

AIDS 2016 – Equity and access

Highlights and headlines

The numbers:

- More than **15,000** participants from **153** countries attended the conference, which included **157** sessions and workshops;
- More than **800** media delegates reported on the conference;
- **37%** of lead authors were African;
- **735** presenters (the majority) were women; and
- **726,268** people were reached by posts on the AIDS 2016 Facebook page.

Themes:

One of the main themes of the conference was the urgent action needed to reduce new HIV infections and AIDS deaths among adolescents, especially adolescent girls and young women in Africa. Key populations, especially sex workers, men who have sex with men, transgender women and people who inject drugs, were also high on the agenda of both the scientific and community tracks of the conference. Voices of young people and key populations were heard loud and clear throughout the conference.

Basic science:

- **Cure:** We now have a clear understanding of the challenges of finding a cure for HIV, and work on paediatric HIV is moving this agenda forward. Funding for HIV cure has increased 25% in past year.
- **Vaccines:** An important vaccine trial HPTN073 began in South Africa this year but scientists estimate that will be at least a decade before we can expect a functional vaccine.

Clinical care and science:

- **Treatment:** New advances in treatment include the drug dolutegravir (less resistance, lower dosage needed) and long acting injectable antiretroviral drugs.
- **Adherence:** Long-term adherence to treatment and retention in care present serious challenges, particularly for young people.

Prevention

- **Incidence:** UNAIDS reports sustained new infections in adults (increasing in eastern Europe).
- **Pre-exposure prophylaxis (PrEP):** In this era of PrEP, studies are moving from pure science to implementation science. A myriad of successful trials and demonstration programmes were reported including PrEP for adolescents and key populations; and long-acting injectable PrEP.

- Treatment as prevention (TasP): An African trial using a combination of bridge PrEP and ART for sero-discordant couples led to virtual eradication of HIV (PARTNERS demonstration project). At population level though, the TasP trial at the Africa Centre reported no difference in HIV incidence in control or intervention arms.
- Social media and innovative ICT solutions were presented for hard-to-reach groups such as MSM.

Implementation science

- Different models for HIV self-testing showed promise: national scale-up will be needed to reach the 'first 90'¹. WHO guidelines are expected in December 2016.
- Different models for HIV care (differentiated care) were presented including adherence clubs, community groups etc and show promise for improving adherence in adolescents and key populations. Differentiated care is seen as a strategy to reach the 'third 90.'

Funding

- A Kaiser Family Foundation report showed that financial support for HIV fell in low- and middle-income countries for the first time in five years.
- There was a strong emphasis on the transition from donor to domestic funding, and the need for innovative financing mechanisms to mobilise additional resources to ensure targets can be reached.
- A key question in a number of the presentations was: "how can we do more with the money we already have?" (Questions about technical and allocative efficiencies, how to achieve them, and how to implement services in a way that will reduce unit costs and save money, which can then be used to scale up interventions.)
- Whilst global funding has fallen, both PEPFAR and Global Fund report large increases in funding for key populations are coming on stream.

¹ The new global targets to reach 90-90-90 by 2010: 90% of people living HIV know their status, 90% of those are on antiretroviral therapy; 90% of those are virally suppressed.