

# TOWARDS AN AIDS-FREE GENERATION

## Take-home messages from Melbourne 2014 and lessons towards Durban 2016



The 20th International AIDS Conference (AIDS 2014) started on a sombre note in Melbourne, Australia. Delegates congregated on the evening of 20 July for the conference opening to the painful news of the death of a number of delegates who were on board the Malaysian Airlines plane ML17, writes *Alinah Segobye*. Among them was the renowned HIV/AIDS champion who was to be remembered, cited and celebrated during the conference, Joep Lange.

**T**he theme of the conference, *Stepping up the pace*, focused attention on the successes made in the last 25 years in the global response to HIV/AIDS. In particular, the hosting of the conference in Australia was significant in drawing attention to new and emerging challenges with respect to ending the fight against AIDS.

Where considerable gains have been made regarding prevention, treatment, care and support, new challenges have emerged, such as new sub-epidemics among key populations previously unaffected. The keynote address by UNAIDS executive director Michel Sidibé, and the common thread for other speakers throughout the conference, highlighted the need to focus on key populations and to ensure 'no one was left behind' in the fight against AIDS.

### Positive strides made

Over the last 25 years, a lot has been achieved in the global fight against AIDS. The Melbourne conference showcased strides in the science informing research into HIV/AIDS and demonstrated unequivocally that investments in research have paid off in the prevention, treatment and care areas of HIV/AIDS.

Many lessons have been learnt about harnessing community action and advocacy; championing local, national and global responses; and mobilising resources to co-ordinate responses. The continuing burden of disease in sub-Saharan Africa was continually flagged as a major challenge in realising an end to AIDS.

Of note was the success of the prevention programmes of countries like Botswana and South Africa in ostensibly reducing maternal transmission of HIV from more than 90% to fewer than 5% over the last 15 years through prevention of mother-to-

child transmission (PMTCT) programmes. Further, the reduction of the prevalence of HIV/AIDS in some of the age groups that were most affected over the last two decades demonstrated the success of combining high-impact prevention initiatives, including safe male circumcision and targeting vulnerable populations.

Universal access to antiretroviral therapy (ART) has led to the championship of 'treatment as prevention', a critical message that also emerged from AIDS 2012 in Washington DC and that was again echoed in Melbourne.

**The key message of 'leaving no one behind' forces us to critically reflect on regional efforts to combat HIV/AIDS.**



### Tackling HIV/AIDS at a regional level

It is perhaps the key message of 'leaving no one behind' that forces us to critically reflect on regional efforts to combat HIV/AIDS. One of the main lessons learnt from Melbourne was the concerted efforts to address the epidemic as it affected key populations in Australia and the Pacific. Sub-epidemics emerging among young, men who have sex with men (MSM) and intravenous drug using (IUD) populations are a cause for concern, and call for more impactful and targeted programmes. This sentiment was echoed throughout the AIDS 2014 presentations.

This message also notably related to challenges faced in sub-Saharan Africa among vulnerable populations, including commercial sex workers, people in incarceration, and refugee and migrant populations. Some of the challenges faced by these populations include lack of access to basic prevention messages, safe sexual reproductive health education resources, condoms and post exposure prophylaxis.

Poverty among many of the developing world's populations was highlighted as negatively impacting on the capacity of communities to respond effectively to fight HIV/AIDS. In this regard, a strong call was made throughout for increased funding for HIV/AIDS.

## Attention was drawn to the overall reduction of funding for HIV/AIDS.



### Strategic financing needed

Attention was drawn to the overall reduction of funding for HIV/AIDS. As a result, there was a real danger of efforts falling behind in terms of the gains made so far. Calls were made for funding to be made available to the Global Fund, particularly from developed countries. Presentations highlighted the need for strategic mobilisation of domestic financing to ensure the sustainability of programmes.

Some of the strategic partnerships highlighted included drawing on the private sector as a key partner in fighting HIV/AIDS. A special session on 'The role of extractive industries in building sustainable health programmes', co-chaired by former Botswana President Festus Mogae, addressed this subject by highlighting the work being done by mining companies in working with communities.

This subject is relevant in the southern African context, as the mining sector contributes significantly to employment, national revenue and community support. However, it has also been a sector contributing to key drivers of the epidemic in the region through the migrant labour system. Further, the burden of disease has been complicated by the prevalence of TB in mining communities.



Dr Aaron Motsoaledi, South African Minister of Health, at AIDS 2014 in Melbourne

## In the war against HIV/AIDS a key population left behind was adolescents.



### Teens being left behind

Perhaps one of the most arresting messages from Melbourne was the keynote address delivered by UNICEF expert Dr Susan Kasedde. Despite the global success in the war against HIV/AIDS a key population left behind was adolescents. Her presentation highlighted how this group had fallen through the cracks of programming for prevention and treatment, resulting in high mortality rates among young people particularly in sub-Saharan Africa.

The presentation by medical advisor for the Clinton Health Access Initiative (CHAI), Shaffiq Essajee, which focused on paediatric HIV, further drew attention to AIDS as it affects children. This presentation highlighted the need for what was coined a 'doing the right things in the right places at the right time' approach for the next level of scaled-up activity to end AIDS.

### Future focus areas identified

A necessary focus for AIDS 2016 will have to be paediatric, adolescent and youth populations as entries to high-impact prevention programming. So far, the success of PMTCT suggests that significant gains can be made to ending AIDS if efforts are focused in this direction.

HSRC CEO, Olive Shisana, highlighted the need to continue strengthening health systems to ensure their capacity to respond efficiently and effectively to the needs of communities. Coupled with enhanced local, national and global co-ordination, the take-home message from Melbourne was that ending AIDS is within our reach as a global community.

As host country in 2016, South Africa can look forward to building on the lessons of the last three decades and drawing on advances in science, community action and leadership to showcase some of the advances made in the fight against HIV/AIDS. ■

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Former Botswana president Festus Mogae with UNAIDS executive director Michel Sidibé at AIDS 2014 in Melbourne