

## Impact Outlook

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# Turning off the HIV tap

Key to the work of David Wilson, Program Director, Global HIV/AIDS Program at the World Bank is linking evidence to policy. Here he discusses his quest to implement proven medical approaches on a large-scale and some of the World Bank's many HIV/AIDS programmes

**You have forged an impressive career in HIV prevention where you have developed prevention programmes that have been recognised as best practice by the World Bank. Can you share a little about what drives your work? Have there been any key moments that have changed the pathway, which has led to your current role as Global AIDS Program Director?**

I have worked as a scientist, a founder of community-based AIDS organisations and as a member of the World Bank. I'm most interested in how we can link science to policy, and how we can implement proven approaches on a large-scale. I've been privileged to be part of an effort to translate evidence into policy in many Bank projects, including the Multi-Country AIDS Program (MAP) in Africa and projects in countries as diverse as India, Vietnam and Brazil. In all these settings, what drives my work is the quest to understand who gets infected and how, to understand the figurative 'last 1000 infections' in each context and to try to align investment and services accordingly. Very often, this means urging countries to invest in their most marginalised communities, for example – sex workers, men-who-have-sex-with-men and people who use drugs.

**Can you provide a brief background into the work of the World Bank's Global AIDS Program? What are the organisation's core priorities to address in the coming five years?**

The World Bank's AIDS Program has evolved from direct AIDS investments through the Multi-Country AIDS Program (MAP) and numerous other direct country AIDS investments, to a focus on integrating AIDS responses into health systems and ensuring HIV responses are as efficient, effective and sustainable as possible. For example, South Africa, which faces a dual epidemic of infectious and non-communicable diseases, has an exciting effort to integrate communicable and non-communicable disease care into a unified chronic care programme. We're proud to have supported their efforts with a research partnership.

**In your opinion, what are the biggest challenges facing the prevention and treatment of HIV? What kind of tools will the World Bank use to overcome these?**

The two greatest challenges are (i) to increase the effectiveness of HIV prevention which has stalled – there are no good outcomes unless we can turn off the tap of new HIV infections and (ii) to integrate HIV financing into sustainable, domestically organised financing streams. The World Bank is actively engaged in both these global priorities, through analytic and policy support, and investments.

**You have recently commented about the need to sustain international HIV financing. Why is this of particular concern? How do you believe the international community can best address this issue?**

We need to sustain international HIV financing while concurrently strengthening domestic HIV financing. Countries differ in their capacity to pay. Upper-middle income countries will increasingly finance their own HIV responses. Lower-middle income countries will need to pay a greater share themselves, alongside international financing. Low-income countries will continue to require sustained international assistance. In all cases, we need to bring HIV-financing – domestic and international – on-budget and into national health plans, government plans and budgets.

**Can you talk about some of the current research into HIV and AIDS that is underway and the importance of interdisciplinary collaboration?**

There have been exceptional breakthroughs in bio-medical research, including male circumcision, AIDS treatment, treatment-as-prevention and pre-exposure prophylaxis. We need to intensify such research, with the goal of a vaccine or a functional cure. However, we also need social interventions and the World Bank has done pioneering research on the role that education and social protection play in reducing HIV transmission.

**In what ways do you think the World Bank can work more closely with other organisations that are actively involved in this field, to strengthen the efforts made to better manage HIV transmission?**

We have a very complementary role to play with the major HIV-specific financiers. They have played a vital role in expanding HIV services and reducing HIV transmission and death. It is impossible

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to overstate how important these efforts have been. As we move to the next phase of the HIV response, integration into health and other social sectors, and into national government budgets and plans will be imperative. That's where we at the World Bank have a major role to play.

**Can you talk a little about the value of working within such a large global organisation? What are the benefits of the World Bank's networks to support the work of your team?**

The greatest part is having access to so many global experts, whose knowledge is critical, including experts in health financing, systems and reform, and other sectors such as education, social protection, social inclusion and public management. It's an amazing resource and gives us a unique ability to contribute.

**Are you able to share some of the key success stories of projects that the World Bank Global AIDS Program has been involved with?**

I'd cite two examples. We were part of India's AIDS response from the outset and remain partners decades later. That project has reached the most marginalised communities of sex workers, men-who-have-

sex-with-men and injecting-drug-users through community-based organisations, and reduced new infections by around 60 per cent, averting a major epidemic and making India a beacon for the world. I'd also cite a research partnership with Malaysia, which showed that voluntary community-based addiction treatment is at least 12 times as cost-effective as compulsory detention. It's not often one gets to be part of a study which simultaneously strengthens public health and human rights arguments.

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