The response to the global HIV epidemic has been unprecedented, with more than $15 billion invested over less than a decade, leading to a dramatic increase in access to prevention, care, and treatment services in low- and middle-income countries. Over 5 million people are now receiving antiretroviral therapy (ART) in low- and middle-income countries, a number that would have seemed like an impossible dream at the turn of the century when only about 100,000 had access to these lifesaving medications. Although much remains to be done—ART coverage is still only about 30% in sub-Saharan Africa—the scale-up of ART has also made possible the provision of complex continuity care to some of the world’s poorest communities. More than this, these achievements have changed minds, attitudes, and the way we think about global health.

Although HIV scale-up in low- and middle-income countries has been widely lauded for the speed with which it achieved desired outcomes and its demonstrated impact on the well-being of people living with HIV, there have been concerns about the potential adverse impact of this magnitude of HIV funding on fragile health systems. Others have challenged the balance of investments for prevention versus treatment and care. A further debate has centered on potential negative effects of large donor-funded programs on country ownership, cost-effectiveness of HIV program implementation, and program sustainability.

Although the process and success of the scale-up of HIV services have been described by individuals engaged in the HIV field, the debate over potential adverse consequences of this rapid scale-up has been advanced by a range of experts, including those from disciplines such as health systems, health economics, and practitioners not directly involved in HIV programs. On the other hand, those engaged in the rapid expansion of HIV programs often recall the intense activism required to achieve support for scale-up, reduce skepticism, and overcome the stigma and prejudice experienced in both resource-rich and resource-poor communities. Thus, a divide has been created, with individuals on various sides of the issues unfamiliar and occasionally mistrustful of the others’ knowledge, skills, passions and motivations.

In reality, there are a multitude of “divides” on a range of issues—for example, the divide between interest in HIV services versus interest in maternal and child health (MCH), noncommunicable diseases, or other specific health conditions, the divide between expertise in HIV programming versus expertise in health systems and economics, and the divide between policy makers concerned with reaching the Millennium Development Goals versus those focused on achievement of HIV-related targets. These divides, which have so often catalyzed constructive debates, have also led to misunderstandings and misconceptions—with missed opportunities to advance knowledge and address difficult questions for policy makers and practitioners. Divides have also limited the ability of diverse groups of individuals to learn from each other, deepen their understanding of the issues and contribute to the debate through scholarly outputs and engagement in the global discourse on HIV, health systems, and global health in general. The recognition of the profound impact of these divides and the potential benefits in overcoming them motivated this Supplement to the Journal.

This Supplement includes authors from diverse disciplines and countries, and articles that address timely issues in the global HIV response. In one article, the authors discuss why...
the scale-up of HIV services succeeded in the poorest countries in the world despite prevailing weak health systems. Another describes the case of Malawi, an example of a challenging setting where the HIV scale-up has succeeded despite remarkable obstacles. Other articles portray the enormous constraints that were faced by the global HIV response and describe the resultant innovations developed to address them—with benefits that go beyond HIV, such as the standardization and simplification of medication regimens and procurement approaches, effective use of human resources, and engagement of the private sector. Articles in the Supplement show how HIV programs have used financial and economic data to improve efficiency and inform policy and describe examples of successful expansion of key services to disenfranchised populations, including prisoners, substance users, and men who have sex with men.

The issue of integration of HIV programs with other health services is explored from multiple angles. Several articles address the potential benefits of expanding HIV programs to encompass other health services, such as interventions to improve MCH or to confront noncommunicable diseases. Others caution that this approach is yet unproven, noting the limited evidence on this type of integration and the potential for “culture clash” if programmers naively assume that the successes of HIV scale-up can readily transform MCH programming. Another article explores the integration of Global Fund-supported activities with the national AIDS program in Ghana and health system functions and warns against an oversimplified view of integration as a binary state; evidence from the study shows varied levels of integration with different health systems functions and the authors argue that, in practice, disease-centered programs are not wholly integrated or wholly unintegrated with health systems.

Articles in the Supplement stress the need for the HIV response to move from an emergency approach toward a durable response, with the ability to provide ongoing services over the coming decades. The compelling need to continue the struggle against the HIV epidemic is described in another article, which urges a steadfast approach toward achievement of universal access to HIV prevention and treatment while seeking efficiencies and lessons that can inform the response to other health threats. Importantly, the need for rigorously designed research that goes beyond retrospective evaluations to assess the impact of HIV on health system is highlighted in yet another article.

There are compelling reasons to reflect on the many lessons learned thus far and to explore how these can inform future policy, program design, and implementation approaches. Recent years have seen changes in the global arena and changes at the country level. We cannot ignore the global economic crisis, the imperative of achieving the Millennium Development Goals, or the wealth of expertise in design, management and implementation of HIV programs within countries. Although integration of programs and services is not a panacea, successful models of HIV care integrated in general health services at health center levels suggest that integration approaches and their benefits need to be explored through implementation research.

Investments in health systems have enabled the development of platforms to confront multiple health threats within the same communities. The need to expand access to novel lifesaving interventions for HIV and to expand the portfolio of services highlights the need to critically examine the costs and benefits of various implementation models and to identify cost-effective approaches to further scale-up.

In the context created by the global economic crisis and the many competing health priorities, we need to bridge the divides that separate us to ensure constructive debates that move us forward in the fight against HIV and toward confronting other health threats. Although some cherish terms such as integration, cost-effectiveness, and sustainability, others interpret them with caution, fearing discord with the achievements of HIV scale-up. Through efforts, such as the ones advanced by the authors in this Supplement, we can effectively bridge the divides among diverse constituencies to foster collaboration, gain deeper insights, and arrive at more innovative and effective approaches that will enable us to achieve expanded access to lifesaving interventions and improved health outcomes for all.