



**21st International
AIDS Conference**
Durban, South Africa
18-22 July 2016



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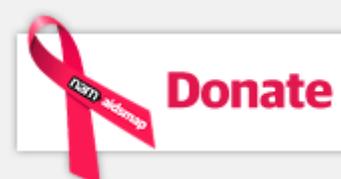
Official scientific news reporter



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International AIDS Conference opens with renewed call for commitment



Treatment access march in Durban. Photo by Jan Brittonson, hivandhepatitis.com

The remarkable gains in HIV treatment and prevention since 2000 could be lost unless stakeholders commit to renewed funding and dedicate themselves to the human rights of at-risk populations, the opening ceremony of the 21st International AIDS Conference (AIDS 2016) in Durban, South Africa was told. The theme of the conference – Access Equity Rights Now – recognises that there are still significant obstacles to equitable access to HIV care, treatment and prevention, including pre-exposure prophylaxis (PrEP).

The conference was last held in Durban in 2000, when it acted as a springboard for expanded access to antiretroviral therapy (ART) in low- and middle-income countries.

By the end of 2015, according to UNAIDS figures, an estimated 17 million people were receiving ART globally. However, over half of those in need of ART are still not receiving treatment.

Speakers at the opening ceremony stressed the importance of reaching and addressing the needs of populations especially vulnerable to the epidemic – women and girls, men who have sex with men (MSM), transgender people, sex workers, people who inject drugs. A focus of this year's conference is how to put recent breakthroughs in treatment and prevention into practice – but this will require fundamental cultural, social and legal changes in many settings.

There has been impressive progress towards achievement of the UNAIDS 90-90-90 target (90%

of people living with HIV diagnosed, 90% of people diagnosed taking HIV treatment, 90% of those on treatment achieving viral suppression). But these achievements are being imperiled by withdrawal of funding by major donors, and low- and middle-income countries lack the resources to make good the shortfall.

This year's conference features over 2000 scientific papers and 18,000 delegates are attending from across the world. The event also includes a number of integrated 'pre-conferences', focusing on progress towards a cure, MSM, trans women with HIV, and a leadership summit for the global network of people with HIV.

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Achieving the 90-90-90 target



UNAIDS Executive Director Michel Sidibé presenting at AIDS2016. Photo by International AIDS Society/Marcus Rose

Reduced commitment from donors is undermining efforts to achieve the 90-90-90 target, according to speakers at the conference.

Delegates were told that the target is achievable, but donor retreat is the biggest threat to progress.

The 90-90-90 target (90% of people living with HIV diagnosed, 90% of people diagnosed taking HIV treatment, 90% of those on treatment achieving viral suppression) – is key to achieving the aspiration of an end to AIDS by 2030.

A report released by UNAIDS on Sunday showed that real progress is being made towards the achievement of this target, including 17 million people taking HIV treatment by the end of 2015; globally, over half of people with HIV are diagnosed, with 46% of those aware of their status on treatment and 38% of people on treatment having a suppressed viral load.

However, the data also revealed disparities between world regions, with eastern Europe, central Asia and western and central Africa falling behind the progress made elsewhere.

Funding required to achieve the 90-90-90 target will peak at over US\$19 billion next year, but fall to \$18 billion in 2020. However, last year there was a \$600 million reduction in the funding provided by major donors.

UNAIDS Executive Director Michel Sidibé told aidsmap.com that if funding continued to fall it would be impossible to achieve the targets. Rather than ending AIDS by 2030, the epidemic will rebound and rates of new infections will once again increase.

Sidibé said that political leadership, a commitment to testing campaigns, reduced medicine costs and new ways of delivering services had been key to making progress towards the 90-90-90 target.

Speakers provided details of their experience of providing services at each stage of the cascade – diagnosis, treatment, viral suppression.

PEPFAR (The US President's Emergency Plan for AIDS Relief) Ambassador Deborah Birx warned of the consequences of failure to meet the 90-90-90 target, highlighting the risk of an upsurge in new infections and a reignited epidemic if transmissions were not controlled.

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Progress towards a cure – very early treatment has promising results



Thumbi Ndung'u presenting at AIDS 2016. Photo by International AIDS Society/Rogan Ward

A cure for HIV remains a research priority and was the focus of a two-day meeting before the formal opening of this year's conference.

A particularly interesting study involved 24 young South African women who started ART within 15 days of acquiring HIV. Aged between 18 and 23, the participants were recruited to the study when they were HIV-negative but identified as being at high-risk of acquiring HIV. As part of the study, the women were offered condoms and advice on HIV prevention.

Very frequent testing (twice a week) enabled researchers to identify participants with very recent HIV infections. Very early treatment resulted in much lower peak viral load during acute HIV infection and 30 days after infection, viral load had fallen to undetectable levels. Early treatment also preserved CD4 cell count. The function of key immune cells normally disrupted by HIV infection was also preserved.

Many of the women did not develop antibodies to HIV, even though intensive testing revealed very low levels of HIV infection in cells.

The women are to remain on treatment for at least another two or three years. A decision will then be made on whether or not to interrupt antiretroviral therapy (ART) to see if the participants maintain control of HIV without the need for treatment. Another research priority will be to see if it is possible to eradicate the very low levels of HIV infection observed in these women.

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PrEP – delivering to those in need



One of the most important recent developments in HIV prevention has been the introduction of pre-exposure prophylaxis (PrEP), which if taken properly provides HIV-negative individuals with a very high level of protection against HIV.

A pre-conference meeting was told that providing access to PrEP to those who would benefit from it is now an important priority.

The World Health Organization (WHO) will soon be issuing PrEP implementation guidelines. This wide-ranging document will address the concerns of political leaders, medicine regulators, community regulators, public health officials and clinical and other front-line medical and testing personnel.

WHO also suggests that people and groups at high risk of HIV should be offered PrEP.

Their new document has advice about how this should be implemented, recommending a three-step approach:

- | Consider the local context – epidemiology, geography, demographics, behaviour and culture.
- | Provide PrEP services in areas where HIV transmissions are occurring.
- | Offer PrEP to individuals who are at risk and who wish to start PrEP.

WHO also recommends that PrEP should be part of a wider package of HIV prevention measures.

Delegates heard that there was a PrEP 'cascade' – a model based on the well-established treatment cascade for people living with HIV.

Steps in the PrEP cascade comprise:

- | Improve supply of PrEP – develop services to make PrEP accessible to those in need.
- | Increase demand for PrEP – strengthen awareness of PrEP and positive attitudes towards PrEP, as well as individuals' perception of their personal vulnerability to HIV.
- | Support adherence to PrEP.

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TB and HIV



Aaron Motsoaledi, South Africa's Minister of Health, presenting at TB2016. Photo by International AIDS Society/Marcus Rose

Tuberculosis (TB) is a significant cause of serious illness and death in people with HIV, and was the subject of one of the pre-conference meetings, TB2016.

In 2004, Nelson Mandela issued a call to fight TB as well as AIDS. But the pre-meeting was told of a disappointing lack of progress, with TB remaining the main cause of serious illness and death in people with HIV, and with TB undetected in almost half of people with HIV who die as a result of TB.

Lack of funding and disappointing progress in the development of new anti-TB drugs were

highlighted.

The meeting heard a call for action, and it was stressed that countries needed to address the root causes of the HIV and TB epidemics – poverty, malnutrition, poor housing, stigma and a lack of basic human rights.

Also presented at the TB2016 meeting, new research shows that a shortened course of therapy is effective for the treatment of children with multidrug-resistant TB (MDR-TB).

The nine-month course of therapy achieved good results in 83% of children and adolescents with TB resistant to rifampicin, a key first-line drug.

Therapy consisted of the so-called 'Bangladesh regimen' which has previously been shown to be highly effective in adults with drug-resistant TB.

The Bangladesh regimen is made up of four months of kanamycin, moxifloxacin, prothionamide, isoniazid, clofazimine, ethambutol, and pyrazinamide, followed by five months of moxifloxacin, clofazimine, ethambutol and pyrazinamide.

Results of the present study involving children and adolescents in a number of resource-limited settings showed that the regimen was successful in 83% of cases.

Separate research showed that the drug levofloxacin was safe as part of a TB regimen for MDR-TB in HIV-positive and HIV-negative children. The most common side-effects were vomiting and disturbances in liver function. No child stopped treatment because of an adverse event.

Related links

[Read 'TB2016 demands a global commitment to end TB' on aidsmap.com](#)

[Read 'Shortened regimen for MDR-TB shows good results for children' on aidsmap.com](#)

[Visit the TB2016 website](#)

Equal access, free choice



Community Consensus Statement on Access to HIV Treatment and its Use for Prevention

Read it Sign it Share it

Eight global HIV advocacy groups have released a consensus statement setting out basic principles for provision of HIV treatment and pre-exposure prophylaxis (PrEP).

Please read it, sign it and share it.

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