

A Letter from the Board of Directors

While it is important to celebrate hard-won victories in the fight to diagnose and treat people living with HIV, it's equally critical to acknowledge the global failure to slow significantly the rate of new infections. This imperils global efforts to bring the epidemic under control. Now is the time to bring all of today's tools to bear, while also accelerating the development of new technologies and approaches. This is the only course of action if the world is serious about averting new diagnoses and drastically reducing the burden on health systems of an HIV epidemic that remains on slow boil, three decades on.

HIV incidence remains largely unchecked among sub-Saharan African adolescent girls and young women and key populations, including gay and other men who have sex with men, transgender women and people who inject drugs. Over 40 percent of new cases of HIV occur in these populations, with explosive epidemics in Russia, Eastern Europe and Central Asia. In Africa, initiatives to diagnose and treat the adult men over 24 living with HIV so that their risk of onward transmission is also reduced are underway, but nascent. These are the men who most often pass the virus to adolescent girls and young women, so reaching them is essential. But so is investing in primary prevention for women and girls, recognizing that increasing their agency is key. It's hard work, but it must be done. Put simply, the gains of the past decades' work to slow the HIV epidemic could be wiped out if primary prevention is not put in place today, and research is not sustained for tomorrow.

The title of this year's AVAC Report, *No Prevention, No End*, borrows humbly from a rallying cry of US

movements seeking racial justice and an end to state-sanctioned violence against Black people: No Justice, No Peace. We argue that there can be no end to AIDS as public health threat without preventing new HIV infections.

For us, prevention means biomedical, structural and behavioral interventions that are interwoven, not separate strands. It means doing things that work at the scale where individuals and communities and countries benefit. It means understanding that nine-year old girls cannot protect themselves from rape or sexual violence and that when you close clinics that provide comprehensive sexual and reproductive health services you deny women and girls the right to choose if, when and how they become pregnant and to control their own bodies and their own future. It means understanding that gay and bisexual men and transgender women can't and won't access the tools and knowledge they need to protect themselves from HIV unless there is a profound shift in the pervasive homophobia and transphobia that drives public policy in too many communities and precludes the provision of non-judgmental sexual health services. And it means understanding that people who inject drugs must be freed from persecution and criminalization if they are to protect themselves from HIV, hepatitis, and other health risks.

The stakes of failing to act on this knowledge have never been higher.

The AVAC Board of Directors