

**Mr Mitchel Warren, Executive Director, AVAC/ Co-Chair Global HIV Prevention Coalition**

**Mr Warren, as someone who heads up an organisation which has played a strong role in advocating for HIV prevention in the civil society space, what are the two things that you think we could have done better, and that we would need to do differently in order to bring down new infections to less than 400 000 per year by 2025?**

I want to thank the speakers before me and particularly the conveners of developing the Political Declaration. These are important moments as we look to 2016. We saw really ambitious targets, first developed in the UNAIDS strategy five years ago and then enshrined in the Political Declaration of 2016. Targets are critically important but if we look back on the last 5 years, we know that while we have made significant progress in reaching people with testing and with antiretroviral treatment as we must, we have failed miserably in reaching the primary prevention targets. We need to look at that critically as we embrace new targets. This week with the Political Declaration we are committing to try to get to fewer than 400,000 new infections by 2025. To do that means we have got to act differently. We can not just continue as we have. Targets are important but we have got to develop the programmes and the policies and the leadership at all levels to deliver on those.

So, what has gone wrong? Most of all I would say two things. First, we need to recognize that HIV has always required a comprehensive integrated and sustained agenda and we have not seen that in primary prevention. We have seen prevention squeezed to just receive what is left over after we scale up testing and treatment programmes. This is not an either-or equation. We have to scale up testing and treatment programmes and scale up primary prevention because no one intervention, no one activity, is going to reach all people at all points in their lives, both people who are already infected with HIV and people who are not yet infected.

Second, we need a people centered approach. Primary prevention is not just products. It is not just condoms, it's not just PrEP, it's not just voluntary medical male circumcision. Those are critical components, and we see those, and newer interventions designed rightly around the virus. That is how product development in science works. We have to design the programmes around people. We actually know this from 40 years of HIV, but we are tragically reminded of it just in the last 18 months with SARS-CoV-2. Even with remarkable breath-taking progress in the science of vaccine development in Covid, vaccines do not end up epidemics. Vaccination programmes do, and it is true in HIV as well. We tend to get so focused on the products that we forget the structural drivers, the systematic issues, and they absolutely have to be grounded in the people who we seek to serve. And the opportunities are growing as we see new options beyond the prevention options we have today with the vaginal ring, injectable PrEP, both interventions that may be with us very soon. But those are what science develops as new options. But we need the policy, the leaderships, and the programmes to provide these as actual choices to people. Science develops options, our leadership, our policies, and our programmes make those choices or provide those choices to people, and that takes leadership at all levels.

We think a lot about leadership this week at the high-level meeting. Political leadership has never been more important. In countries that have epidemics and that is true in every country. In reaching people in greatest need, and those are often people who are marginalized, criminalized, and stigmatized. So political leadership matters, the world is watching, but the world is not just watching ambassadors, ministries and heads of the state and the UN, they are watching all of us in civil society because community leadership matters. Communities need to drive programmes; they need to drive what programmes and policies can deliver. It is not just one group of people anymore as it is not just one intervention.

We cannot get stuck in this idea that one thing is going to be our answer to the AIDS response. It has always been a comprehensive, integrated, and sustained response and we need to recommit to that today with people at the center.