

AIDS2016, Wednesday!

Highlights and insights of the EHPSA Team

**The largest generation** in Africa are now entering the age when they are most at risk of HIV. This was the stark warning Bill Gates delivered to a packed session room at AIDS2016 on Wednesday afternoon. Even though there have been great successes, especially in the field of treatment, the demographics are against us.

An increasing youth population means that the AIDS response must change – we cannot simply keep on doing the things we have been doing. Gates called for greater investment in R&D, new tools and HIV prevention. He puts some faith in PrEP, long-acting injectable ARVs and, of course, the vaccine (now thought to be about ten years off)...

During an early morning session hosted by Global Aids Policy Watch some true heavyweights of the AIDS fraternity also made a cogent and convincing argument for **new prevention strategies**. In an era where we now have a formidable toolbox of biomedical, structural and behavioural approaches for prevention, there is a need for “prevention literacy” campaigns to reinvigorate the role and participation of communities. An approach similar to the ‘treatment literacy’ campaigns developed by activists in the past, prevention literacy will reinvigorate the role and participation of communities to select prevention methods that can work for them...

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“We need a voice that is going to hold governments accountable!” agreed the HIV activists at a session on **advocacy tactics and grassroots activism**. The reality is that capacity building in analysing HIV and AIDS data is needed for NGOs to participate in global fora. They also need to be empowered and connected to the proceedings of high level meetings to enable them to translate the decisions and high level commitment to their communities. This will enable activists to use high level commitments as a political tool for national advocacy. Activists also agreed that governments need to be held accountable for stockouts: in South Africa most facilitates cannot provide medication for even three months of treatment...

A session hosted by the Treatment Action Campaign, Section 27 and the International Council of AIDS Service Organisations raised some important **concerns about activist civil society organisations** (CSOs) within the current HIV environment. Mark Heywood (TAC and Section 27) argued that CSOs are neither pro- nor anti-government – they should be *pro-people* with the main purpose of holding governments to account. Civil society (which is not a homogenous creature) needs to undertake some serious introspection. CSOs need to be accountable to the people who they represent and turn the “spotlight” on each other. Even in this era of declining funding, activist organisations need to be circumspect about their choice of donors. It was argued that a number of CSOs (and certain individuals within CSOs) have “sold-out” and are no longer accountable to their constituencies. In essence, they have become service providers to governments. There was a strong call from the floor for activist organisations to regroup, reflect and develop their own plan of action to ensure that governments are held accountable. Heywood argued that this plan should aim for social justice for all, and in all aspects of life - of which AIDS rights are one component.

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In sessions related to **AIDS response funding**, two seemingly contradictory messages seem to dominate the debate. Is the message that we should work to fully fund the Global Fund - or should we spend our energy on preparing for a transition away from external to domestic resources?

In the session on the challenges and opportunities for sustainable funding for the AIDS response it became clear that the issue related to funding is indeed more nuanced than making a choice between fully funding the Global Fund or slavishly preparing for a transition to public funds which may be inadequate.

Innovation in this area does not only require new and innovative funding mechanisms, but a shift in the role played by global health funding bodies such as the Global Fund and PEPFAR. For example they could assist nations to increase their domestic revenue base or they could support countries to explore and structure innovative financing mechanisms such as a global tax, impact investing and or social marketing. The global health bodies currently do not have this expertise and in this would require a re-think of the capacity required in these institutions.

What is clear though is that innovation will drive AIDS response of the future - innovation in financing mechanisms, innovation in technology (new and cheaper drugs), innovation in tools (e.g. utilising online opportunities for accessing and linkages to care), as well as innovation in implementation - and this is where the role and participation of communities and civil society organisations is, and remains, critical for prevention and treatment.