The Eradication of AIDS: A Concerted Response to a Sustainability Development Goal

by David Thomas

According to Henry Mintzberg’s argument in his article entitled *Why Corporate Social Responsibility Isn’t A Piece of Cake*, lasting solutions to longstanding social problems will only occur “when governments, businesses, NGOs and other associations of the plural sector join forces.”1 Do corporations have an affirmative responsibility to address the problems of society? Why is it in their interest to do so?

According to Milton Friedman, the corporation’s sole responsibility is to generate profits for its shareholders. Businesses are not in the business of solving society’s problems. Along came William Freeman in 1984 and turned the shareholder primacy model on its ear with his Stakeholder theory of business. The limitations of Friedman’s model are generally accepted these days as society seeks to deal with ever pervasive problems of global proportion.

The scope of the issues confronting the world today are so extensive and pervasive that the United Nations took the initiative to establish seventeen global Sustainable Development Goals which call upon the nations of the world collectively and individually along with the corporate sector to come together to address these concerns. One short answer as to why is it in the interest of corporations to contribute to solving these pressing global issues is a simple matter of preserving the very earth itself, preserving law and order, and preventing the world from descending into a state of anarchy as each nation fights to survive in a world of dwindling resources.

Central Thesis

The UN’s Sustainability Goal 3b calls for the support of research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, and for the provision of access to affordable essential medicines and vaccines. This is a goal to which the entire pharmaceutical industry can make a significant contribution. This proposal calls for Bristol Myers/Squibb to take a lead role in: a) donating and distributing low cost, affordable HIV medicines to countries throughout the African continent. b) heading up a consortium of pharmaceutical companies to greatly ramp up the distribution of HIV medications throughout the continent and worldwide. c) allocating and expending $650 million over the next decade in programs that address the AIDS epidemic in sub-Saharan Africa.

Currently, Bristol Myers/Squibb (BMS) has a very successful initiative, Secure The Future, through which it donates medicines to several African countries. However, if we are committed to truly eradicating the disease from the planet, pharmaceutical companies like BMS will have to ramp up their efforts several times above current expenditures. The eradication of the disease will also require unprecedented collaboration among the various pharmaceutical entities, as American industry has done in past times of war.

Bristol Myers Squibb’s SECURE THE FUTURE INITIATIVE

In accordance with Mintzberg’s call for cooperation between the government, plural and corporate sectors, BMS has been working with African governments and NGOs to combat the AIDS epidemic.

Since 1999, the Bristol-Myers Squibb Foundation’s *SECURE THE FUTURE*® initiative has been working with partners in Africa to provide care and support for communities affected by HIV. Over the past 15 years, SECURE THE FUTURE has invested more than $180 million to support more than 240 programs in 22 African countries, with special emphasis on community treatment support programs, care for children and building health care infrastructure.

Working with the Baylor International Pediatrics AIDS Initiative at the Baylor College of Medicine and with governments in sub-Saharan Africa, the Foundation helped establish five Children’s Clinical Centers of Excellence in Botswana, Lesotho, Swaziland, Uganda and Tanzania, a network of eight satellite clinics and a Pediatric AIDS Corps of pediatricians and specialists. More than 275,000 children are receiving care through this network.2

Global HIV/AIDS Statistics3

* There are approximately 36.7 million people currently living with HIV and tens of millions of people have died of AIDS-related causes since the beginning of the epidemic.
* While new cases have been reported in all regions of the world, approximately two-thirds are in sub-Saharan Africa, with 46% of new cases in Eastern and Southern Africa.
* Most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure.
* HIV primarily affects those in their most productive years; about 35% of new infections are among young people (ages 15-24).
* HIV not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.
* Despite these challenges, new global efforts have been mounted to address the epidemic and there has been significant progress. The number of people newly infected with HIV, especially children, and the number of AIDS-related deaths have declined over the years, and the number of people with HIV receiving treatment increased to 17 million in 2015.However, recent data shows that the declines in new infections among adults observed earlier in the epidemic have stalled and incidence is now rising in some areas of the world.

Progression of the Epidemic (Taken from UNAIDS estimates)

* There were **36.7 million** people living with HIV in 2015, up from 33.3 million in 2010, the result of continuing new infections, people living longer with HIV, and general population growth.
* Global prevalence (the percent of people ages 15-49 who are infected) has leveled since 2001 and was **0.8%** in 2015.
* **1.1 million** people died of AIDS in 2015, a 45% decrease since its peak in 2005. Deaths have declined due in part to antiretroviral treatment (ART) scale-up. HIV remains a leading cause of death worldwide and the number one cause of death in Africa.
* There were about **2.1 million** new infections in 2015 or about 5,700 new infections per day. While there have been significant declines in new infections since the mid-199os, new infections among adults have failed to decline over the past 5 years and incidence is rising in some regions.
* Most infections are transmitted heterosexually, although risk factors vary. In some countries, men who have sex with men, injecting drug users, sex workers, transgender people, and prisoners are disproportionally affected by HIV.
* Although HIV testing capacity has increased over time, enabling more people to learn their HIV status, about 4 in 10 of people with HIV are still unaware they are infected.
* HIV has led to a resurgence of tuberculosis (TB), particularly in Africa, and TB is a leading cause of death for people with HIV worldwide.[6](http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/#footnote-193996-6),[7](http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/#footnote-193996-7) In 2014, approximately 12% of new TB cases occurred in people living with HIV.[8](http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/#footnote-193996-8) However, between 2004 and 2014 TB deaths in people living with HIV declined by 32%, largely due to the scale up of joint HIV/TB services.
* Women represent half (51%) of all adults living with HIV worldwide. HIV is the leading cause of death among women of reproductive age.[9](http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/#footnote-193996-9) Gender inequalities, differential access to service, and sexual violence increase women’s vulnerability to HIV, and women, especially younger women, are biologically more susceptible to HIV.
* Young people, ages 15-24, account for approximately 35% of new HIV infections.[2](http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/#footnote-193996-2) In sub-Saharan Africa, young women 15-24 account for 25% of all new HIV infections among adults, even though they represent only 17% of the adult population.
* Globally, there were **1.8 million** children living with HIV, 110,000 AIDS-related deaths, and 150,000 new infections among children in 2015. Since 2001, new HIV infections among children have declined by more than 70%.

Need for a Coordinated Response

In our lifetime, the United States has successfully landed a man on the moon. The nation has declared a war on drugs and vowed vengeance upon the perpetrators of the 9/11 tragedy. We’ve proven that we can rise to a challenge. The eradication of HIV/AIDS from the planet is an achievable goal in our lifetime. With over 36 million people globally living with HIV and with over 1 million persons still dying each year from the disease, there is still considerable work to be done internationally on this front. Quite a number of major pharmaceutical companies currently manufacture HIV/AIDS medicines. The onus is not on one lone agent to eradicate the disease but can successfully be accomplished if each of the manufacturers seriously ramp up their contribution of medicines. Profits from the sale of the medicines in developed countries can serve to underwrite the expense of distributing the medicines to underdeveloped countries.

It is in the interest of the pharmaceutical industry to use its collective expertise and resources to battle such a noteworthy opponent as HIV/AIDS. Those companies which enlist in the fight serve to reap a dividend in terms of social capital. It is important, however, that these corporations effectively communicate or publicize their involvement and the benefit to society of their investment in the war. “With these changes [pressure on business to pursue profitability while responding to accountability demands], there is an important shift in stakeholder engagement competence that calls for attention.”4 The pharmaceutical industry currently suffers negatively in terms of public opinion with regard to exorbitant drug prices. A restoration of trust and generation of good will be engendered by a public protracted War on AIDS.

Perhaps no one has said it better than Handy, “The companies that survive longest are the ones that work out what they uniquely can give to the world – not just growth or money but their excellence, their respect for others, or their ability to make people happy”.5 Lastly, Dr. Liz Grant effectively calls specifically for such international cooperation. “A revitalized Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people.”6

End Notes

* 1. Marques, J. & Mintzberg, H. (2015). Why Corporate Social Responsibility Isn’t a Piece of Cake. MIT Sloan Management Review.
	2. <http://www.securethefuture.com>
	3. <http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/>
	4. Aakhus, M. & Bzdek, M. (2015). Stakeholder Engagement as Communication Design Practice. Journal of Public Affairs, volume 15, number 2.
	5. Handy, C. (2003). “What’s Business for?”, in Harvard Business Review on Corporate Responsibility (Harvard Business School Publishing Corporation, USA)
	6. Grant, L. (2016). Shifts in CSR: New Paradigms in Business and Global Health. University of Edinburgh Global Health Academy.