

Putting prevention at the forefront of HIV/AIDS



From the very beginning of the global response to the AIDS pandemic, prevention has been marginalised. Treatment has dominated. This systematic imbalance in clinical and public-health programmes is largely responsible for the fact that around 2.5 million people become newly infected with HIV each year. The publication of a Series by *The Lancet* on the state of the science of HIV prevention—together with a call for action by leading academics, UNAIDS, and the World Bank—signifies a new commitment to stop the virus and its consequences.¹⁻⁶

When one surveys the political hinterland of this pandemic, one immediately discovers a litany of declarations and commitments, leaders' forums and high-level consultations.¹ With what result, one might reasonably ask, given the still appalling toll that HIV wreaks? It may be right that WHO calls the finding that nearly 3 million people are now receiving antiretroviral therapy "a remarkable achievement".⁷ But it is surely scandalous that this access to medicines campaign has not been matched by an access to prevention campaign. The 3-by-5 initiative is symbolic of a striking international imbalance and inequity in our response to HIV/AIDS.

For the truth is that this pandemic will never be defeated without effective prevention. To be sure, no single prevention strategy will be sufficient. We need combined prevention, including a portfolio of biomedical, behavioural, and structural interventions.²⁻⁴ We must increase the health-systems strengthening element to our policy and practice. We must continue to argue for more funding. We need to rethink our approach to evaluating prevention. And we must find better ways to enhance coordination between international and national actors.

Part of the difficulty facing any new and upgraded movement for prevention is the way we currently discuss AIDS. The very distinction between treatment and prevention is false. Both are inextricably connected. A further lacuna is behavioural science, which needs greater attention by policy makers, civil society, scientists, and the media (including medical journal editors). Countries need to develop context-specific national preventive strategies, not off-the-shelf slogans dreamt up by donors. And research funders should recognise their role in shaping the policy environment through

decisions about what gets their support and what does not. Overall, HIV prevention has overly focused on individual behaviours. (The provocative but ultimately flawed arguments of Elizabeth Pisani are one recent and much discussed example.)⁸ Prevention needs to embrace the political, economic, and social determinants of risk too.

The HIV/AIDS community must be more honest about admitting its failures—the absolute amount of preventive practice and science has simply been too little. The mix of interventions has been wrong.⁵ Leadership and management of programmes to deliver these interventions have been weak. It is fair to say that, despite greatly increased resources, the state of the response to AIDS is currently at a vulnerable moment. Implementation of prevention strategies has been, at best, uneven across countries—in too many instances, almost non-existent. There is still a risk of complacency. Even AIDS activists have badly neglected prevention advocacy.

To be fair, and for reasons that are not hard to understand, agencies, countries, and civil society leaders have found it hard to create a demand for prevention. Part of the reason is our lack of knowledge about the epidemic. When constructing the evidence base for this Series, we could not find reliable data about which countries had a rising or falling incidence of infection. This spectacular gap in our knowledge, a generation after AIDS was first reported, is unforgivable. The gulf in our understanding signals an appalling monitoring failure by countries and the international health community. Nor can we reliably put a price tag on prevention—the investments needed to scale up the prevention response, and the total expected savings if those responses were implemented, have not been calculated. Yet without these data, prioritising planning in countries is impossible. The global health community has failed to provide itself with the tools to do what it was mandated to do.

More encouragingly, a huge investment of time and energy has been put into devising indicators for measuring progress in HIV/AIDS, including prevention efforts. But the sheer number of indicators being measured is now paralysing and confusing countries and agencies. The scientists we worked with on this Series

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were clear that indicators had often been chosen on ideological or political grounds, not scientific grounds. We also found reporting to be inconsistent. There are gaps in data. Uncertainty around what the indicators mean is common. The uncomfortable truth seems to be that there is no effective, reliable, and comprehensive monitoring or evaluation of HIV-prevention programmes. It is true that indicators for prevention are harder to design and measure than those for treatment. But the AIDS community has not invested the expertise or resources necessary to be sure of the questions it needs to answer. And the capacity—intellectual and physical—to obtain whatever data might be needed has not been adequately funded.

This Series provides a simplified—but not, we hope, simplistic—road map for countries to develop their own evidence-driven strategies to respond to AIDS. Implementation of what is in our report right now would certainly, even if only modestly, improve transparency and accountability, deliver real health gains for those at risk, and more clearly identify gaps in our knowledge that need to be urgently filled.

Formidable global challenges remain. Three out of five young men and women do not have adequate knowledge about HIV. Only a third of HIV-infected pregnant women receive antiretroviral therapy—a desperately low number. And injecting drug users and men who have sex with men still have poor access to HIV-preventive services.

Children are a particularly marginalised group. They suffer special neglect because they have no voice of their own. Many well-publicised reviews and critiques of HIV strategies barely mention children.⁹⁻¹³ There are rare exceptions.¹⁴ Only 15% of orphaned children in high-prevalence countries live in households receiving some kind of assistance. Given that 12 million children under 18 years of age have lost one or both parents to AIDS, this is an astonishingly forgotten group. The plight of children surely teaches us that we need to redefine the meaning of prevention. Prevention not only means action to eliminate the causes of HIV infection and AIDS itself; it also means preventing the adverse human consequences of HIV and AIDS on children and families affected by the pandemic. It is also a sad and unacceptable fact that children living with HIV are less likely to receive antiretroviral drugs than their adult counterparts, reflecting yet again the low value that society—and even the AIDS community—places on children.

25 years after AIDS was first reported, an institutional, commercial, professional, and even civil society industry now controls the global response to AIDS. Each party, in good faith, has a position to defend, a strategy to advance, and probably someone to oppose. It is time for new voices in AIDS to ask questions, to disrupt axes of power, and to disturb the air. This *Lancet* Series does not pretend to be the first or last word on prevention. But it does provide some space for familiar individuals to step outside their usual roles to speak more candidly and less diplomatically than usual. And it gives an opportunity for some of the world's most original prevention scientists to draw inferences about policy on the basis of the best available science. Our objective is to accelerate progress towards prevention, so that the neglected scandal of 2.5 million new HIV infections every year, together with the long-term consequences for children and communities, can be addressed in the serious way it deserves, but has yet to achieve.

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