The epidemiologic “tipping point” in the AIDS epidemic is the point at which the rate of ART treatment scale-up outpaces HIV incidence. AVAC and amfAR analyzed modeling research and consulted with top HIV prevention experts to lay out essential steps that must be taken by national governments, international organizations, civil society, researchers and technical agencies to steadily reduce annual new HIV infections and continue to expand HIV treatment access in order to meet the tipping point. A first milestone is treating approximately two thirds of the people in need in a given country. Once that level is reached, countries and advocates can track progress to the tipping point. Data projections were crosschecked with modelers and epidemiologists. Modelling research was based on published modeling and epidemiologic data, as well as analysis provided by experts in the field. Data projections were included and analyzed as available.

HIV PREVENTION AND THE TIPPING POINT

A country can reach the tipping point and then cross back—returning to a situation where incidence outstips rate of ART initiation. That’s why it is essential to achieve optimal coverage rates of high-impact prevention including voluntary male medical circumcision, male and female condoms and harm reduction. Newer strategies such as PrEP and, eventually, a microbicide or vaccine should also be used for maximum impact. Milestones are needed for prevention interventions, too. These include coverage goals for VMMC, condom availability and more.

COUNTRIES THAT HAVE REACHED THE TIPPING POINT

When rate of scale-up = incidence, “tipping point ratio” = 1. Countries that have reached tipping point have values <1; Countries that have not values >1.

TIPPING POINT COUNTRY EXAMPLES

BOTSWANA

New Infections in Botswana in 2012 = 12,000
Increase in patients on Treatment in Botswana in 2012 = 25,614
Tipping Point Ratio = 0.47

KENYA

New Infections in Kenya in 2012 = 98,000
Increase in patients on Treatment in Kenya in 2012 = 65,044
Tipping Point Ratio = 1.5

METHODOLOGY

The analysis used modelling to build a prevention advocacy agenda around ending AIDS. The targets set reflect best-case scenario calculations based on published modeling and epidemiologic data, as well as analysis provided by experts in the field. Data projections were crosschecked with modelers and epidemiologists. Modelling research was based on published modeling and epidemiologic data, as well as analysis provided by experts in the field. Data projections were included and analyzed as available.

GLOBAL TIPPING POINT