Key messages from AIDS 2018

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Executive director, Alliance for Public Health, Ukraine
AIDS 2018: The numbers

- Over 15,000 delegates
- 175 countries
- Over 60 VIPs
- Over 150 sessions; 120 satellites; and 26 pre-conferences
- Over 2,700 abstracts presented
- Over 1,200 scholarships awarded
WHO WAS THERE?

COUNTRY AND REGION

Western & Central Europe: 27%
Sub-Saharan Africa: 24%
North America: 24%
South & South East Asia: 8%
East Asia: 6%
Central & South America: 4%
Eastern Europe & Central Asia: 3%
Carribean: 2%
Middle East & North Africa: 2%
Oceania: 1%

GENDER AND AGE GROUP

Participants by gender and age group:

- **Male**: 20% 16-25, 29% 26-35, 25% 36-45, 19% 46-55, 13% 56+
- **Female**: 4% 16-25, 6% 26-35, 6% 36-45, 5% 46-55, 0.5% 56+
- **Transgender**: 2% 16-25, 2% 26-35, 2% 36-45, 5% 46-55, 5% 56+
- **Prefer not to say**: 6% 16-25, 10% 26-35, 10% 36-45, 10% 46-55, 5% 56+
WHO WAS THERE?

AFFILIATIONS AND INSTITUTIONS

- Non-governmental organization
- Academia
- Government
- Hospital/clinic
- Media organization
- Pharmaceutical company
- Private sector
- Grassroots community-based organization

KEY AND PRIORITY GROUPS

- Participants by key and priority population

- Men who have sex with men
- People who inject drugs
- Sex workers
- Transgender people
- Adolescents (10-19) and young people (15-24)
- Migrants and displaced people
- Indigenous persons
- People with disabilities
- People living with HIV
- None given

23% Non-governmental organization
13% Academy
9% Government
4% Hospital/clinic
3% Media organization
3% Pharmaceutical company
3% Private sector
3% Grassroots community-based organization

63.2% People living with HIV/AIDS group/network
9.8% Other organization/affiliation
9.8% Intergovernmental organization
4.9% Charitable foundation
1.8% Self-employed/consultant
1.45% Faith-based organization
0.1% Cooperative
Scholarships

Scholarship recipients by region

- Sub-Saharan Africa: 34.6%
- Western & Central Europe: 16.2%
- North America: 13%
- South & South East Asia: 10.3%
- Central & South America: 9.4%
- East Asia: 7%
- Middle East & North Africa: 3.1%
- East Asia: 3%
- Oceania: 2%
- Caribbean: 1.2%
Key issues from AIDS2018

RELEVANT TO EASTERN EUROPE AND CENTRAL ASIA

• the region which is still far from ending AIDS
• with growing new HIV infections
• decreasing international resources
• restrictive policies and human rights related barriers
HIV and Substance Use by Region

1.6-1.7 million PWID living with HIV

Outer circle - Number of PWID

Inner circle – number of PWID living with HIV

Europe – Western and Central (WC) and Eastern & South Eastern (ESE)
Asia – Central Asia & Transcaucasia (CAT), East & South-East (ESE), South-West (SW), North & Middle-East (NME), South (S)
Americas – North (N) and Latin & Caribbean (LAC)
### “Chemsex” among gays, bisexual and other MSM

<table>
<thead>
<tr>
<th>Risk behavior</th>
<th>Chemsex %</th>
<th>No chemsex %</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 5 sexual partners in past 3 months</td>
<td>47.9</td>
<td>14.9</td>
</tr>
<tr>
<td>Group sex</td>
<td>61.4</td>
<td>8.5</td>
</tr>
<tr>
<td>Sharing sex toys</td>
<td>17.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Fisting</td>
<td>22.0</td>
<td>1.9</td>
</tr>
<tr>
<td>“Bareback” app</td>
<td>22.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Injecting drugs</td>
<td>27.9</td>
<td>0.3</td>
</tr>
</tbody>
</table>

P-value for all factors is <0.001

Pakianathan M, et al. HIV Medicine, 2018

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Key populations

The Current State of Funding for Key Populations

- KPs account for:
  - 47% of new HIV infections globally
  - 95% of new infections in regions outside Sub-Saharan Africa

- KPs only get:
  - 2% of all HIV funding
  - 9% of prevention resources

- KP funding dropped by 18% from 2015 to 2016
The Information Gap

HIV spending in low and middle income countries
$19 billion per year

- Domestic governments
  $11 billion
  - Key populations
    $ ???
    - MSM (+TG)
      $ ???
    - Sex workers
      $ ???
    - People who inject drugs
      $ ???

- Bilateral donor funding
  $5.6 billion
  - Key populations
    $ ???
    - MSM (+TG)
      $ ???
    - Sex workers
      $ ???
    - People who inject drugs
      $ ???

- Donor governments to Global Fund / Unitaid
  $1.6 billion
  - Key populations
    $ ???
    - MSM (+TG)
      $ ???
    - Sex workers
      $ ???
    - People who inject drugs
      $ ???

- Philanthropic donors
  $680 million
  - Key populations
    $87.5 million
    - MSM (+TG)
      $47.9 million
    - Sex workers
      $18.4 million
    - People who inject drugs
      $21.1 million

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TB/HIV

Gap in TB detection and TB preventive treatment for people who were newly enrolled in HIV care in high burden countries in 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Started on preventive treatment</th>
<th>Detected and notified with active TB disease</th>
<th>Gap in TB detection and TB prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>71%</td>
<td>29%</td>
<td>0%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>86%</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>India</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Liberia</td>
<td>64%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>71%</td>
<td>29%</td>
<td>0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>64%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>Philippines</td>
<td>23%</td>
<td>77%</td>
<td>0%</td>
</tr>
<tr>
<td>Malawi</td>
<td>48%</td>
<td>52%</td>
<td>0%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>42%</td>
<td>58%</td>
<td>0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>21%</td>
<td>79%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Global Tuberculosis Report 2017

Considerable gaps in coverage in reporting countries with high burden of TB and HIV-associated TB
TB coinfection

- Preventive therapy
- MDR-TB recommendations
- DTG and Tuberculosis (INSPIRING)
Transition
Transition Georgia

Georgia Transition planning

- Transition Preparedness assessment conducted in 2015
- Transition and Sustainability Plan was developed in 2016
- Georgia follows Transition Plan Targets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Procurement of FL ARVs +25% of SLD</td>
<td>Procurement of FL ARVs +75% of SLD</td>
<td>Procurement of FL &amp; SL ARVs</td>
</tr>
<tr>
<td>TB</td>
<td>Procurement of FL TB +25% of SLD</td>
<td>Procurement of FL TB + 50% of SLD</td>
<td>Procurement of FL TB +75 of SLD</td>
</tr>
</tbody>
</table>

Takeover of funding of first-line ARV drugs for HIV was a precondition for signing Georgia's grant agreement with Global Fund (2013-2014)
Educational Fund meeting
Making connections
Fast track cities
Messages from celebrities
Human rights
The realities for Women who use drugs:

- Women who use drugs
- Barriers and challenges
- Stigma and discrimination
- Violence and abuse
- Limited access to healthcare
- Pregnancy and child welfare
- Addiction and rehabilitation

Women who use drugs face multiple challenges and barriers, including violence, stigma, discrimination, limited access to healthcare, and addiction. The image highlights the importance of addressing these issues to support women's well-being.
Gender tailored approaches

Researchers and Donors

- Capture the diversity of women who use drugs and that recognises the intersectionality within different populations of women who use drugs. **Focus on women who use drugs**
- Including LGBTI communities, women who are incarcerated, women living with HIV and sex workers, as **key considerations in treatment, research and support.**
- **Encourage countries** to support human rights and evidence based interventions for women who use drugs
- **Strengthen the capacity and engagement of women who use drugs** in major donors supported programmes.
- **Support community driven research** that collects and explores qualitative data to address and improve the lives of women who use drugs.

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Self-testing

- Self-testing with friends among MSM and TGW
  - Training with a trusted friend and provision of HIVST kits made testing less stressful regardless of results

- HIVST kits to young women
  - Kenya: increased male partner and couples testing

- Pharmacists as partners in HIVST kit distribution
  - French pharmacists show interest but low sales and lack of discrete location for counselling

- Community distribution
  - Zambia: community-based oral HIVST distribution found no difference in time linked to care (64% in non-HIVST zone vs 65% in HIVST zone)
  - Malawi: increased likelihood of testing uptake for communities randomized to community-based HIVST v. clinic-based testing
Experimenting Youth

Services Targeting Experimenting Youth

- Online counselling and information service
- HIV risk screening and navigation to testing facilities
- A drug checking service

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Innovations

- USA: smart phone app to help with prep adherence among young MSM and young trans women who have sex with men
- Philippines: online campaign, offline and gay-networking apps to promote testing
  - Testing increased more than 60% after campaign
- China: internet-based self-testing model
  - Reached MSM never previously screened
- Vietnam: Facebook community that promoted HIV testing using influencers and offline lay testers
- Challenges remain in scale up of ART for treatment and PrEP worldwide to achieve elimination targets

Online to offline HIV testing cascade
March 2016 – March 2018 Vietnam

- #client counselled: 3626
- #client got HIV tested: 2808
- #client having confirmed HIV+: 331
- #client enrolled into ARV: 331
Effectiveness of OST

Community based OST versus compulsory detention
Differences in drug relapse rates between patients from compulsory drug detention centers vs voluntary drug treatment centers in Malaysia

Community OST is 6-fold more effective and 12-fold cost-effective as detention.
In the PrEP pipeline

• More than 12 clinical trials with 20,000+ participants across countries have shown that high PrEP adherence translates into high protection

• Open label studies demonstrated effectiveness and PrEP is being scaled up

• New in PrEP pipeline
  – long-acting injectable PrEP
  – subcutaneous PrEP implants
  – broadly neutralizing antibodies

• Pipeline of alternative PrEP delivery methods is exciting as they would provide people with different options at different times in their lives
Experimenting Youth

Services Targeting Experimenting Youth

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EECA in focus
HIV+ youth participation
Treatment: new studies on ART

- ART
  - Monotherapy
  - GEMINI 1 & 2
  - WHRI 052
  - SWORD 1 & 2
  - Switch to DTG

- Pregnancy
  - Tsepamo
  - DolPHIN-1

- TB Co-infection
  - INSPIRING
U = U
90:90:90 Cascade – Europe 2016

PLWHIV diagnosed: 86% in WEST, 83% in CENTRE, 76% in EAST
Diagnosed on ARV: 90% in WEST, 73% in CENTRE, 46% in EAST
On ARV with undetectable VL: 92% in WEST, 78% in CENTRE, 74% in EAST
PLWHIV with undetectable VL: 72% in WEST, 45% in CENTRE, 26% in EAST

Source: ECDC. Dublin Declaration monitoring 2018

Teymur N, IAC 2018, Abs. MOAS3502
Focusing on Integration
Modelling in Russia

Overview & Modelling harm reduction interventions on people who inject drugs in Russia: assessing the dual benefit on HIV and fatal overdose prevention

Javier Cepeda
UC San Diego

AIDS 2018
23-27 July 2018
Breaking Barriers • Building Bridges

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Integration and synergies

Multi-country modelling to study the effect of HIV integration in various settings

**Kenya**
- Intervention: Community screening campaign for HIV, diabetes, and hypertension
- Model: Spectrum model
- Main outcomes: Reductions in HIV incidence and mortality, and diagnosis and treatment of hypertension and diabetes
- Cost-effectiveness: Programme costs, medical care costs, and DALYs averted

**South Africa**
- Intervention: Mobile multipurpose screening for HIV and NCDs
- Model: The Mitis model for South Africa
- Main outcomes: Increase in diagnosis and treatment of HIV, hypertension, and diabetes

**India**
- Intervention: Community screening and treatment for HIV and syphilis in MSM, and FSW
- Model: Spectrum model
- Main outcomes: Reductions in HIV incidence and mortality, and increase in syphilis diagnosis and treatment
- Cost-effectiveness: Programme costs, medical care costs, and DALYs averted

**Nigeria**
- Intervention: Expanding prevention of mother-to-child transmission and access to antiretrovirals
- Model: Spectrum model
- Main outcomes: Reductions in HIV incidence, HIV diagnosis, and maternal and infant mortality and morbidity
- Cost-effectiveness: Programme costs, medical care costs, and DALYs averted

**Russia**
- Intervention: Harm reduction and HIV prevention for people who inject drugs
- Model: Compartmental model of HIV epidemic in people who inject drugs in Omsk and Ekaterinburg
- Main outcomes: Reduction in HIV incidence and fatal opioid overdose

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Integration

HIV integration in health systems – the way to end AIDS*

**TB accounts for about 40% of all deaths among people living with HIV [4].**

**RUSSIA**

36% AND 53% reduction in new HIV infections in two focus cities

* Lancet 2018; 392: 312–58

From 2013-2016, international HIV assistance fell by roughly 20% [2].

**US$10 billion**

**US$8.1 billion**

2013

2016

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THANK YOU!

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