



**NO RADICAL ACTION,
NO END**

THE PROBLEM



There is a primary prevention crisis. The emphasis on ART-based programs to reduce incidence has drawn attention and funds from primary prevention for too long; the 2020 global target for incidence reduction will be missed.

THE RISK



So much has been accomplished in the fight against AIDS; so much is left to do. Emphasizing failure can hurt morale and momentum, yet so can over-promising and failing to deliver.

THE PATH TO A SOLUTION



Tailor today's prevention approaches to specific communities and contexts; sustain research and prepare for results. ART scaled up in the context of flat funding by finding efficiencies; biomedical prevention hasn't nearly done the same. Accountability mechanisms for implementing effective primary prevention must be built into GFATM, Global HIV Prevention Coalition activities and PEPFAR COPs and at the same time champions of primary prevention can prepare the world for research results and future trials.

An end to epidemic levels of new HIV infections—a situation that occurs when the rate of new diagnoses is lower than the rate of deaths from AIDS—is possible. Profoundly, achingly possible. It will take a major course correction in approaches to primary HIV prevention, but it can happen and there are signs that it is already underway.

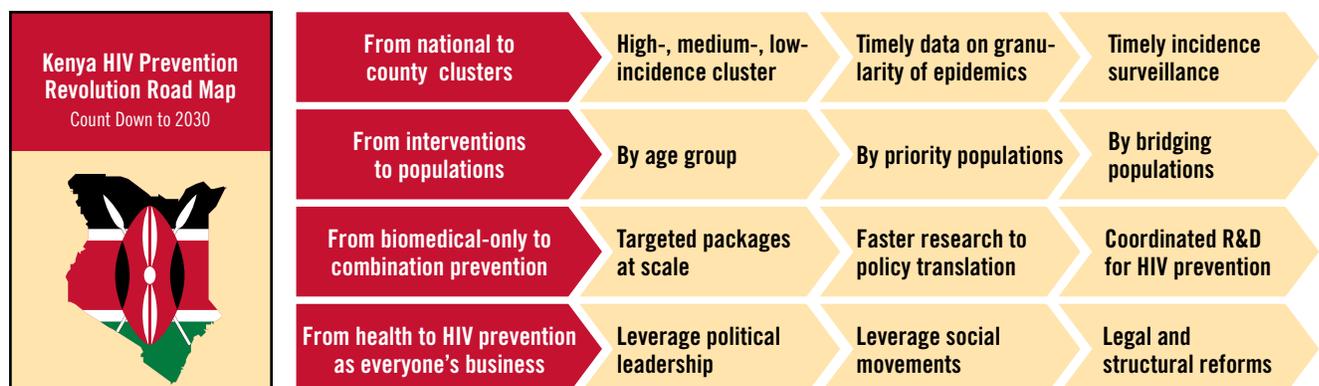
- The concept of differentiated prevention is beginning to gain currency, thanks in no small part to Kenya's committed and forward-thinking leadership, which undertook a "Prevention Revolution" over four years ago. In a plenary speech at the Amsterdam AIDS Conference, Nduku Kilonzo, Executive Director of Kenya's National AIDS Control Council, laid out the core elements of such an approach (see Fig 13, p. 32).

- ▶ There is a robust pipeline of biomedical prevention options, including vaccines, antibodies, injectable PrEP and multipurpose prevention technologies. As Figure 14 shows, pivotal trials will yield results in the next 24 months; these findings could expand the prevention toolbox, provided that there are platforms—based on today’s strategies—for delivery.
- ▶ The 2018 International AIDS Conference and *Miles to Go*, the UNAIDS report¹⁴ that preceded it, were also notable for their embrace of human-centered programming. There is now widespread recognition that the only way to address the needs of men, boys, women, girls and key populations is to meet people where they are, with peers trained in interpersonal counseling and communication leading the way.
- ▶ PEPFAR’s emphasis on site-level data and on expanding investment in indigenous organizations is laying the groundwork for a truly country-owned, data-driven response. Small adjustments to approaches can yield dividends in terms of people coming for services. Such fine-grained analysis of service quality is becoming more common in the context of ART, though there’s still, as UNAIDS would say, miles to go. It hasn’t become the norm for primary prevention.
- ▶ Condoms—basic and relatively low-tech—played a critical role in the early AIDS response. Use and funding for social marketing for condoms is down, but again, the alarm has been sounded and people are beginning to pay closer attention to the targets, resources and program design for this pillar of primary prevention.

These are the signs of hope to hold onto as we contemplate the world beyond 2020, when prevention targets will be missed and will need to be reset. That world will also be one in which, if present patterns hold, the effects of climate change will be devastatingly palpable. Heat waves, floods and droughts will exacerbate food insecurity and political unrest and propel human migration. This, in turn, will increase individual- and community-level risk with regards to a range of health issues, including HIV.¹⁵ At the same time, global demographics will be even more pronounced than they are right now: the youth “bulge” of 15- to 29-year-old individuals will become a youth “tsunami” (a convergence of climate catastrophe and demographic metaphor that is, sadly, apt). Countries—including the US, where the majority of AVAC staff are based—will continue to test the strength of political activism and resistance against authoritarian regimes.

FIG. 13

Kenya’s HIV Prevention Revolution Roadmap



Source: Kenya MoH. Kenya HIV Prevention Revolution Road Map. 2014. Accessible at: https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/kenya_hiv_prevention_revolution_road_map.pdf

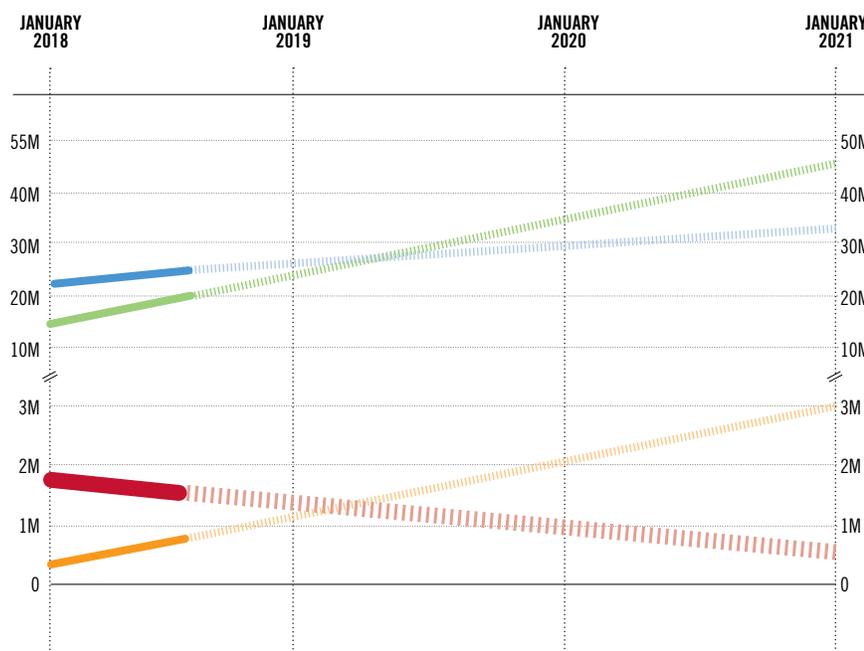
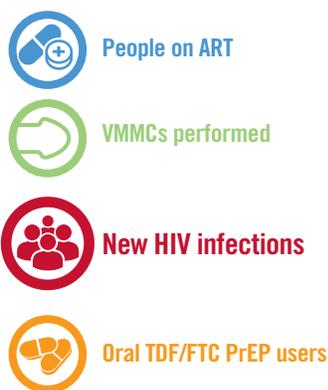
¹⁴ UNAIDS. *Miles to Go—Closing gaps, breaking barriers, righting injustices*. July 2018. Accessible at: www.unaids.org/en/resources/documents/2018/global-aids-update.

¹⁵ Dignity Has No Nationality: HIV and migrants’ rights. AIDS 2018. Accessible at: <http://programme.aids2018.org/Programme/Session/1451>.

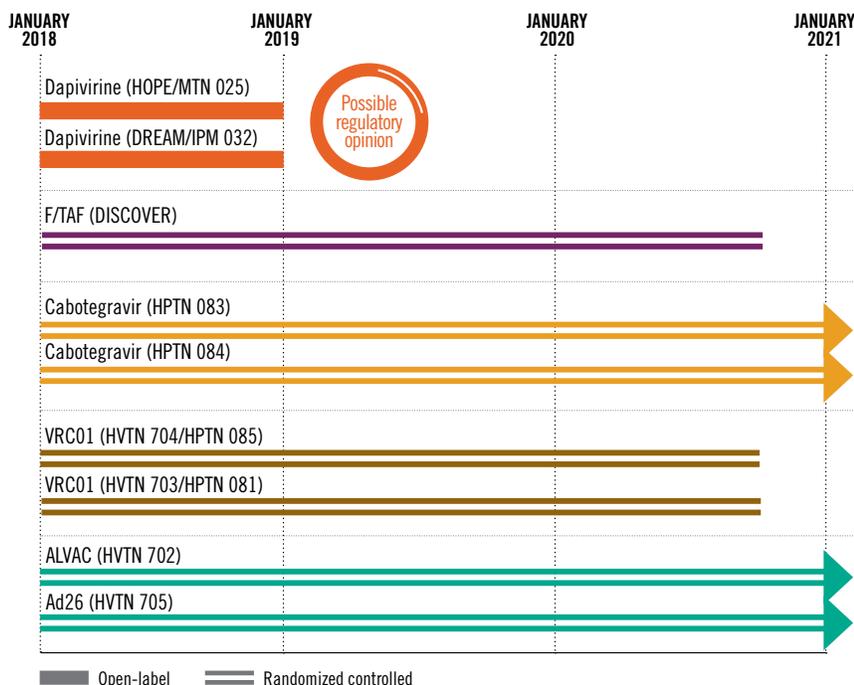
FIG. 14 One Timeline, Two Stories, One Message: Putting trials and targets together

One problem with HIV prevention agendas is that they either live in an eternal present or in a far-off future. It's *Work with what we've got, which is condoms and VMMC and a little bit of PrEP*, or it's *Nothing can change without an AIDS vaccine*. The future depends on using what's available, better and more widely, without ever losing sight of what's in the pipeline. As the figures below show, in the very same timeframe that the world will miss its critical target for incidence reduction and scale-up of primary prevention, several trials will release results that could change the future. 2020 will be a time of hope and reckoning. But only if the two stories start to be told as one.

Trajectories to fast-track prevention targets: The present state of HIV prevention



Upcoming efficacy trial results: The future of HIV prevention

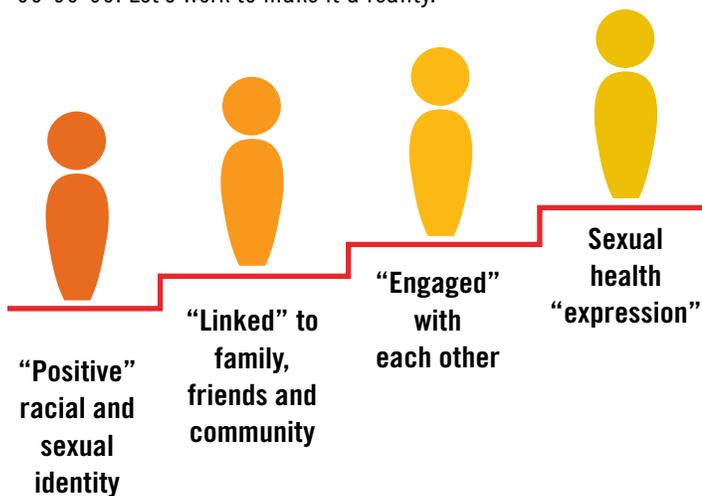


Visit www.avac.org/pxrd for trial status updates.

FIG. 15

Public Health is Personal, Pleasurable and Connected

What gets measured gets funded, the adage goes. What would happen if communities demanded measurements of individual and collective health and well-being that have nothing to do with a retrovirus or a specific sex act, and everything to do with human dignity, comfort and safety in one's own skin—a comfort that's hard-fought in racist, sexist, homo- and trans-phobic nations? Imagine a world in which this cascade counted as much as 90-90-90. Let's work to make it a reality.



Credit: David Malebranche, Morehouse School of Medicine, USA, *Making the Treatment Cascade Work in Key and Vulnerable Populations*, AIDS 2018 (Accessible at: <http://programme.aids2018.org/Programme/Session/35>).

In this context, the prevention-specific beacons of hope will be important but inadequate. The imperative is to take the specific solutions that are at hand for primary prevention and integrate them into a broader agenda for social change and global justice. It is not unlike the imperative facing everyone concerned about climate change: to make as many immediate and local adjustments as possible while working ceaselessly towards radical, revolutionary revision of the way the world works.

It's time for new thinking and "what if" proposals. At the top of the list: What if the Global HIV Prevention Coalition, which is a UNAIDS-convened effort that comprises the 25 highest-burden countries in the world, along with many other stakeholders, obtained and flexed more muscle than it currently has? The

Coalition provides a platform for countries, including government and civil society. What if these countries banded together and became the activist voice for an HIV response that UNAIDS has been in the past? UNAIDS has been hobbled by its response to the #metoo sexual harassment issue and, prior to that, had been largely silent on primary prevention for years. (While not the focus of this section or Report, AVAC stands in solidarity with the women who have raised their voices for a zero-tolerance approach to sexual harassment of all sorts in all settings.) What if UNAIDS used the frameworks and scorecards available to grade donors and implementers on their commitments to meeting primary prevention goals, if it identified national and regional resource gaps and if it perhaps even added a set of indicators for tracking the impact of trade policies, inaction on climate emissions and criminalization of migration on country-level economic indicators linked to individual and public health?

In the short term, the only outcome might be the enumeration of the gap between rhetoric and reality. But when low- and middle-income countries assert leadership, their partners in the Global North often listen, if only because of the other geopolitical interests—far beyond the scope of HIV—that are at play.

Anticipating 2020: Talking points on the missed target

Some people won't care at all that the world has missed the prevention target; others may decide that major investments in some or all of the HIV response are no longer warranted. Honest analysis can provide fodder for critics. An accurate explanation of why it's been so difficult to reach adolescent girls and young women, as an example, could reduce confidence that it's even possible. Yet any retreat in funding or emphasis, particularly for young people, could allow a surge in new diagnoses that overturns decades of work that has kept the surge of new

Radical Action on Prevention: How it adds up

The world is poised to lose ground in the fight to control HIV, but it doesn't have to be that way. The components listed below depend on activists and advocates taking radical action to ensure accountability at every stage.



Set targets that are resourced, audacious, achievable, measurable, accountable, have political support and are a collective priority.



Deliver primary prevention via programs with robust demand creation, a rights-based framework and a commitment to choice.



Sustain investment in basic science, clinical trials for the long haul.



Staying on the path to epidemic control.

cases at bay. It's important to clearly explain the specific, surmountable issues that have led to the missed target and with an eye to what can be done next. Some key talking points:

- ▶ Constrained resources have forced countries into false choices between primary prevention and prevention derived from people living with HIV achieving and maintaining virologic suppression on ART.
- ▶ Human rights are fragile and frequently violated, and in the absence of societies that value women, girls, gay people, people who use drugs, transgender individuals and all other forms of difference, it is very, very hard to provide services that work.
- ▶ The strategies that do exist have not been deployed at the scale needed for population-level impact.
- ▶ There is no “silver bullet” primary prevention tool: VMMC is simple and powerful, but it is only indirectly beneficial to women; oral PrEP and condoms only work when used correctly and consistently, and each carries unique adherence challenges. The same will apply to the dapivirine

ring, if it is approved. Next-generation products may address some of these challenges but will undoubtedly bring different ones. More strategies with different characteristics are needed—not instead of what already exists, but in addition to it.

An agenda for the future, starting today

There are no simple answers but there are some things to try, starting now, that could lay a strong foundation for 2020—and beyond.

- ▶ An activist Global HIV Prevention Coalition that uses its platform to hold funders and implementers accountable for meeting the resource needs for a comprehensive primary prevention response.
- ▶ A requirement at Global Fund to Fight AIDS, Tuberculosis and Malaria that all countries applying for grants have clear prevention roadmaps and commensurate funding lines, with criteria regarding legal, structural and rights provisions, as well as integration of sexual and reproductive health and rights.

Now is the time to build alliances in the trenches. Whatever happens, it is going to be a fight.

- ▶ A budgeted “path-to-access” strategy from the funders and implementers of the seven efficacy trials of five different strategies set to release results in 2020–22, which demonstrates when, where and how different options can be layered in. Think of this as the prevention research roadmap that has been missing from the Global HIV Prevention Coalition. It’s a shame it got left out, but the field can do it for itself.
- ▶ A sustained commitment to research funding to ensure that upstream products make it into efficacy trials.
- ▶ Common cause built by working on broader issues. The 2018 High Level Meeting on Tuberculosis saw alarming pushback against national and global targets, R&D commitments and language affirming access to medications and vaccines. The search for an HIV vaccine is at a pivotal moment, just as funding for vaccine research may be faltering across diseases. An effective preventive vaccine will play a crucial role in conclusively ending the epidemic. Now is the time to build alliances in the trenches. Whatever happens, it’s going to be a fight.

Yes to prevention, yes to shared humanity

“Cascade” is another one of those words-of-the-moment in the HIV response. In an era of fine-grained data and measurable outcomes, the measurement of

people met, served, retained and so on is essential. These data are most often presented as a cascade. In nature a cascade is liquid—a small waterfall, typically one of many. It is not a set of steps or pillars but something fluid that changes with the light and the seasons—much like human beings do. Alongside the biomedical cascades, we must therefore imagine and pursue cascades such as the one proposed by David Malebranche (Morehouse School of Medicine), that measures our humanity and care for each other (see Fig 15, p. 34). It is through this work that the HIV response—with all of its scientists, warriors for justice, nasty women, proud gay men, beautiful transgender people, and exhausted yet tireless health workers—will help to realize the type of cascade envisioned 55 years ago by the Reverend Dr. Martin Luther King, Jr. In his letter from a Birmingham jail, he quoted the Prophet Amos, “Let Justice roll down like waters in a mighty stream.” This quote is often cited without context but the full text of the great civil rights leader’s words holds profound resonance today:

The search for a consensus will tend to become a quest for the least common denominator of change. In an atmosphere devoid of urgency, the American people can easily be stupefied into accepting slow reform, which in practice would be inadequate reform. “Let Justice roll down like waters in a mighty stream,” said the Prophet Amos. He was seeking not consensus but the cleansing action of revolutionary change. America has made progress toward freedom, but measured against the goal, the road ahead is still long and hard. This could be the worst possible moment for slowing down.

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FIG. 16 The Future of ARV-Based Prevention and More (October 2018)

The pipeline of non-vaccine HIV prevention products includes oral pills, vaginal rings, vaginal and rectal gels, vaginal films, long-acting injectable antiretrovirals and more. Also pictured are the range of multipurpose prevention technologies in development that aim to reduce the risk of HIV and STIs and/or provide effective contraception for women. (Visit www.avac.org/hvad for vaccine and broadly neutralizing antibody pipelines.)

