemic, in the context of a broader development response, it will make a fundamental difference to the number of people living with HIV and AIDS in 2025.
- There is no magic bullet: just as the causes of HIV and AIDS are complex, so are the responses. There is no single policy prescription that will change the outcome of the epidemic. HIV and AIDS is a long-wave event, and needs consistent policy responses over several terms of government. Rapidly fluctuating policy responses will do nothing to stem the epidemic. It is essential to develop both short-term pragmatic solutions and long-term strategic responses. Working on both is critical to a successful outcome.
- The range of actors involved in tackling the AIDS epidemic will make a fundamental difference to the outcome. ‘Traps and legacies’ plays out a relatively limited cast of characters and actors who do not effectively coordinate their actions; in ‘Times of transition’, civil society and the private sector play fundamentally important roles; in ‘Tough choices’ governments play a key role, but also stimulate leadership at all levels of society.
- Women’s social, economic, and physiological vulnerability to HIV is well understood, but the policies and actions that might best protect them have not been well implemented. In tackling HIV, it is important to go beyond a narrow focus on women’s risk of HIV exposure. Measures to improve the status of women are also needed, such as universal education for girls; reducing violence against women; and ensuring that women have equal access to property, income, and employment. Effectively addressing the gender issues that lie at the heart of the AIDS epidemic would have immense transformative power, catalysing social, economic and political reforms.
- Until now, the resilience of communities to care for orphaned children has been considerable, but the ongoing, recurrent, and cyclical nature of the AIDS crisis means that this resilience may be worn away. More long-term alternatives need to be planned now. The scenarios show how investing in children as a resource for the future, and in keeping their parents uninfected and alive, contributes significantly to the overall outcome of the epidemic.

- The psychological impact of the epidemic has, in the main, been poorly addressed. Mental health as well as physical health must be included in treatment, care, and prevention plans.
- The death toll will continue to rise, no matter what is done. These scenarios explore the space between the best that can be done in terms of averting infections and saving lives, and what might happen if current trends continue. However, even if the best that can be done is done, communities across Africa will still face major challenges over the next 20 years.

Comparing key issues across the three scenarios

HIV and AIDS programmes thus far have been predominantly resourced with external funds and this trend looks as if it will continue for many years to come. However, most commitments do not extend beyond the next five years, and uncertainty remains about the level of resources that will be available in the future. ‘Tough choices’ shows what is possible when there are efficient domestic policies but stagnant external aid; ‘Times of transition’ shows what might happen if there are more efficient domestic policies and increased and high quality external aid; and ‘Traps and legacies’ shows what might happen if there are inefficient domestic policies and volatile or declining external aid.

Exceptionalism versus isolationism

A line must be drawn between treating HIV as an exceptional disease (exceptionalism) and paying attention only to HIV (isolationism).

In ‘Tough choices’, the AIDS epidemic is seen as part of a wider crisis of African underdevelopment, and actions are taken by each nation—within

relatively limited domestic and external resources—to tackle underdevelopment and to find development models that suit their particular needs and environments.

In ‘Times of transition’, the AIDS epidemic acts as a catalyst, helping people and institutions across the world to perceive the wider international peace and development crisis. AIDS engenders an exceptional response, but it is not treated in isolation from its wider social and economic context. The funding for AIDS takes place in the context of much a much wider developmental response.

In ‘Traps and legacies’, HIV is treated as the object of interventions, in isolation from its social and economic context. Because of the emphasis on antiretroviral therapy, the overall response is medically focused: HIV and AIDS are treated as a medical emergency and they capture much of the additional aid that goes to Africa between 2004 and 2010, diverting resources and capacities from other areas. There is no sustained investment in infrastructure, or in the structural and development issues that fuel the epidemic—including gender relations, poverty reduction, or cultural issues.

Resource needs and utilization

The scenarios make it clear that it is not only how much that is spent on HIV and AIDS programming that counts, but how well it is spent and the context in which it is spent. They show that major increases in spending will be needed to produce significantly better outcomes in terms of curbing the spread of HIV, extending treatment access, and mitigating impact—but that more resources without effective coordination and an improving context may do more harm than good. Major funding increases may serve to drive a so-called AIDS industry, rather than to drive a massively improved response.

Indicator	Scenario		
	Tough choices	Times of transition	Traps and legacies
Cumulative programme cost (US\$ billion)	98	195	70
Cumulative deaths from AIDS (1980–2025, million)	75	67	83
Cumulative new infections (million)	65	46	89
Cumulative infections averted (million)	24	43	Baseline:0
Incremental cost per infection averted (US\$)	800	1 160	Baseline:0
Incremental cost per QALY saved (US\$)	20	29	Baseline:0

Source: UNAIDS (2004) 2004 report on the global AIDS epidemic. Geneva, (historical data) and UNAIDS AIDS in Africa Scenarios Project.

Figure 2 shows the respective costs and outcomes of the three scenarios.

Compared to 'Traps and legacies', 'Times of transition' achieves the better outcomes, averting 43 million new infections, while 'Tough choices,' which averts 24 million new infections, has a lower incremental cost per infection averted and quality-adjusted life year (QALY) saved. In pursuing universal goals, 'Times of transition' increases in cost, while 'Tough choices' covers the 'easier to reach' prevention cases. However, beyond the narrow calculation of relative cost-effectiveness, there is a far broader and longer-term social and economic benefit implied by the broad, concerted response to HIV and AIDS of 'Times of transition'.

Average annual spending in 'Times of transition' by 2025 will be almost US\$ 11 billion, nearly three times the level of 'Traps and legacies', and twice that of 'Tough choices'. Outcomes will diverge dramatically: in 'Times of transition', the epidemic will have largely subsided; in 'Tough choices', the end will be in sight, but not yet achieved; and in 'Traps and legacies' it will continue to be a clear and present danger.

Using the scenarios

Developing scenarios is only a first step: they are more effectively explored and applied through interactive processes that encourage users to reflect on their individual and collective assumptions and understanding.

With these scenarios, the project hopes to achieve the goals outlined below. With this book and the accompanying CD-ROM, it is hoped that the reader can also achieve similar goals.

1. Raise understanding of HIV and AIDS and the forces shaping their future in Africa.
2. Raise awareness of (and possibly challenge)

the perceptions, beliefs, assumptions, and mental maps held about the AIDS epidemic and its possible future.

3. Increase mutual understanding between various stakeholders, through the creation of a common language for discussions about HIV and AIDS in Africa.
4. Raise awareness and understanding of the factors, drivers, and fundamental uncertainties (and the systemic relationships between them) that determine the HIV and AIDS future(s).
5. Raise awareness of dilemmas posed and choices that may need to be made.
6. Identify what gaps need to be addressed and in what sequence, in order to get any organization or country from where they are now to where they want to be.
7. Generate and develop plans, strategies, and policies, and test or challenge the validity and robustness of any vision or strategy.
8. Analyse specific situations for a given country or region for specific risks and opportunities.
9. Provide a backdrop to a specific story that needs to be told, and create passion and support for a specific policy.

For those who want to explore further, the accompanying CD-ROM contains most of the material commissioned for the project, both research papers and interviews, searchable by keyword. It also provides detailed reports of the project workshops and a number of presentations, which can be used to present the scenarios.

In conclusion...

To build scenarios is to engage with time: the drivers of the present and the future, and the legacies of the past. Time has different meanings in the three scenarios.

'Tough choices' tells that time is intergenerational: that the past matters; the value of ancestors, family history and identity profoundly shapes the present; and actions in the present are consequential not just for those alive today, but for those generations yet to come.

In 'Traps and legacies', time is short, returns need to be immediate, targets are time-bound, and action is measured out in political terms of office. Long-wave events such as HIV and AIDS do not respond well to such short-termism.

'Times of transition' tells us something about the depth of time, rather than just its length. The transitions and transformations envisaged could take generations if they occurred consecutively. But this scenario tells of a world in which leapfrogging and synergy are dominant metaphors; where rapid progress against the epidemic is possible because it rides on the back of other transitions taking place simultaneously.

Development processes too rarely take account of time, other than to measure it out in conventional three-year or five-year cycles. Scenarios allow an engagement with a bigger picture, in terms of both the length of time considered and its depth. They allow an engagement with more dimensions of a problem, and provide a fuller canvas to explore. While the value of these scenarios will only be realized if they are widely communicated, debated, and used, what is offered here is a starting point for that process.

Above all, these scenarios tell us that, while on the one hand, any action is already too late for the millions who have died from AIDS, on the other hand, there is still time to change the future for many, many millions more.