



Charting Our Options: Where Will We Be When AIDS is Fifty?

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Where are we?

- 25 years of prevention efforts for an easily preventable disease
 - Billions of dollars spent
 - 2008 financial crisis
 - ~2.7 million new infections in 2007
 - ~1 million people started on ARV treatment
 - ~2 million deaths

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- Consortium of partners: academics, UN, civil society, government
- What we can do *today* to change the epidemic by 2031?
- Antithesis of an *emergency* response

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requires a frame shift

- Most profound for HIV prevention: an emergency response never implements interventions that only work over the long-term
- For Tx: shift from # people receiving ARVs → improvement of life expectancy for PWH
- For OVCs: shift from children reached → children with the nutrition, education and support needed to become productive adults

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requires a frame shift

- Training (of existing workers) → **educating** sufficient workers
- **Learning while doing** so the response in 5 and 10 years will be more effective and more efficient than it is today
- **No magic bullets** → investing in development of multiple, parallel, mutually reinforcing technologies and interventions

What else is wrong with prevention?

Three obvious options:

1. Available interventions not sufficiently effective
2. Poor implementation of available interventions
3. Not enough spent on prevention

All are true

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1. Available interventions not sufficiently effective

Insufficient knowledge:

- **Biomedical:** Continue research efforts:
vaccines, microbicides, PeEP, etc.
- **Behavioral:** Expand research efforts:
 - -- e.g. learn from the empirical behavioral research done by private sector marketers; develop mass mobilization interventions for high prevalence settings; refine tailored interventions for key populations
- **Structural:** Expand research efforts
 - how to change the drivers in different settings?

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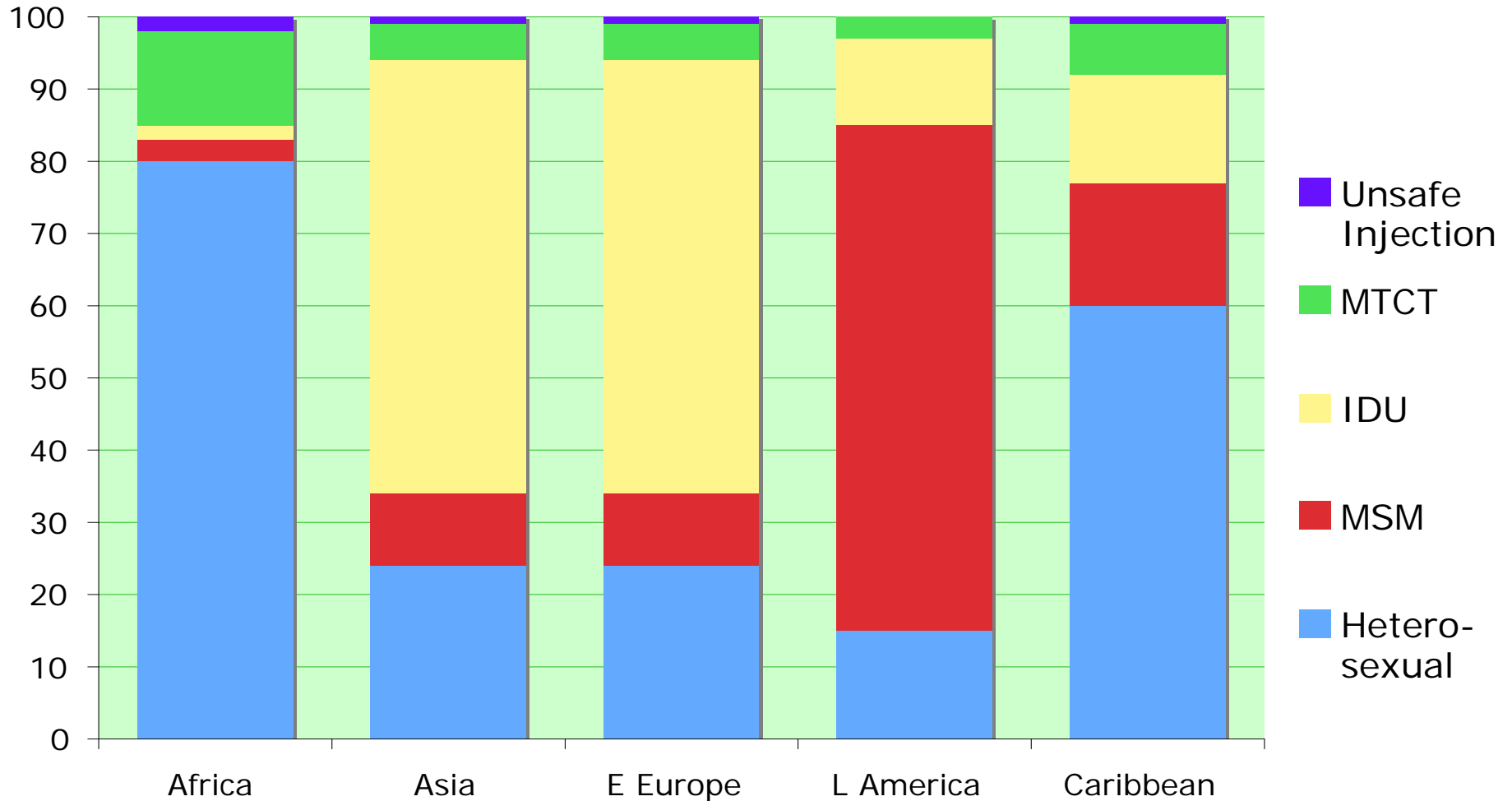
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All are true

2. Poor implementation of available interventions

- **WHAT:** Combination of interventions not matched to the characteristics of the national/local epidemic

Source of New HIV Infections by Region



Percent Coverage of Prevention Interventions

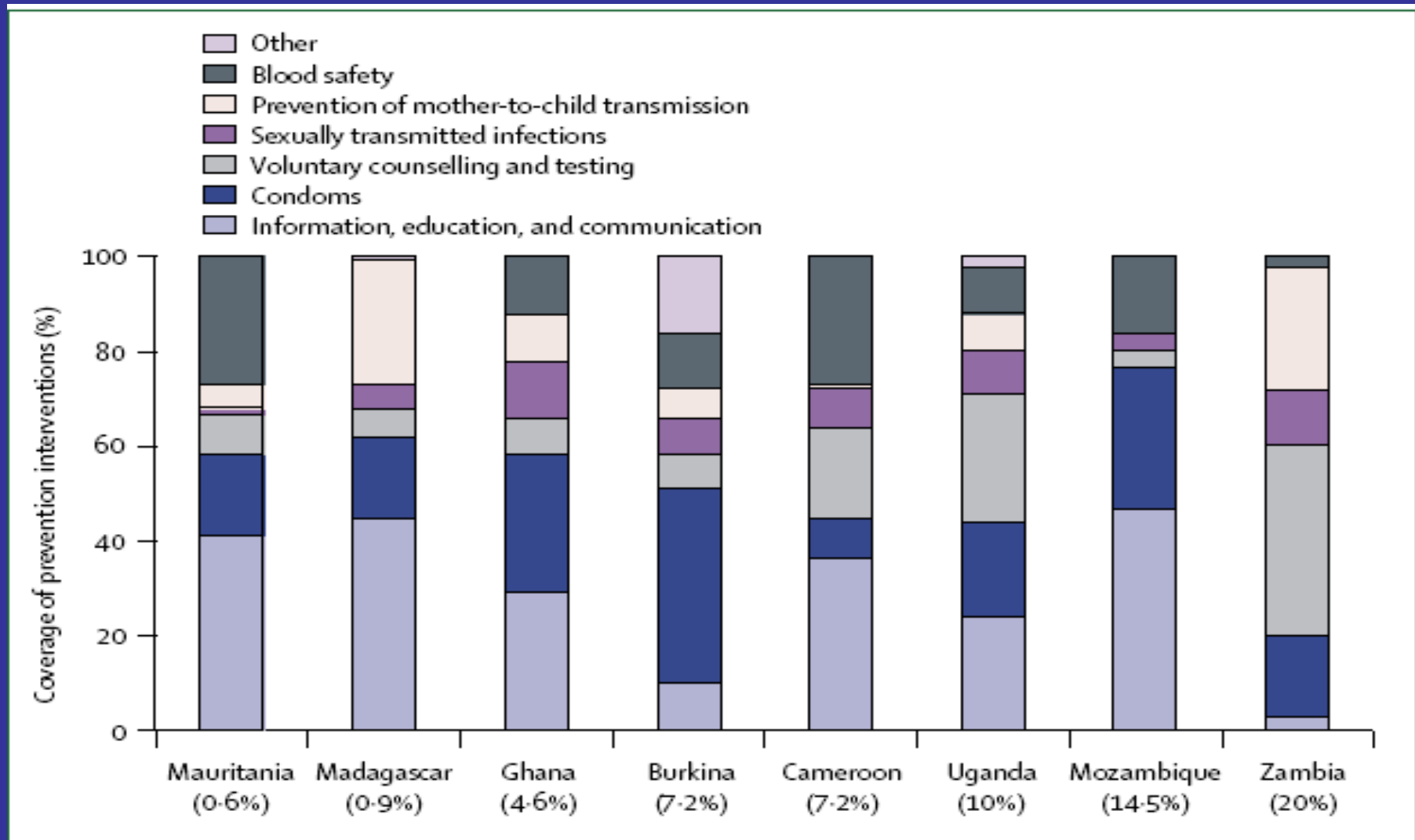
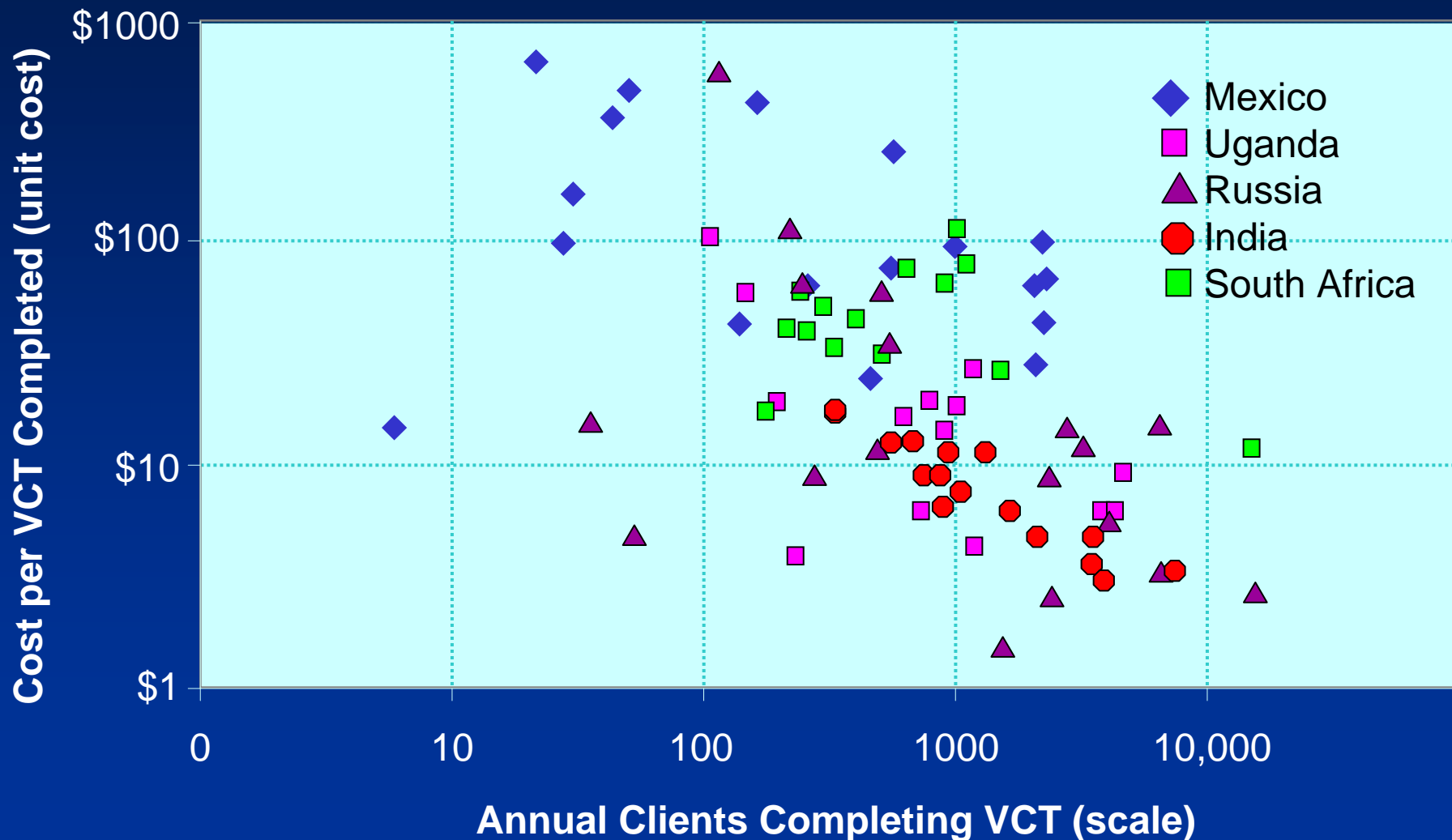


Figure 3: Percentage coverage of prevention interventions

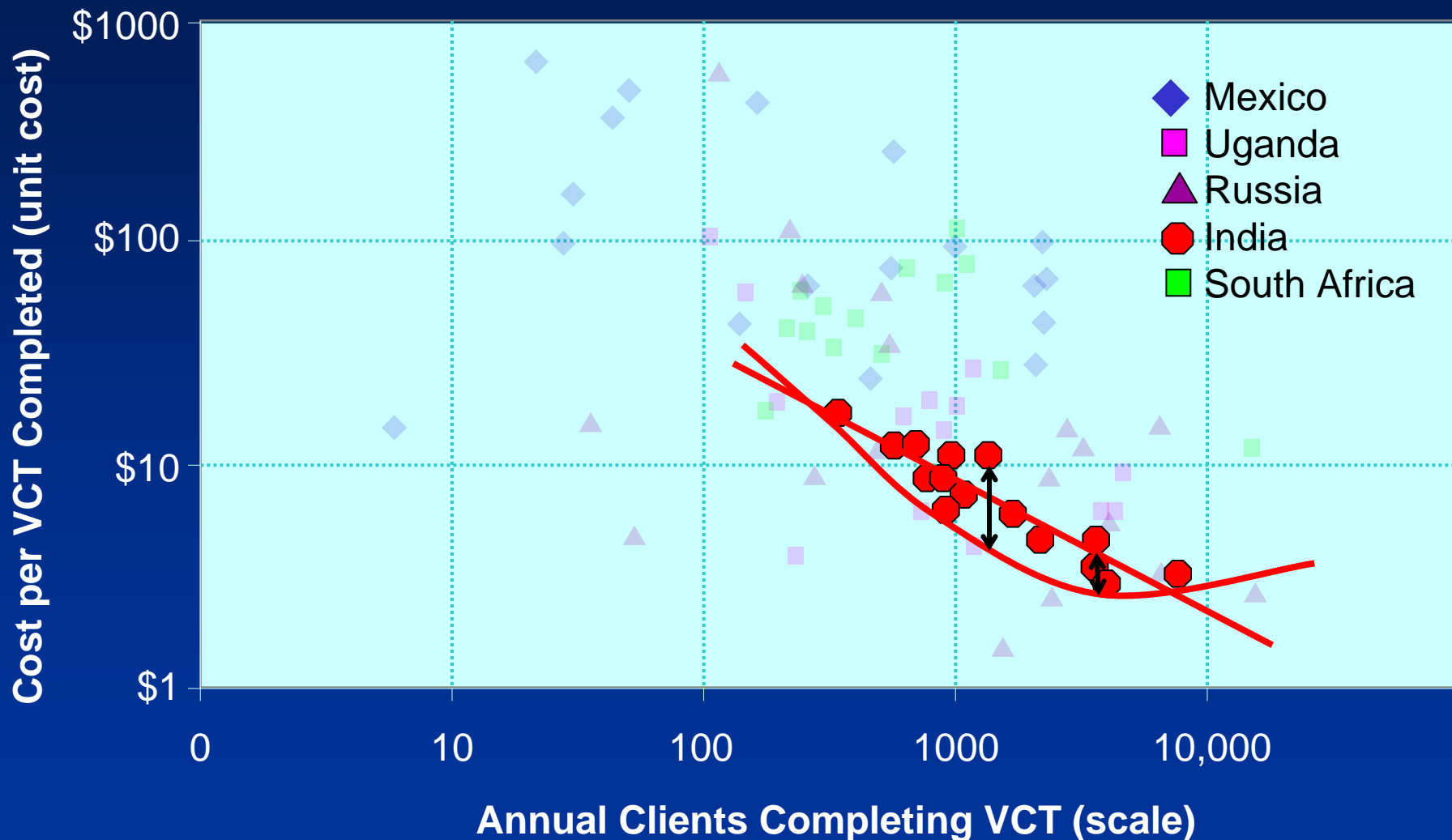
2. Poor implementation of available interventions

- **WHAT:** Combination of interventions not matched to the characteristics of the national/local epidemic
 - **KNOWLEDGE GAP:** Effectiveness of different interventions in different settings
- **WHO/WHERE:** Interventions not targeted to the right people: age, sex, sub-group, location
 - **KNOWLEDGE GAP:** Expected incidence patterns
 - better epi, better tools
- **HOW:** Programs poorly managed:
 - high costs, low quality, low coverage
 - **DATA GAP:** provider-level cost, quality & coverage

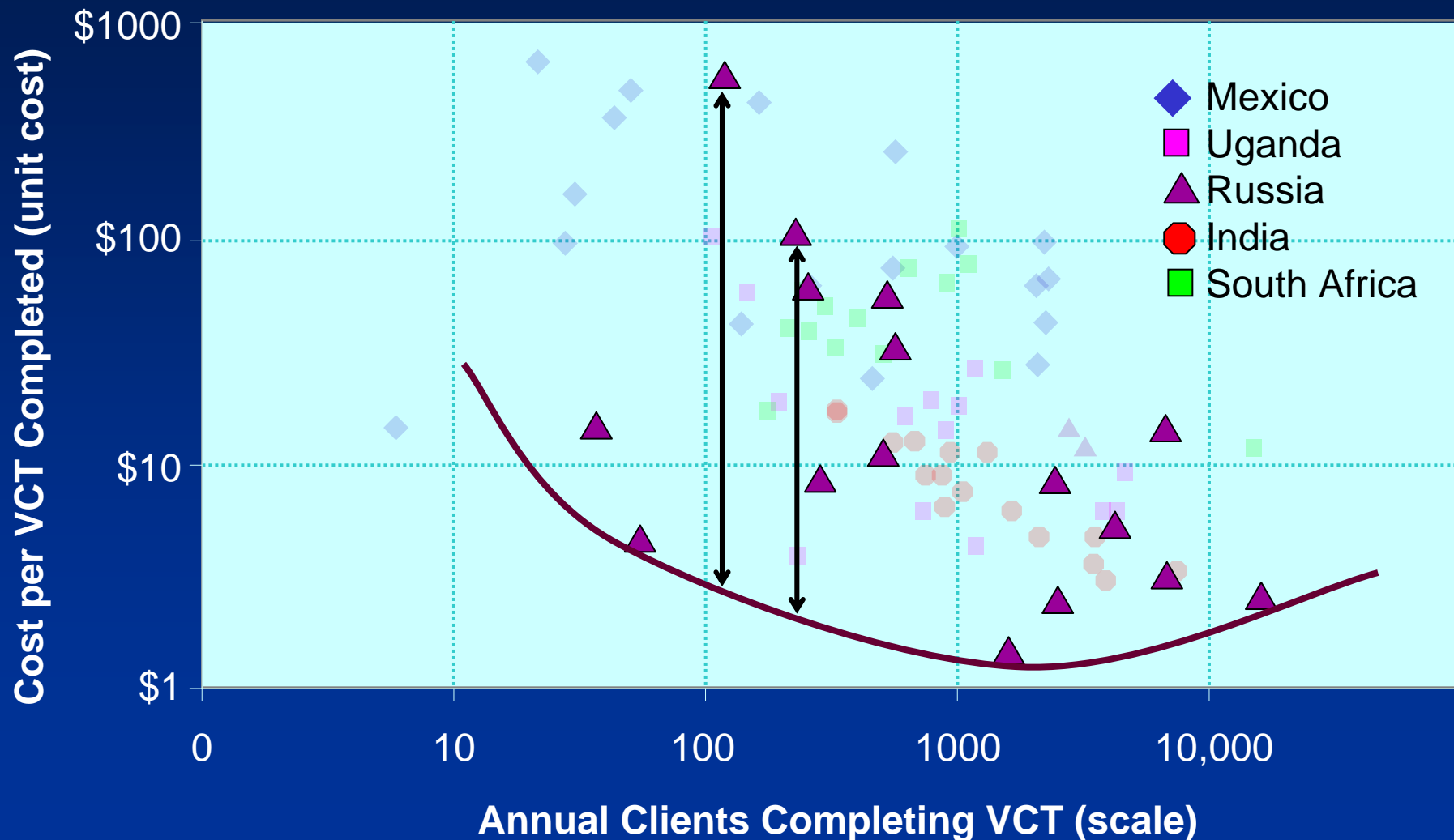
Programs poorly managed: Enormous variation in unit costs



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- WHAT: Combination of interventions not matched to the characteristics of the national/local epidemic
 - KNOWLEDGE GAP: Effectiveness of different interventions in different settings
- WHO/WHERE: Interventions not targeted to the right people:
 - age, sex, sub-group, location
 - KNOWLEDGE GAP: Expected incidence patterns
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- HOW: Programs poorly managed:
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 - DATA GAP: provider-level cost, quality & coverage

CAPACITY GAP CRITICAL TO ALL

Recommendations

- Continue to invest in vaccines & microbicide development
- Develop new technologies to measure HIV incidence and software/tools to model epidemic behavior
- Innovate & experiment with new behavioral and structural prevention approaches
- LEARN WHILE DOING -- incorporate impact evaluations throughout programs with uncertain effectiveness

Recommendations (cont)

- Invest in education, not just training -- generate excess capacity to analyze/plan, to implement, to manage, & to evaluate
- Tie funding to performance
 - fund via the most efficient mechanism (e.g. WB, GF, bilateral)
 - fund the most efficient implementors, whether US-based or not; private, governmental or NGO

none of the *knowledge gaps* are
excuse for not doing more and
better with the people and tools
we currently have

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