

AVAC's Take

Oh, International AIDS Conference. You're the meeting that's impossible to ignore! You're so big, so flashy, so full of contradictions: news and hot air, circus and seriousness.

And yet, a month on, we're still thinking about you. Because, when it comes to the HIV response, what we sensed at Durban was a climate change. Like the one threatening our planet, it's a dire situation and a call to action. The two most important data points from the whole meeting are: (1) new cases of HIV aren't going down¹ and (2) funding is.² Really, that could have been enough to discuss for the whole week. But of course there was far more! At the end of the day, it is not so much what happens at the conference but what happens after. Here's what crystallized last month in Durban. –AVAC

Data Dispatch

▶ *Non-ART prevention is on the agenda.*

UNAIDS' *Prevention Gap* report, released just prior to the conference, showed that overall there has been no decline in rates of new HIV diagnoses worldwide. This big picture masks major regional variations in incidence trends, but the overall report of flatlined incidence was a sobering wake-up call. It may have been exactly what was needed to make Durban a meeting where non-ART prevention was discussed frequently and fervently. For example, we've never heard as much PrEP love at an IAC as we did at Durban 2016. There was also positive news on the dapivirine vaginal ring. New analysis of data from the completed ASPIRE efficacy trial, showed higher protection among women who used the ring consistently. The product has been designed to be worn in the vagina for roughly a month. The ring is now moving to the next step in the research process—open-label extension studies among efficacy trial participants who will now be offered the ring (no placebo) with clear messages that it works if you use it. Voluntary medical male circumcision, which is not dependent on adherence, and already showing population-level impact was on the back burner in most presentations. But a rising tide lifts all boats, and a pro-prevention platform for the global HIV response

¹ <http://www.unaids.org/en/resources/documents/2016/prevention-gap>

² <http://kff.org/global-health-policy/report/financing-the-response-to-hiv-in-low-and-middle-income-countries-international-assistance-from-donor-governments-in-2015/>

AVAC Report is our annual review of the HIV prevention field. This year, with *Big Data, Real People*, we focus on the strengths and weaknesses of HIV prevention data today and propose the adoption of HIV Prevention Data Dashboards. This tool could bring the same specificity and accountability to non-ART prevention services that the "treatment cascade" does for ART. To download or order copies, visit www.avac.org/report2016.



will undoubtedly include strong calls for VMMC. There were also strong, specific calls for a rights-based response that meets the needs of people who inject drugs, prisoners and sex workers, as well as LGBT people.

▶ *90-90-90 is getting "ground-truthed"...kinda.*

Is 90-90-90 going to change rates of new HIV diagnoses? The only way to find out is by measuring incidence in places where ART coverage and viral load monitoring are available on demand. One early data set presented at Durban came from the French research agency ANRS. They conducted a randomized trial (ANRS 12249 TasP) that provided some communities in South Africa's KwaZulu-Natal province with ART as soon as HIV was diagnosed. Other communities in the province received ART at a later stage, according to national guidelines. Those communities with access to immediate ART had higher levels of ART initiation and higher rates of virologic suppression than those communities that received standard care. But no incidence reduction was seen in the study communities with immediate initiation. Similar data have been reported in Botswana. It's likely that the impact of ART for prevention is going to be affected by gaps in coverage for specific demographics (e.g., by gender, age, etc.), or in terms of absolute levels of ART coverage in a community. Overall, at the end of the

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When it came to the International AIDS Conference returning to Durban in 2016—for the first time since 2000—we hoped, in some cases, that history would repeat itself. Specifically, AVAC and colleagues went looking for a galvanized, energized activist movement focused on the critical issues of prevention, rights, access to ART and funding. On the left you'll find answers to four questions we posed in *AVAC Report 2014/15*. We didn't want everything to be a replay. We were looking for signs of change in the rates of new HIV diagnoses in the host country, South Africa. And here we were, sadly, left wanting. Rates of HIV remain unacceptably high in adolescent girls and young women and other key populations. How to do better and break the cycle? Check out the graphic on the right.



DURBAN 2016 Scorecard—How did it deliver?

Durban 2000 was a high point of global solidarity. In 2016, will AIDS activism be rekindled and reinvigorated leading to massive mobilization for decisive action on ending the epidemic?



The answer is an energetic, innovative, youth-led Yes! Highlights included a massive march focused on the funding gap for the global AIDS response to small, smart strategic actions demanding human rights and respect for sex workers, to strategy sessions laying the groundwork for new and stronger coalitions in the months and years to come.

The 2000 conference saw the first meeting by and for women living with HIV—*Women at Durban*—which became the Women's Networking Zone. Will 2016 bring breakthroughs in effective, comprehensive women-centered services for HIV prevention, treatment and reproductive health?



Not so much. The women's agenda was complicated but not completely revamped in Durban. New data on vaginal bacteria that might impact risk of HIV and efficacy of tenofovir gel (which isn't moving forward in trials) left many confused. Additional data on the dapivirine ring show that it worked better in women who used it. Sadly, ART expansion is still ignoring the wisdom and life experience of women—though AVAC was proud to be part of a coalition that produced the first Global Review of women's access to ART.

In 2000, the question regarding ART became "not if, but how" would treatment reach people in low-income countries. Will 2016 be the year that this question is answered for comprehensive prevention?



Signs are hopeful but not conclusive. Durban saw more attention to non-ART prevention than previous meetings—lots of love for PrEP and recognition of the need for combination prevention. Now's the time to turn talk into action.

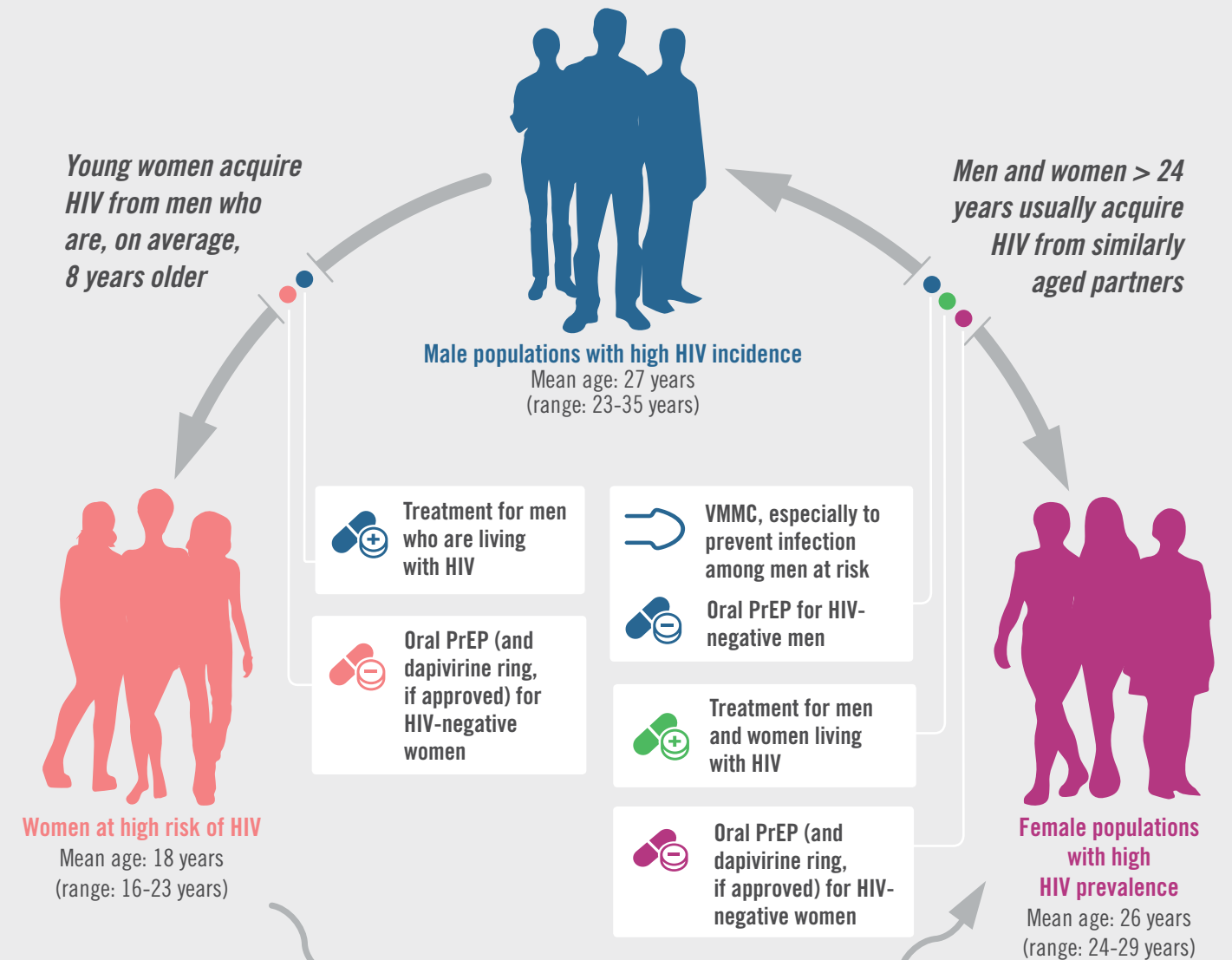
Is the world on track to 90-90-90 and fewer than 500,000 new infections by 2020?



No way. Incidence has plateaued globally and soared in some settings, as documented in a UNAIDS report released just before Durban kicked off. Now's the time to get serious about prevention.

Breaking the Cycle of Heterosexual Transmission

Researchers in South Africa used genetic analysis of HIV to understand the cycle of transmission of HIV in one part of the country. Men and women in each of these age groups have distinct prevention needs noted below, in addition to the standard prevention package including female and male condoms and behavior change.



When teen women with HIV reach their mid-20s, if they aren't on effective ART, then they may transmit to partners of the same age—and vice versa

Adapted from: Dellar R, Tanser F, Abdool Karim Q, et al. Manuscript in preparation. / Abdool Karim Q. HIV infection in young women in Africa: An overview. Presentation at AIDS 2016. <http://programme.aids2016.org/Programme/Session/1257>.

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trial, ART coverage was less than 40 percent. That's less than half the way towards the third "90" (virologic suppression), which may be why no impact was seen.

More data like those from the ANRS study are on the horizon. The SEARCH study, ongoing in East Africa, is rolling out a 90-90-90-inspired package along with basic health services—and soon—PrEP. In Durban, investigators reported that the study communities had exceeded the UNAIDS' "90-90-90" goals for testing, ART and viral load suppression. The study noted that people younger than 25 were less likely to know their status, initiate ART and be virologically suppressed compared to older individuals. Will SEARCH lead to lower incidence? These data are expected in 2017.

Whether from SEARCH or other trials, funders and governments alike are looking for success. If the early data don't all point to incidence reductions, that doesn't mean these programs are failing. The message should be that ART scale-up needs to be matched by scale-up and monitoring of other essential interventions. This includes scale-up of VMMC coverage to 80 percent of eligible men in all countries where it's a priority; development of treatment and prevention cascades that report by age, gender, and key population status; massive scale-up of harm-reduction programs in the Eastern European and Central Asian regions where incidence is increasing most dramatically; and targeted, supported use of PrEP globally.

▶ **The most important data aren't always where—or when—you think.**

IAC room assignments often signal the relative importance of an issue. A bigger room can mean a bigger expected audience. In Durban, data on the impact of vaginal bacteria on women's susceptibility to HIV, and on levels of vaginally delivered tenofovir, were presented in a "Special Session" in the arena-sized Session Room One.

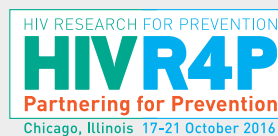
Using samples taken from women who participated in the CAPRISA 004 microbicide trial, investigators identified a vaginal bacteria called *Prevotella bivia* that seemed to increase risk of acquiring HIV, and another one, *Gardnerella*, that metabolized tenofovir. Could it be that *Prevotella bivia* is part of the explanation of why young African women are so susceptible to HIV? And could tenofovir-munching *Gardnerella* explain why tenofovir gel didn't show much protection overall in the efficacy trials? Well, maybe. Vaginal health is enormously important as part of a holistic approach to women's sexual and reproductive health. But it's important to note that there's no evidence that vaginal bacteria adversely impact the drug levels of oral PrEP, which arrives in the cells of

the vaginal mucosa via the blood stream, not a vaginally applied gel. So this question would need to be examined separately. In the trials where young women weren't protected by oral PrEP, they weren't taking it, according to tests that looked for the drug in their blood.

Meanwhile, at a 7am satellite session, a World Health Organization-commissioned report on existing data regarding the potential interaction between hormonal contraception and HIV risk found "increasing concern" about Depo-Provera, or DMPA, and its impact on women's risk of getting HIV. That's the first time a systematic review of available data has indicated that the data suggest there is cause for concern. It's also the first time this concern has been quantified. If there is an impact—and that's still an *if*—it's somewhere at or below a fifty percent increase in risk compared to a woman not using DMPA. That's the kind of impact that deserves at least as much attention as the impact of vaginal bacteria on susceptibility—and AVAC is working with collaborators to ensure that attention is indeed paid. We have detailed resources and regular updates on these new findings that you can get by subscribing to our Advocates' Network (avac.org/subscribe).

▶ **Some global warming trends are good.**

The best news from Durban and the best reason to go to an IAC is to feel the heat of the activist movement, which is not just surviving but thriving and taking new forms, with youth-led protests, smart and urgently needed campaigns to protect generic medications and much more. We left Durban hot and heavy for change.



Over a thousand people from the HIV prevention field will gather in Chicago, USA, for the

second HIV Research for Prevention Conference in October. It will be an opportunity for researchers and advocates to discuss the latest in HIV prevention research and influence the agenda for the future. For more info and conference coverage, visit avac.org/hivr4p.

About AVAC



AVAC works to accelerate the development and global delivery of HIV prevention tools. To receive regular updates via email sign up at www.avac.org/subscribe.

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