

Translating Progress into Success to End the AIDS Epidemic



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MAKING AIDS HISTORY

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Global Advocacy for HIV Prevention



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AGAINST AIDS, TUBERCULOSIS AND MALARIA

Acknowledgments

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amfAR, The Foundation for AIDS Research, is one of the world's leading non-profit organizations dedicated to the support of AIDS research, HIV prevention, treatment education, and advocacy. Since 1985, amfAR has invested nearly \$550 million in its programs and has awarded more than 3,300 grants to research teams worldwide.



Founded in 1995, AVAC is an international non-profit organization that uses education, policy analysis, advocacy, community mobilization, and a network of global collaborations to accelerate the ethical development and global delivery of biomedical HIV prevention options as part of a comprehensive response to the pandemic.



Since 2004, Friends has been a leading advocate and source of information on the Global Fund to Fight AIDS, Tuberculosis and Malaria, a public-private partnership that is the largest funder of global health services in the world. Friends also works with partners in a variety of ways to advance the Global Fund's mission of ending the three epidemics.

The AIDS epidemic can be ended.

That is not a fantasy—it is a matter of choice.

Dramatic reductions in HIV incidence and mortality have been accomplished in very different settings around the world, from Malawi and Thailand to London and San Francisco. While success was achieved in different ways in each location, taken together they demonstrate the gains that can be realized on a global scale.

This publication highlights six locations that have made impressive progress against the epidemic. Each visual provides an HIV surveillance timeline as well as crucial policy changes—inflection points—that contributed to success.

The brochure also includes a global timeline with “headlines of the future,” noting “game-changer” policies and research advances, as well as other social and structural changes that, based on current evidence, would directly impact progress on HIV. A future scenario of rapid scale-up of expected innovations, such as long-acting treatment and prevention, a partially effective vaccine and, one day, a cure, are highlighted.

For all the scientific and social complexity of AIDS, there is no secret about what it will take to end the epidemic, as demonstrated by these six examples in unique ways:

- Campaigns to encourage HIV testing, particularly among groups most affected
- Free and easy access to treatment at diagnosis with HIV, regardless of CD4 level
- Scale-up of evidence-based HIV prevention, such as voluntary medical male circumcision, pre-exposure prophylaxis, and harm reduction
- Concerted efforts to provide human rights-based services and social supports alongside programs to fight stigma and discrimination, ideally in the context of broad health care access

Contained in these visuals is a new narrative for success. Together, policy makers, researchers, and communities can end the AIDS epidemic in our cities, our countries, and in our world. Some places are doing it already.

We must learn from these successes and demand the investment and policies needed to end the AIDS epidemic.

Ingredients of success include:

- Scaled, easily accessible HIV testing
- Treatment at HIV diagnosis for all living with HIV
- Scaled prevention, especially to those most at risk
- Respectful service delivery and anti-stigma efforts

“So why does this global pandemic continue to rage? It is not that we lack the medical advances and interventions to end the pandemic. It is that our proven tools have not been implemented adequately or uniformly... Today, we have the tools to end this modern-day plague. **We must not squander the opportunity. History will judge us harshly if we do.**”

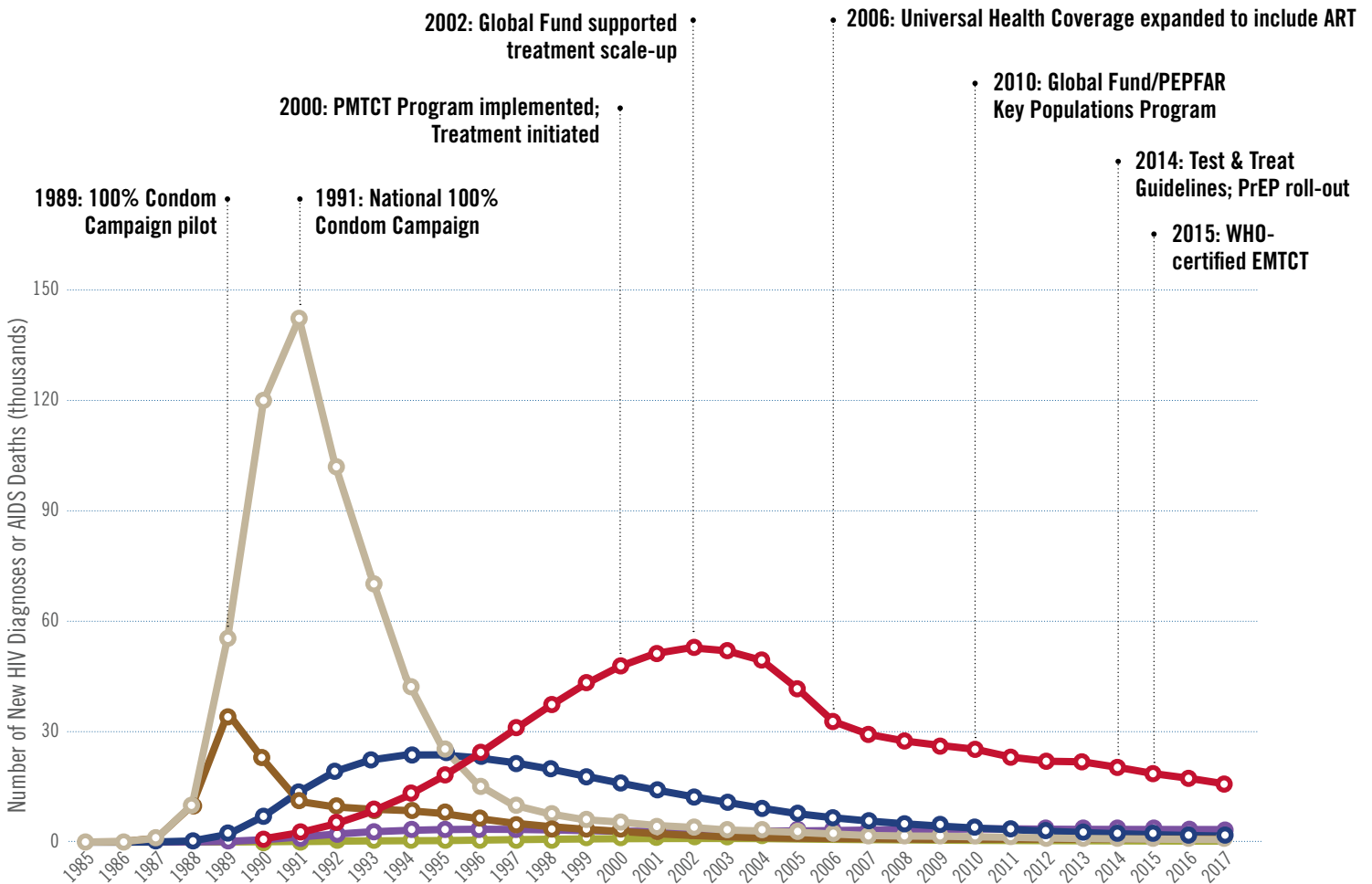
— Anthony S. Fauci, *No more excuses. We have the tools to end the HIV/AIDS pandemic*, The Washington Post, Jan. 8, 2016.



Thailand

The Thai government acted early with a national 100% Condom Campaign in 1991 that made condoms freely and widely available—including in sex work venues. Thailand’s domestic commitment to antiretroviral therapy (ART) began in the 1990s, with more than 85% of HIV programming domestically financed, reflecting the political will to combat the epidemic. In 2006, access to treatment was expanded with the inclusion of ART in universal health coverage. Efforts to expand PrEP access will be critical in preventing a resurgence of infections and driving incidence down.

Outcomes: Deaths
Transmission Risk: Sex Workers, Injection Drug Users, MSM, Casual sex, Spousal

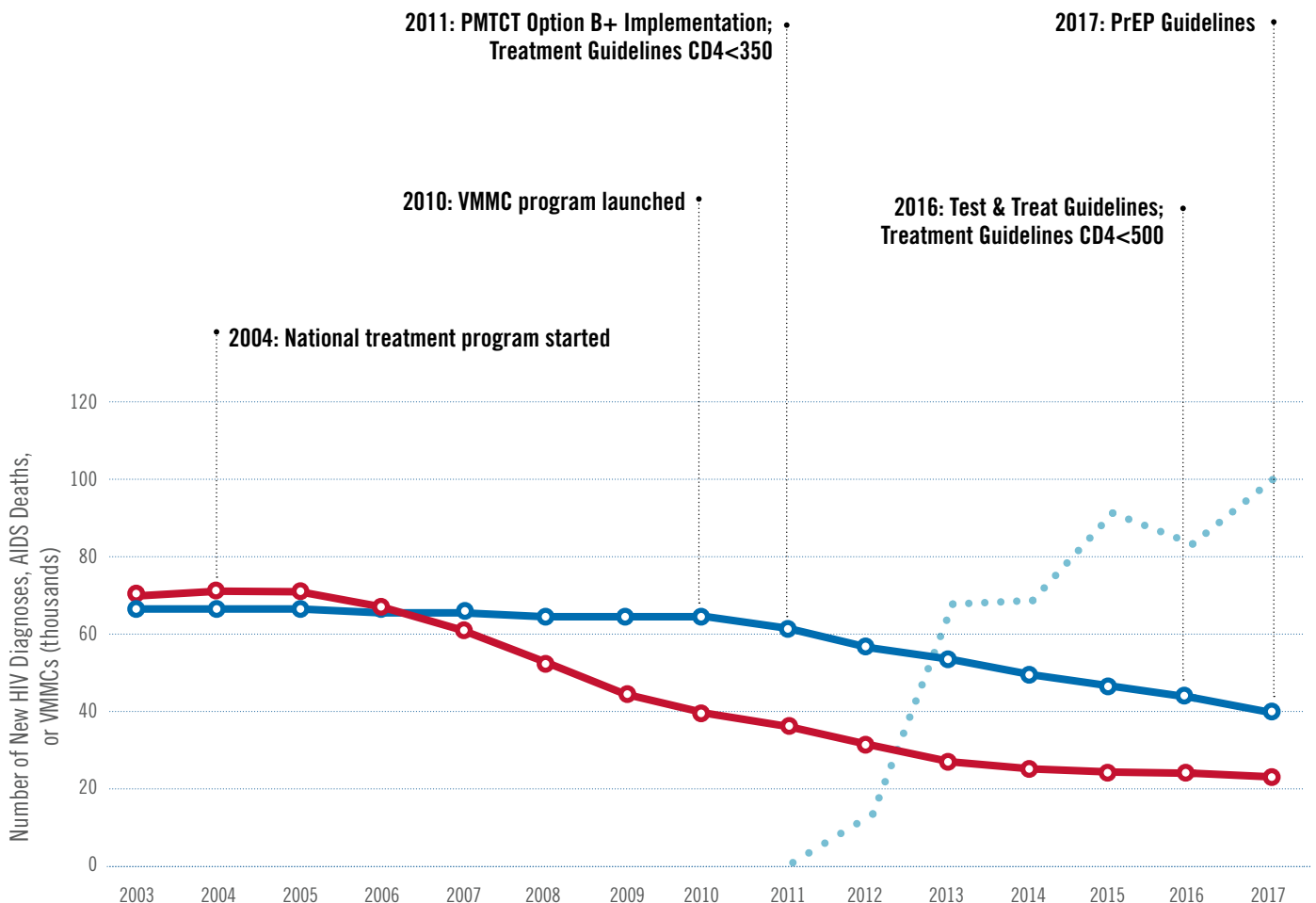


Malawi



When Malawi launched its national treatment program in 2004 in Global Fund round one, only 3,000 people were on treatment. Optimizing limited human resources for health, Malawi authorized treatment initiation by nurses and clinical officers. By 2016, with PEPFAR and Global Fund support, 91% of people aware of their HIV status accessed ART and voluntary medical male circumcision (VMMC) programs reached over 100,000 men annually. In 2016, Malawi moved to universal test and treat, and in 2017, it established PrEP guidelines. PrEP scale-up will be critical to reducing new infections—particularly in young women.

Outcomes: ■ New HIV Diagnoses ■ Deaths
Interventions: ■ VMMCs (PEPFAR)

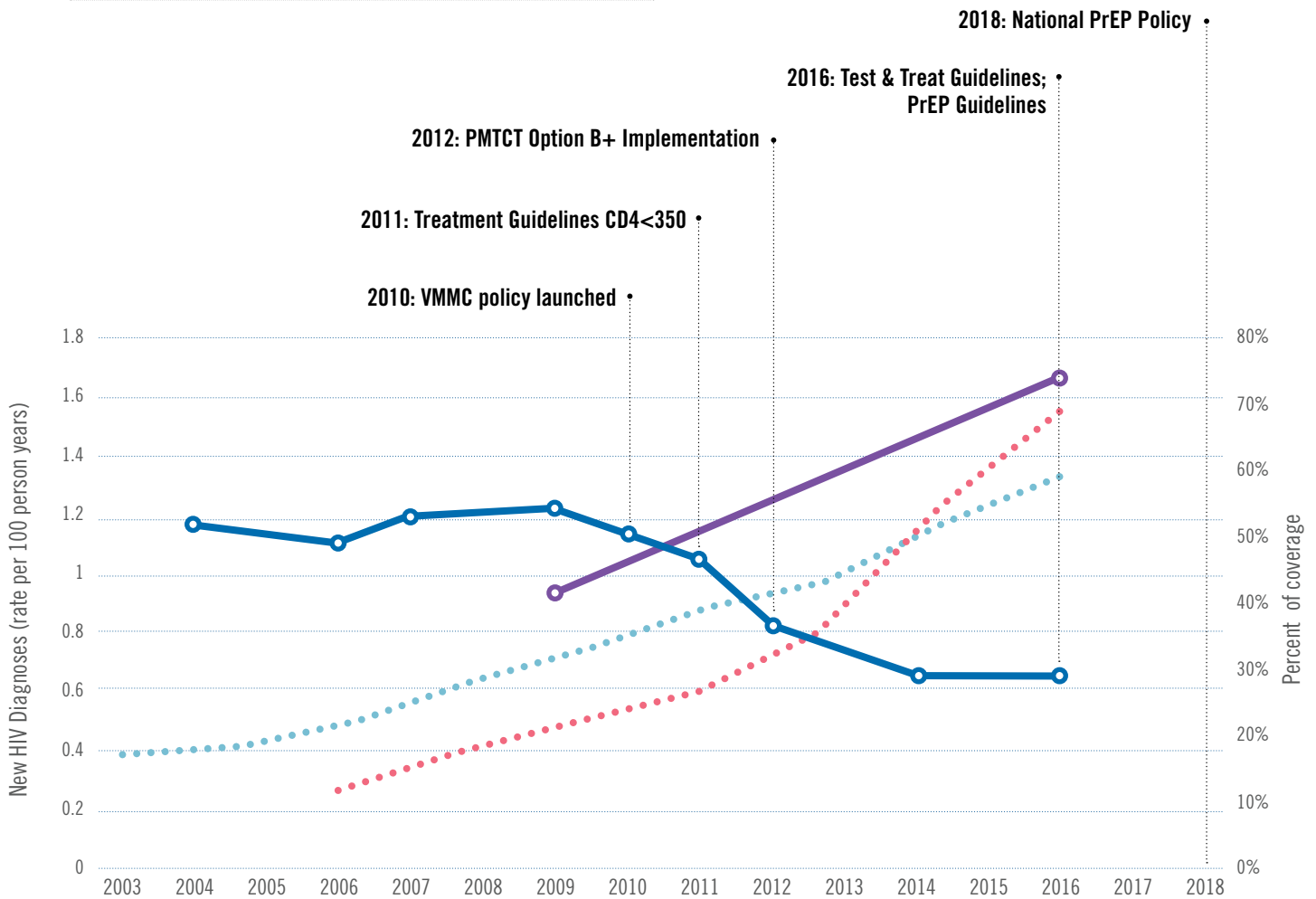




Rakai

Rakai, a mostly rural district in the South-Central region of Uganda, benefited from both Uganda's ART treatment policies and from the presence of the Rakai Health Sciences Program (RHSP). After early progress, Uganda saw a significant rise in new infections from 2006 to 2009. Responding with a reset of policies and programs, Uganda accelerated ART and VMMC scale up and turned its response around. In 2016, Uganda adopted universal test and treat. Rakai was the site of early research establishing the benefits of VMMC, leading to early uptake of VMMC in Rakai. Rakai's progress could be further accelerated by the elimination of punitive laws affecting key populations in Uganda and greater uptake of PrEP.

Outcomes: ■ New HIV Diagnoses ■ Viral load suppression
Interventions: ■ VMMCs ■ ART coverage (self-reported)

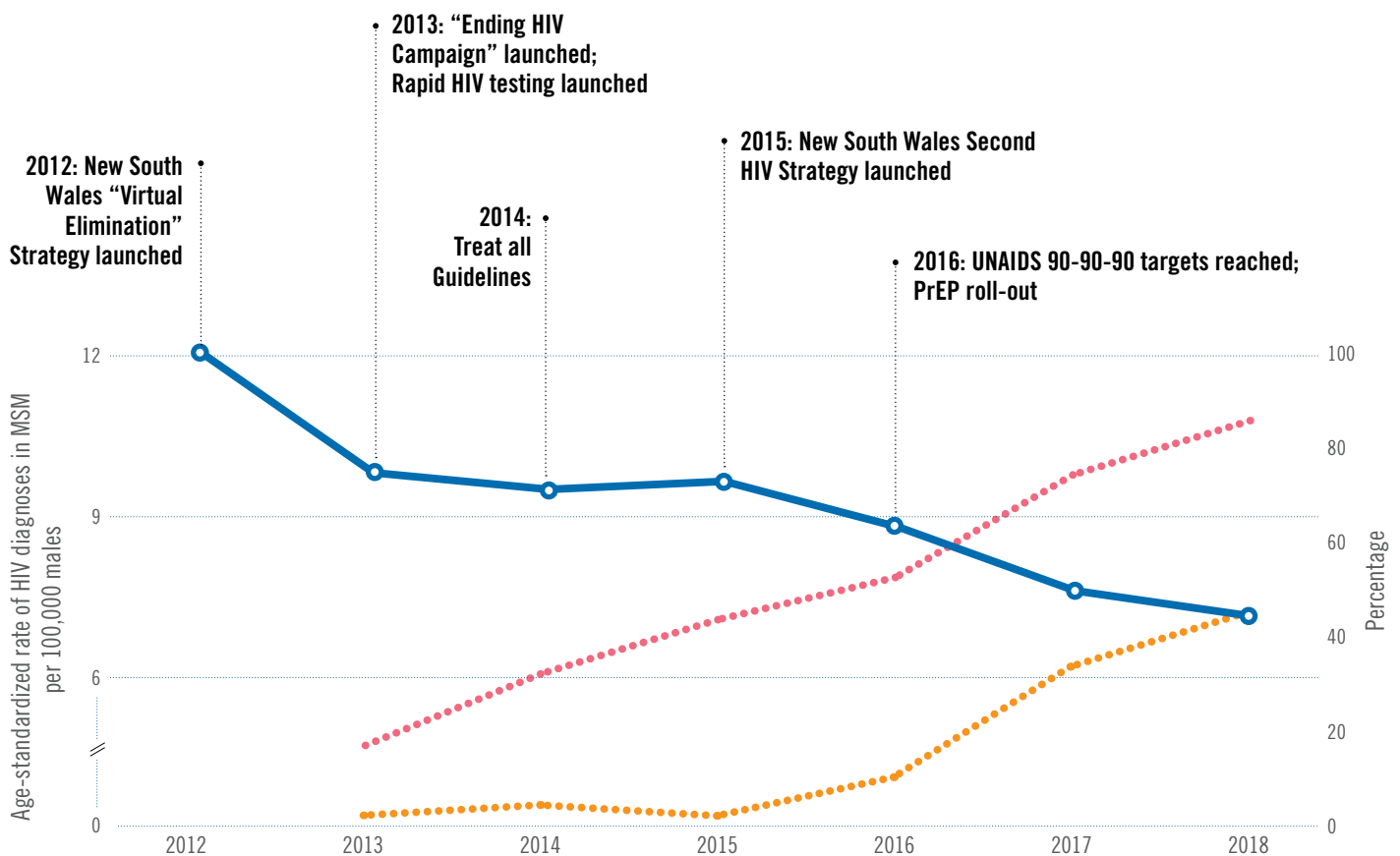


New South Wales



Since 2012, the government of New South Wales (NSW), an Australian state whose capital is Sydney, has committed to the virtual elimination of HIV transmission. Universal health care and redesign of public sexual health services, including making HIV testing more accessible and community-led 'Ending HIV' campaigns, has led to high testing and treatment rates. By 2016, NSW met the UNAIDS 90/90/90 targets. That same year, rapid roll-out of PrEP to people at high-risk of HIV began; by 2018, over 9,000 people were receiving PrEP. A strong partnership approach between affected communities, government, clinicians, and researchers has led to the lowest rate of HIV notifications in NSW since surveillance began in 1985.

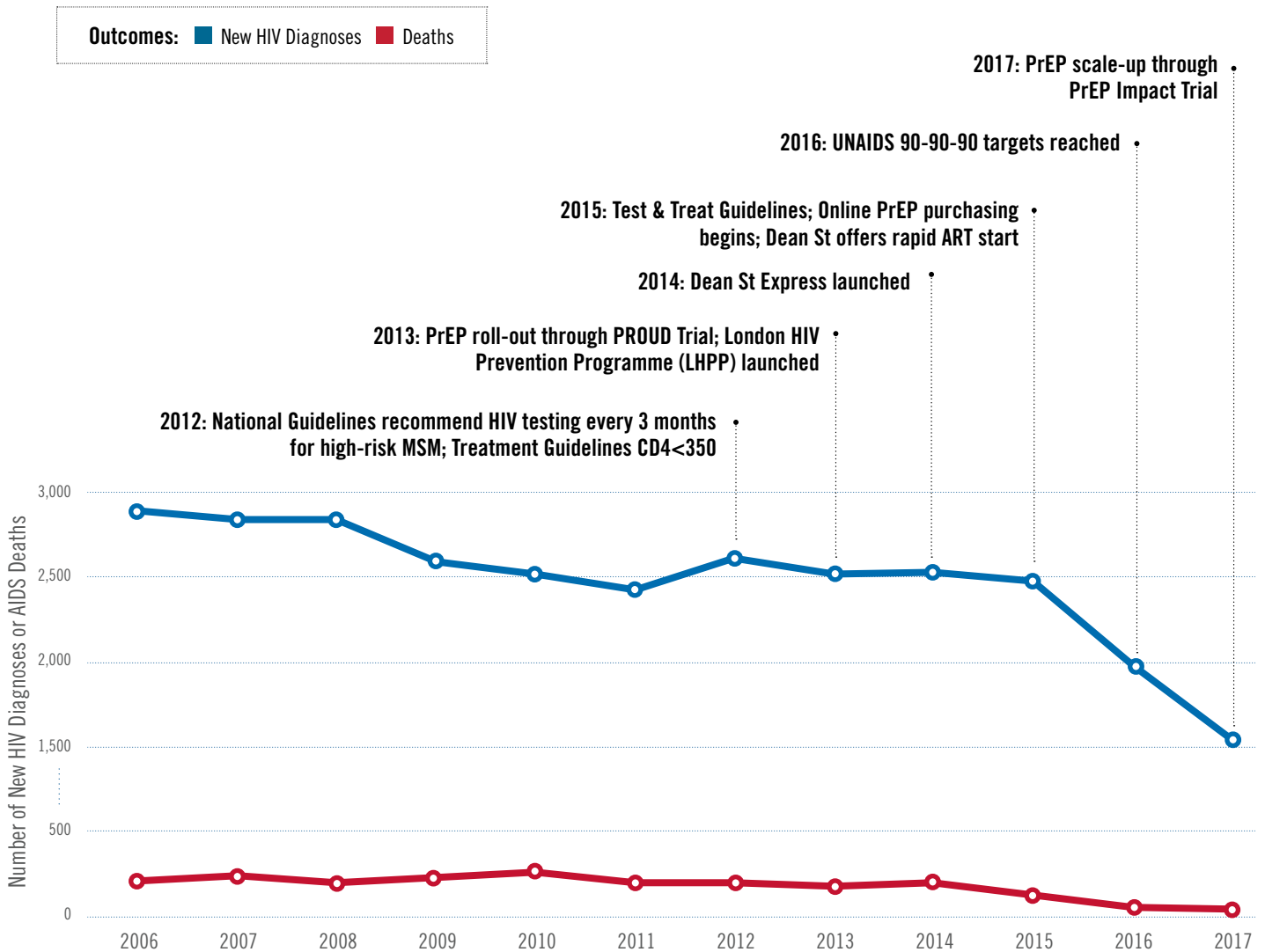
Outcomes: ■ HIV diagnoses in MSM, age standardized rate
Interventions: ■ Percent of high-risk MSM on PrEP ■ Percent of MSM on treatment by 6 weeks





London

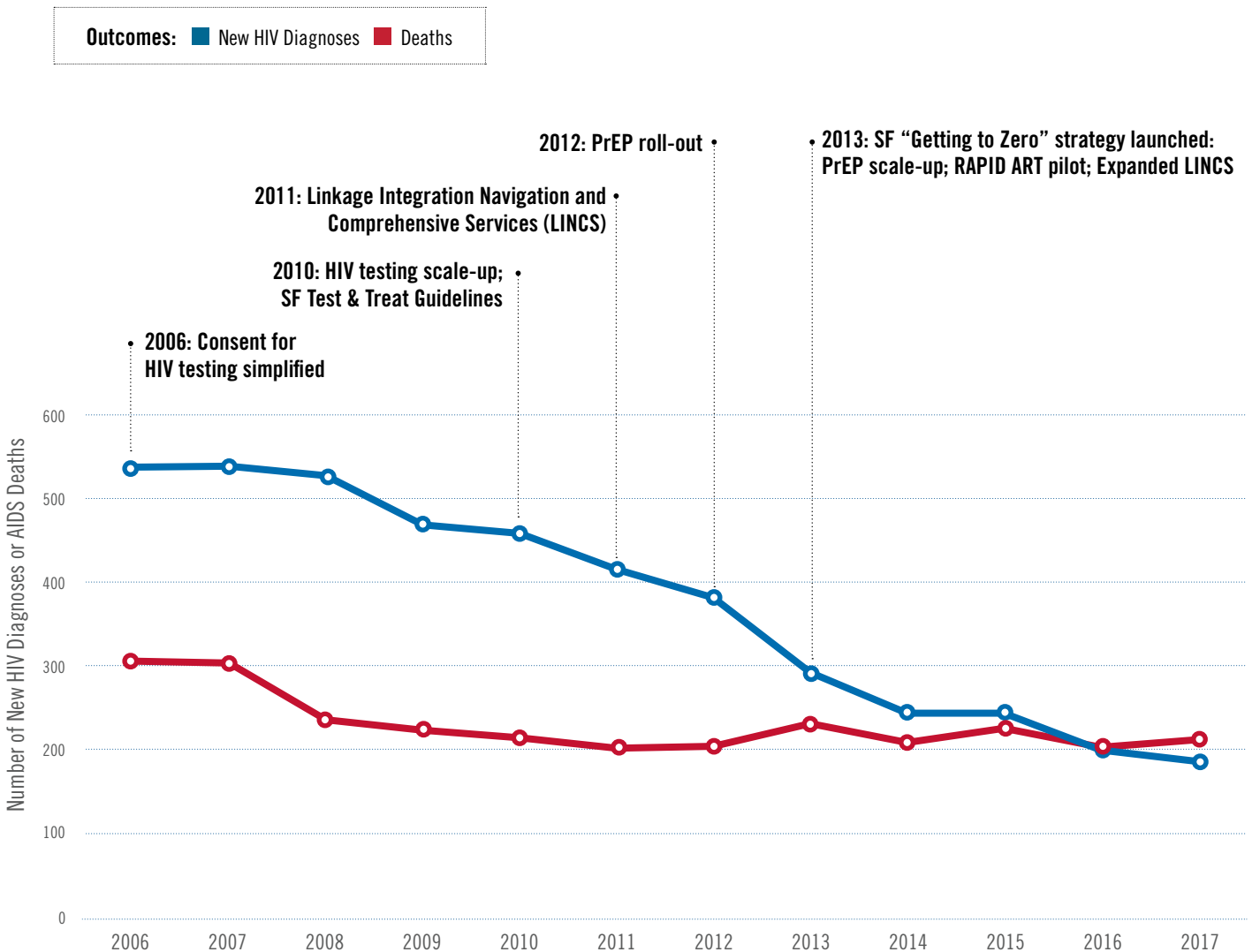
The HIV epidemic in London reached its inflection point in 2015, when new HIV diagnoses began to fall, particularly among gay and bisexual men. New diagnoses in 2017 were 37% below 2015 levels; among gay and bisexual men, they had fallen by almost half. Progress is due to multiple factors, centered around interventions focusing on gay and bisexual men in particular. These include: increased HIV and STI testing, especially for those at high risk; scale-up of PrEP; and rapid initiation of HIV and STI treatment at or as close to diagnosis as possible. These interventions were delivered primarily by sexual health clinics in London that offered comprehensive services and support. They occurred against a backdrop of a supportive policy environment, including universal health coverage which provides free care, including HIV prevention and treatment.



San Francisco

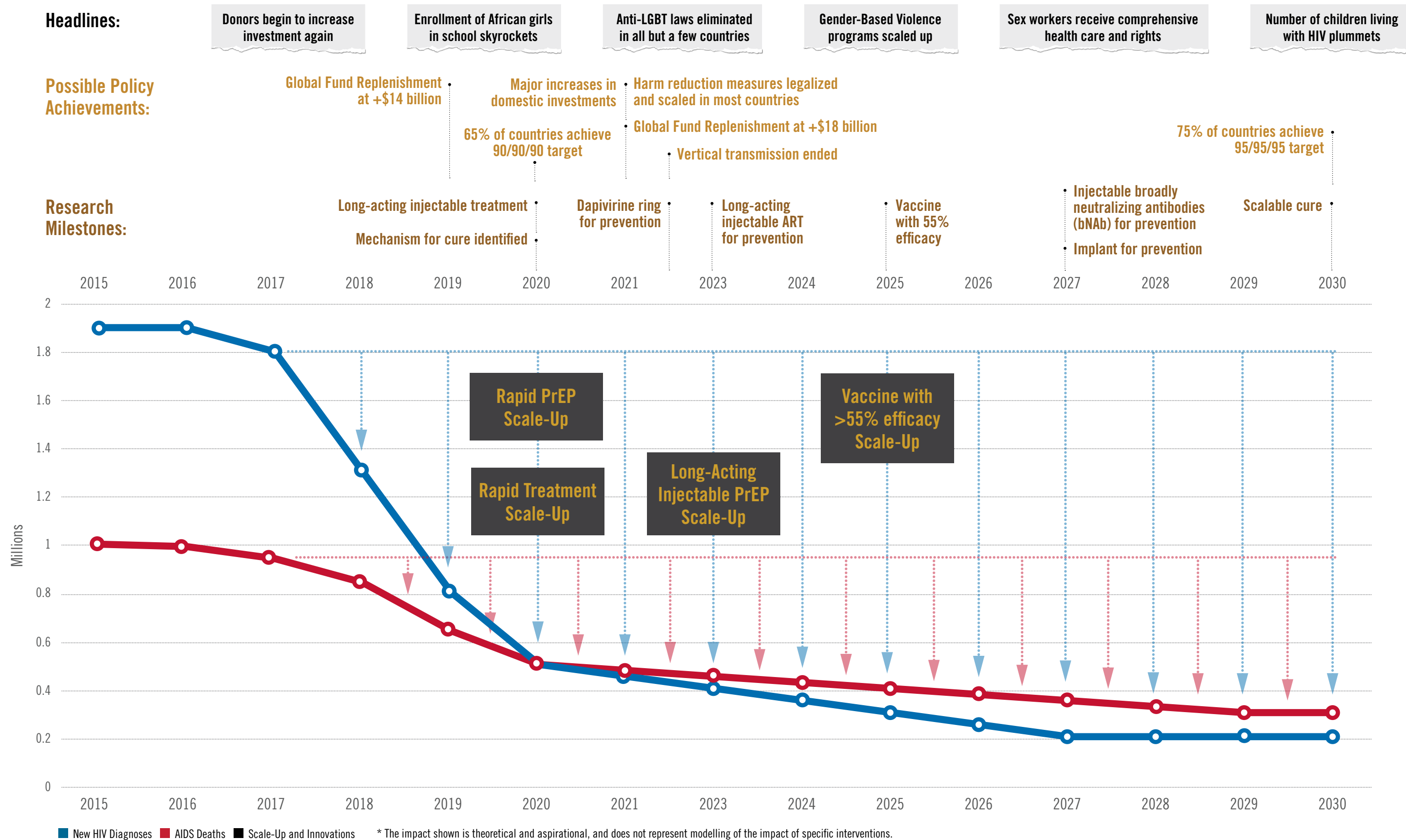


Starting in 2006, San Francisco made HIV testing more accessible and widespread by simplifying consent. In 2010, the city made headlines by advising people to initiate treatment at HIV diagnosis, regardless of CD4 level. San Francisco also developed programs to accelerate linkage to treatment and scaled-up PrEP delivery. The city's *Getting to Zero* initiative focuses on wider access to PrEP, the RAPID ART program linking people to treatment, and efforts to reach people not currently accessing services, particularly those who face serious challenges to medication adherence. A coordinated multi-sector ground-up approach to designing and implementing programs, and its long-standing focus on harm reduction, helped San Francisco achieve substantial reductions in new HIV infections.



Ending the Epidemic: Headlines of the Future

This graph depicts UNAIDS Fast-Track targets. Remarkable strides have been made at the global level, with declines in new HIV diagnoses to 1.8 million and AIDS-related deaths to 940,000 in 2017. Still, we remain off-track for reaching UNAIDS 2020 targets, particularly for HIV incidence. Closing the gaps between actual and projected progress (illustrated by the dotted lines) will require urgent progress on structural barriers and development and scale-up of evidence-based policies, products, and research. Only with a global commitment to accelerating these interventions will we begin to see a steeper drop in incidence and deaths.



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