



PODCAST TRANSCRIPT

2020 Global Targets for HIV Prevention Will Not Be Met: Now What?

<https://www.avac.org/podcast/2020-prevention-targets>
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Jeanne Baron: You're listening to *Px Pulse*, a regular podcast bringing you fresh voices on critical issues facing HIV prevention research today.
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Jeanne Baron: AVAC's annual report on the state of the field—this year titled *Now What?*—takes on the prevention crisis in the HIV response, with a look at why 2020 global targets for HIV prevention set by UNAIDS in 2014 will not be met. With approximately 1.7 million new HIV cases around the world in 2018, we are nowhere near reaching the goal of less than 500,000 new diagnoses by the end of this year. Here to talk about the report, *Now What?*, and AVAC's look ahead at 2020 is the author of the report, AVAC's Emily Bass.
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Jeanne Baron: So let's talk about the lessons that must be learned from the last 10 years. One thing AVAC carefully analyzes in this year's report is a group of studies that explore the impact of universal test and treat. There's good news and there's bad news here.
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Emily Bass: UNAIDS set Fast Track goals for ending epidemic levels of HIV infections. And the first goals that they really put out there, front and center, were the 90-90-90 goals—test and identify 90 percent of the people with HIV, link 90 percent of those people to antiretroviral therapy and get 90 percent of those people virologically suppressed, support them to stay on their treatment (which is great for their health and it's great for prevention). So it's a terrific goal.
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Emily Bass: What happened was that UNAIDS basically led with 90-90-90 and said, 'This is going to help us break the curve of this epidemic, bend it down'.
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What was behind the predictions that this curve would bend, and that we would get the epidemic under control, was a whole bunch of other targets that had to be met—condom distribution, protection of human rights, PrEP targets, male circumcision, services for adolescent girls and young women. None of those targets got met. The 90-90-90 targets *did* get met, more or less.

Jeanne Baron:

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And that's a piece of the good news. Now, turning to these big studies—a handful of major studies on test and treat (sometimes called UTT studies for universal test and treat). These, all combined, involved five countries and thousands of people. Where do they come in?

Emily Bass:

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So the trials were launched to give us a better picture of what a 90-90-90 intervention would do for incidence reduction. And they gave us that picture. But we didn't see the incidence reduction that was anticipated.

Jeanne Baron:

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Let's get into that a little bit. All these studies used different approaches, but the data were consistent in some important ways. Over a three-year period, any approach that started with universal testing led to roughly a 20 to 30 percent drop in incidence. This is very good news. The bad news [is that] 30 percent is not enough. These other prevention targets did not get the attention they needed—targets that called for three million PrEP users, six billion condoms distributed, just as an example. The actual numbers aren't even close. Right now, there's less than 400,000 prep users. Less than three billion condoms were distributed in this time. So these targets didn't get the attention they needed. Was there too much faith that the world could test and treat its way out of the epidemic?

Emily Bass:

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We have all been reacting to this climate. What the universal test and treat trials (or the UTT trials) did is really confirm that reaching 90-90-90 is possible. That's thrilling. That's really exciting. And that's an imperative. And [these trials show] that, to reduce epidemic levels of new infections, we need to do the other stuff that we haven't been doing. And so that's really the answer to "now what?". We have this answer [from the UTT

trials], and we've got to do the other things that we hadn't been investing in.

Jeanne Baron:

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So, those are some of the really important lessons that we've learned. The report, *Now What?* offers a blueprint for getting on track, and it opens with a call for bold leadership at every level. There's a new leader at UNAIDS, Dr. Winnie Byanyima. There's an open letter calling for her to show staunch support for stigmatized key populations and to push for audacious HIV prevention targets and the budgets to make them reachable. Dr. Byanyima has indicated, with her at the helm, its [UNAIDS] going to take what she called 'a step in a new direction'. She talks about poverty and gender inequity and human rights abuses. If Dr. Byanyima follows the course we hope to see, what's going to come out of UNAIDS in 2020?

Emily Bass:

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We would really like to see new targets. We missed the Fast Track targets on some level, but a well-formulated target really does drive ambition and it helps us measure where we are and where we need to be. We need budgets attached to those targets. And we really would like to see Dr. Byanyima and others lift up this concept that UNAIDS developed, which is 'a quarter for prevention'—25 percent of every budget should be allocated to primary prevention.

Emily Bass:

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Very importantly, we also would like to see UNAIDS in this next round of targets, add targets for research. There were no research targets in the original Fast Track goals. We need other biomedical prevention tools. Daily oral PrEP works for some people. It doesn't work for other people. The ring, if it is licensed, will be another tool that will work for some people and not for other people. We must sustain research, and we have silence right now from the global leadership on this, and we need that to change.

Emily Bass:

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Dr. Byanyima has an immense, powerful, feminist structural analysis that is deeply needed at this moment in the epidemic. Adolescent girls, young

women, sex workers are so underserved, so poorly served. Many other groups are as well, but we are not going to really be able to wrap our arms around this if we don't deal with the entrenched and lethal gender inequity, and she understands that. What we need her to do and what we call on her to do, and we call on other activists to do as well, is to really understand what it means to be an AIDS activist in 2020. With a shrinking budget for global health and an immense amount of populism—we're turning inwards, the US is turning inwards, the UK is turning inwards—it's really, really a difficult time to be arguing that this particular disease and this particular epidemic needs a sustained response, and yet it does. So we need her to stand up. But no leader, no activist leader at UNAIDS, has ever accomplished anything without the army of AIDS activists behind him or her shouting the demands. And so that's why we address activists at the grassroots in this report as well.

Jeanne Baron:

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In the report, it's what you call 'Generation Now'. We need activists to make demands and lead the discussion. In the report, what's your focus on this generation? What are you calling on activists to do?

Emily Bass:

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We need to be continually supporting each other to be in spaces where we are making decision-makers uncomfortable, to continue to create disruption in decision-making—on research, on implementation and on how decisions are being made.

Jeanne Baron:

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Because, in fact, we won't bend the curve on the epidemic if we continue with business as usual. Disruption is essential?

Emily Bass:

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Disruption is essential. I can give you one really concrete example. In the course of 2019, we got results from the ECHO trial, looking at whether three different methods of contraception impacted women's HIV risk—an IUD, an implant and Depo Provera, which is an injection. There had been a lot of concern and a lot of data from different sources suggesting that Depo, in particular, might increase women's risk of HIV. The ECHO trial was designed to answer that question.

Emily Bass:

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When the results came back, none of those methods increased risk in comparison to the others. What we also saw, though, is that the young women enrolled in this trial were ready, willing and able to use whichever method they were assigned to, and that they had very high rates of HIV. The reality of HIV programming today is that the vast majority of HIV services are siloed from family planning, because of pernicious, misogynist US policy enacted in the Global Gag Rule and then expanded under the Trump administration.

Jeanne Baron:

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The Global Gag Rule restricts organizations [in other countries] that are receiving US dollars from talking about abortion, and/or if they want to talk about abortion, they must give up the US dollars. And this has had a cascading effect on anybody offering family planning in these countries.

Emily Bass:

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It's had a cascade effect. So what you essentially have is a funding landscape where it is very, very hard to put HIV treatment and prevention services in the same spaces with sexual and reproductive health services. And we are not going to fix that by being polite and accepting the status quo. This is entrenched, it has gotten worse and it is lethal.

Jeanne Baron:

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And this is going to mean going up against the way things are right now. Tell me an area where you want to see activists apply pressure.

Emily Bass:

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So here's an example. We have all sorts of things that are called AGYW (adolescent girls and young women) prevention programs. One of the things we want our allies to be asking is, 'what evidence do you have that this service is reducing my HIV risk? It's nice that you're paying for youth clubs. Do you have any evidence that this youth club is reducing somebody's risk of HIV?' Chances are they don't.

Emily Bass:

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A big important concept in preventing and reducing the risk of HIV in young people is layering. [This is] one program that offers multiple services, including what we call structural (i.e., financial) [services] and

biomedical [services] (i.e. condoms, PrEP) and contraception—reaching one person, [and tracking] that one person has received those things. So that you have a youth club, you have PrEP if you want it, your parents are getting messages about how important it is for you, as a young woman, not to be married early, to be able to stay in school. So there's a culture change piece. There might be a microfinance piece. If you're reached with all of those things, your risk of HIV goes down. PEPFAR has shown that —that's layering.

Jeanne Baron: So layering, being successfully pioneered by PEPFAR right now, is one big important concept advocates can and should push.
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Jeanne Baron: Yes. The third major point in the report, one of the defining answers to the question posed by the title *Now What?*, is a call for integration on many levels—integration of sexual reproductive health with HIV treatment and prevention; integration of key populations and adolescent girls and young women into the heart of the HIV response, from the first idea for a new product, to designing the programs that deliver those products. And integration of human rights, social equity, policy reform into HIV prevention writ large. Knitting all these things together in practical terms, what would this look like?
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Emily Bass: This is, to me, one of the most exciting parts of the report. And the genesis of this really was collaboration between the HIV and family planning and sexual and reproductive health & rights field in the context of preparing for the ECHO trial, and really beginning to talk to each other about what we all know to be true, which is that young women are not getting their needs met in either the contraceptive field or in HIV. This is a crisis, and we need to start to talk about that. It became clear that we need to drive targets and funded plans that integrate contraceptive and HIV services.
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Emily Bass: So the post 2020 world is—let's get a target, and we would love the UNAIDS Director Winnie Byanyima to be one of the people that really
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champions this. Let's get an integration target.

Jeanne Baron: So, what does this mean for priorities in 2020?

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Emily Bass: Let's remember, for better or for worse, 2020 is an AIDS conference year. So the international AIDS conference happens every two years, and the large version is happening this year. This is a galvanizing moment. Every two years we have a chance to tell the story. Let's have an integration target in a plenary address. Let's have UNAIDS put that integration target out there.

Emily Bass: Another thing that's happening in 2020 is that a new Global Fund funding round is starting, and Global Fund can be a great source of resources for primary prevention programs. Many countries are getting more money than they had in the last round. And we really would like to see activists at country-level holding governments accountable, and, in Geneva, the technical review panels, which review these grants, really holding countries accountable for high-quality primary prevention programs. We don't want to see standalone youth clubs. There is no excuse for them in 2020.

Jeanne Baron: So in 2020, we're going to set some targets, and we're going to fund what it takes to get to those targets, and it's going to be in programs that actually can be measured for impact.

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Emily Bass: And we're going to have research on the radar. Because if we don't set goals and continue to fund exploration of additional options for people to prevent HIV, we are not going to get out of this.

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Jeanne Baron: The role of advocates has never been more needed or their influence more critical than it will be in the year ahead. Go to avac.org to download the complete report *Now What?*. Be sure to check out the section on AVAC's commitments for 2020. And to stay up-to-date on the challenges and opportunities that lay ahead, keep listening to *Px Pulse*.

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Jeanne Baron:

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You've been listening to *Px Pulse*, recorded in the New York City studios of the Radio Foundation and The Relic Room. Our theme music was composed by Alexie Stevens. Our engineer is Sam Bair.