

AIDS 2018 Overview Report

A collection of highlights: Brian Kanyemba

Where are the young people? Here!

Young people have the most at stake in ending this epidemic, and the presence, participation and leadership of young people was evident throughout AIDS 2018. Youth and junior investigators made up more than one-third of the submissions presented at the conference, and their work garnered attention in every conference track.

AIDS 2018 provided more scholarships to young people than any previous AIDS conference. And the AIDS 2018 Global Village featured the largest dedicated youth space of any International AIDS Conference – providing a critically important space for young people from around the world to network, collaborate and showcase their achievements.

Dozens of youth-focused programmes and events put young people and their experiences front and centre. Among these were sessions calling for a [“youthquake” in HIV prevention and treatment](#), addressing [innovative strategies to overcome barriers to access for young people](#) and sharing strategies to [amplify meaningful youth leadership for the HIV response](#).

“That’s why I really love these International AIDS Conferences: It really gives a space for there to be a relay race of change”, youth activist Mercy Ngulube said at the close of a [Facebook Live interview she moderated with Prince Harry and HIV-positive youth](#). “Young people can do their bit, older people can do their bit and we can all share our experiences and expertise”.

IAS Immediate Past President Linda-Gail Bekker was asked in an official press conference whether the unprecedented involvement of young people at AIDS 2018 represents an ongoing commitment to including youth voices in the conference. “Having set the bar high, there’s no way we’re going back”, she answered.

Prevention, prevention, prevention

An ounce of prevention equals a pound of cure, the parable says, and speaker after speaker echoed that sentiment at AIDS 2018. The prevention revolution was the subject of the opening scientific press conference, as well as dozens of sessions that looked not only at basic and clinical research, but also at studies with real-world implications for implementation and practice. Among these were studies supporting the use of [on-demand PrEP](#), important data from the iFACT study on [interactions between PrEP and feminizing hormone therapy](#) and research on new digital technology to improve adherence measurement and patient support. Also on the prevention agenda was data from the [APPROACH vaccine trial](#) and extended

results from the [PARTNER 2](#) study in MSM couples that added still more evidence that when it comes to HIV, U=U (undetectable = untransmittable).

At the same time, with an estimated 1.8 new HIV infections in 2017, there was widespread agreement at AIDS 2018 that the current pace of scale up for proven prevention initiatives is far too slow to reach future targets and must be increased rapidly to make lasting gains against the epidemic.

Look east ... and act!

Amsterdam is a fast-track city that has met the UNAIDS 90-90-90 targets for HIV diagnosis, treatment and viral suppression. But while the AIDS 2018 host city continues to improve its strong HIV response, a day's drive from the conference headquarters, in Eastern Europe and Central Asia, the EECA region, the annual number of new HIV infections has doubled in recent years.

Stigma and discrimination are major drivers of the epidemic in the region, where one-third of new HIV infections are among people who inject drugs. AIDS 2018 provided a high-profile platform for researchers and advocates from the region addressing [innovation around HIV and substance use](#), [advances in harm reduction](#) and [drug policy](#) and the human rights of people from key populations.

HIV criminalization is a growing concern in the EECA region, as well as in other parts of the world where legal systems criminalize HIV non-disclosure, exposure or transmission, even in cases in which there is no possibility of HIV transmission. An [Expert Consensus Statement](#) by 20 leading HIV scientists and an [accompanying editorial](#) published this week in the [Journal of the International AIDS Society \(JIAS\)](#) systematically and scientifically refuted the rationale for these laws, and gave advocates and experts a new tool against the stigma and injustice of HIV criminalization.

Money, money, money

Funding is essential to the AIDS response, and [new data released at AIDS 2018](#) reveal a significant US\$6 billion gap between what is available for the response and what is needed, now, to ensure global access to prevention, treatment and care.

After several years of flat funding, more than half of major donor governments decreased their HIV commitments in 2017, and no new significant commitments from international donors have been forthcoming. Treatment scale up has plateaued and is far short of what is needed to meet UNAIDS 2020 treatment goals. While domestic spending on HIV has risen significantly in recent years, it is not nearly enough to make up for gaps in donor funding.

With nearly 1 million people still dying of HIV annually, advocates warn that if the funding gap is not closed quickly, the shortfall could lead to millions of unnecessary HIV infections and deaths.

It's not just HIV

AIDS 2018 put a spotlight on the need to address the comprehensive health and well-being needs of people affected by HIV – from the [Generation Now pre-conference](#) on HIV and sexual and reproductive health and rights to calls to [integrate care and treatment of HIV and TB](#), the #1 killer of people with HIV. Throughout the conference, reports on programmes that integrate HIV diagnosis and treatment with care for hepatitis, STIs, hypertension, diabetes and other health concerns showed that these initiatives deliver better, more effective and more cost-effective care than programmes that look at single health issues in isolation.

As WHO Director-General Tedros Ghebreyesus reminded us at the conference [opening session](#), “We have not truly helped a child if we treat her for HIV, but do not vaccinate her against measles. We have not truly helped a gay man if we give him PrEP but leave his depression untreated. We have not truly helped a sex worker if we give her STI screening but not cancer screening. Universal health coverage means ensuring all people have access to all the services they need, for all diseases and conditions”.
