

Achieving an AIDS Transition: Preventing Infections to Sustain Treatment

Mead Over

CGD Brief

An unprecedented surge in donor support for HIV/AIDS treatment over the last decade has lengthened and improved the lives of millions of people living with HIV/AIDS. But because the rate of new infections outpaces the rate of AIDS-related deaths, the number of people living with AIDS—and therefore the number of people needing treatment—is growing faster than the funding needed to treat them. In 2009, about 1.8 million people died from AIDS-related illnesses while about 2.6 million were newly infected with HIV, increasing the total number of people living with HIV/AIDS by more than three-quarters of a million.¹

To stem the tide, health policymakers and practitioners need to organize their efforts around a single goal: achieving an AIDS transition. Only by sustaining recent reductions in mortality and bringing down the number of new infections will the total number of people with HIV finally decline. This focus would change assistance policy and practice at every level, for donor agencies, recipient governments, and health practitioners. The way forward includes using effective policies and incentives from the national to individual levels to reduce the rates of HIV infection, as well as taking advantage of the success of treatment programs to further the aims of prevention.

Treatment Is Not Enough

The number of people receiving effective antiretroviral treatment for AIDS has increased to more than 6 million in 2011, a 16-fold increase since 2003. But 10 million people in low- and middle-income countries who need antiretroviral treatment are still not receiving it. As HIV-infected people live longer, and require more costly second- and third-line treatments, the cost of treatment will continue to skyrocket. The goal of universal access to treatment is in danger of receding unless that trend is reversed.²

An AIDS Transition

The way to reverse the trend is by focusing on preventing new infections in order to achieve an AIDS transition. The transition will be achieved when the rate of new infections falls below the rate of AIDS-related deaths so that the number of people living with HIV/AIDS finally diminishes. After about a decade of keeping the number of new infections ever lower than deaths, AIDS can take its place among treatable chronic diseases such as diabetes, cancer, and heart disease (see figure 1).

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1. UNAIDS, *Report on the Global AIDS Epidemic, 2010*.

2. United Nations, "Uniting for Universal Access: Towards Zero New HIV Infections, Zero Discrimination and Zero AIDS-Related Deaths," report of the Secretary-General (2011), http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/A-65-797_English.pdf.

The transition is analogous to the demographic transition that took place in high-income countries during the 20th century. As health improved and life expectancy increased, countries were headed for unsustainable population explosions. It was not until birth rates dropped that population growth came back to sustainable levels. There is a similar dynamic at work with HIV/AIDS: the number of people living with AIDS will continue to grow until the rate of new infections (the “birthrate,” to follow the analogy) is finally brought down.

Adopting the AIDS transition as an objective can help change the direction of the HIV/AIDS epidemic and eventually eliminate its burden on the world. For countries severely affected by AIDS, achieving an AIDS transition will allow them to emerge from dependence on donors for life-sustaining daily

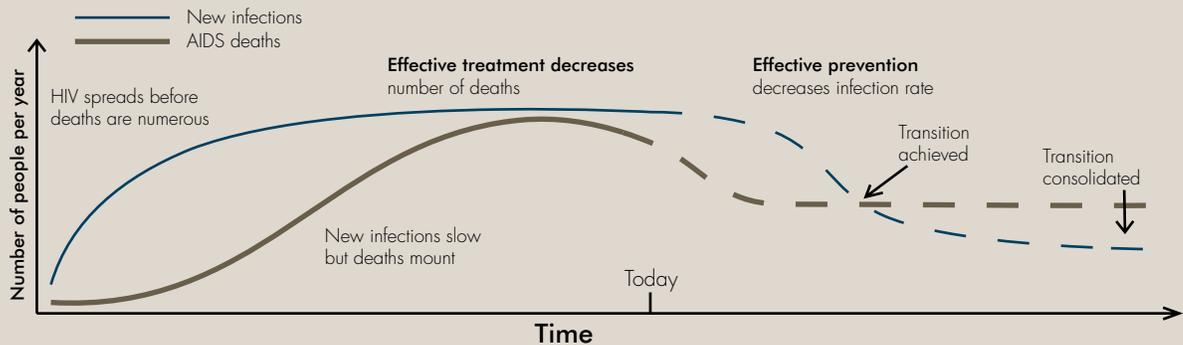
drug doses. Once the total number of people living with HIV/AIDS begins to decline in a country, access to universal treatment will get closer to reality with each passing year—instead of receding as it has recently. And a future without AIDS will become a reasonable goal instead of the fantasy it seems today.

How It Could Work

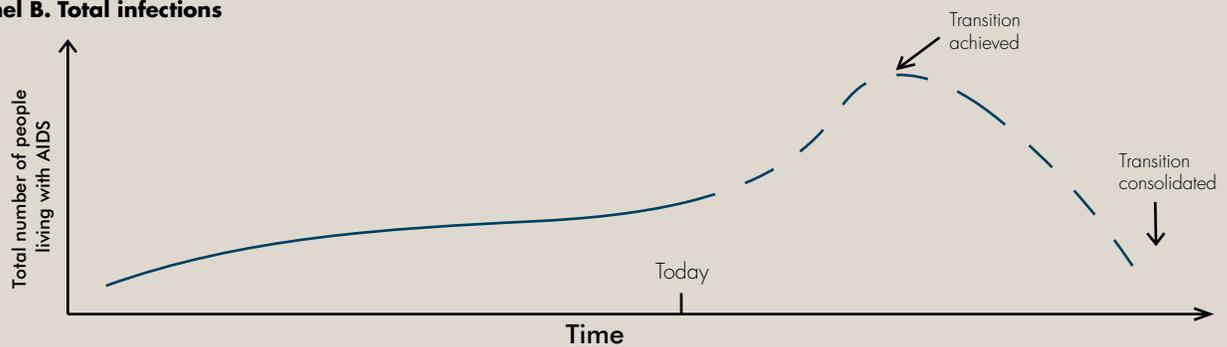
A focus on achieving an AIDS transition would change assistance policy and practice at every level. The way forward includes using focused policies and effective incentives from the national to individual levels to reduce the rates of HIV infection and leverage the success of treatment programs to further the aims of prevention.

Figure 1. Achieving an AIDS Transition: A Milestone on the Road to a World without AIDS

Panel A. Annual infections and deaths



Panel B. Total infections



Source: Author's construction.

Focused Policies

Specific policies will have to respond to real conditions and will vary from place to place, but some constants remain:

- Proposals for AIDS treatment programs should project not only the number of lives a program will extend, but also the number of infections it will avert.
- Proposals for HIV prevention programs should demonstrate that they are cost-effectively reducing the number of new infections, thereby freeing financial resources for treatment.
- Plans for treatment or prevention should be coordinated by a national AIDS planner responsible for projecting a date when new infections will fall below AIDS mortality and the number of people living with HIV/AIDS will begin to decline.
- National monitoring will be required to provide planners the information they need to update their projections—and to suggest how the AIDS transition could be reached more quickly.

These policies should be implemented and enforced at all levels to align treatment and prevention efforts with the objective of an AIDS transition.

Well-Designed Incentives

Well-designed incentives can enhance the effectiveness of existing interventions and motivate critical actors to make headway, reducing the number of new infections. At the donor level, incentives can be offered to countries that show they have accelerated the date of their AIDS transition—and thus reduced the expected future costs of AIDS treatment—by offering a portion of future savings to finance expanded access to AIDS treatment now. Donors and countries can also agree on a Cash on Delivery Aid program that would reward the country for demonstrating it has achieved a previously agreed-upon reduction in new HIV infections, with the understanding that the country could use the reward to address urgent public needs in any sector.

Treatment or Prevention?

The answer is both. AIDS treatment is now recognized as an indispensable arm of HIV prevention. Accumulating evidence shows that antiretroviral medication, by reducing either the infectivity of people with the virus or the susceptibility of uninfected people, can effectively prevent HIV infection. The AIDS transition perspective accommodates this increasingly important synergy between AIDS treatment and HIV prevention by insisting that interventions in either domain are justifiable to the degree that they advance the overarching goal of the AIDS transition.

Incentives can also work at lower levels of program implementation, both on the demand side, in the form of vouchers for HIV testing or for transportation to AIDS treatment centers, and on the supply side, in the form of pay-for-performance contracts with AIDS treatment or HIV prevention providers. A review of early evidence suggests that such incentives can sometimes be remarkably powerful at eliciting more socially responsible behavior.

In today's economic climate, donor commitments to provide AIDS treatment to all in need seem increasingly unrealistic. And calls for expanding the definition of need to almost all 33 million people who are infected seem fanciful. It would be a tragedy if donors respond to the infeasibility of these demands by turning their backs on the AIDS epidemic—and consigning to early death the millions infected now and in coming years. An AIDS transition offers a reasonable, achievable, fiscally prudent alternative to the universal access objective and is a necessary stepping stone to a world without AIDS.

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