

AIDS Prevention Breakout Session – Notes

Re: AIDS Ambassadors Event, Jan. 26/07

Resource Person: Mead Over, Senior Fellow, CGD
Ambassador Attending: Lennarth Hjelmaker, Sweden
Rapporteurs: Michael Bernstein & Mead Over

Introduction by Mead Over

- HIV prevention can now be considered as part of a hoped-for transition in the AIDS epidemic from one of high rates of infection and death to one of low rates of both.
 - AIDS transition resembles the early stages of the demographic transition
 - During this early period of the AIDS transition, the rate of growth of people living with AIDS and the expenditures on their care will “explode” just as the size of the population was predicted to explode in the early years of the demographic transition
- Only if the rate of growth of new cases slows, while the death rate continues to fall, can the AIDS transition succeed as well as the demographic transition has done in several countries

General Discussion

- Relationship between treatment and Prevention
 - Treatment is crucial but while we’ve put 1.6 M people on treatment since 2004, there have been 4 to 5 million new infections each year¹.
 - Can’t win fight against AIDS without successful prevention
 - What works on prevention is always country specific, and maybe community-specific
- Negative Effects of Treatment on Prevention
 - Taking away money from prevention efforts, especially since you need a certain amount of money to mount a program that allows you to reach “herd immunity” (ie level at which your program becomes effective)
 - Psychological effect – people less interested in prevention b/c hear so much about treatment
 - Disinhibition – people less likely to shun risky behavior given that treatment is available if they do get infected

¹ UNAIDS estimates that the number of people living with aids increased from 34 million in 2003 to 38.6 million in 2005. That’s an increase of 4.6 million in two years. They estimate the number of deaths per year world wide to be about 2.6 million a year or 5.2 million over two years. Thus an estimate of total new infections that is consistent with their other numbers is $4.6 + 5.2 = 9.8$ million. I have argued in my World AIDS Day blog here at CGD that UNAIDS may have over-estimated the number of deaths in 2005. Thus my best guess for the number of new infection should be about 9 million infections in two years. The 13 – 14 million number could be consistent with a period of 3 years, but then the 1.6 million number should also be increased.

- Human resource drain – to some extent, people who could be doing prevention are spending their time on treatment programs (consider case of health care administrators and managers)
- Positive Effects of Treatment on Prevention
 - Doctors/other health care workers can use treatment as a way to also provide counseling to promote safe sexual behavior
 - Reduces stigma
 - Fiscal burden of treatment has convinced governments that they need to focus on treatment (lest the fiscal burden increase further)
- What about conditioning treatment funds on better prevention outcomes (eg. Improved condom use, outreach coverage or a measured reduction in incidence of HIV in a particular district)?
 - Audience was skeptical about whether this could be implemented (not whether it was a good idea); one audience member suggested that we first need more modeling to show the benefits/impact of prevention
- Other final thoughts from group
 - Effective prevention requires going to community level, listening to people affected/infected, and designing behavior change interventions that fit the community context