

# **HIV Prevention**

## **What Do We Do Next?**

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2007 National HIV Prevention Conference  
Promoting Synergy Between Science and Program

Conference Program

December 2–5, 2007

Hyatt Regency Atlanta &  
Atlanta Marriott Marquis

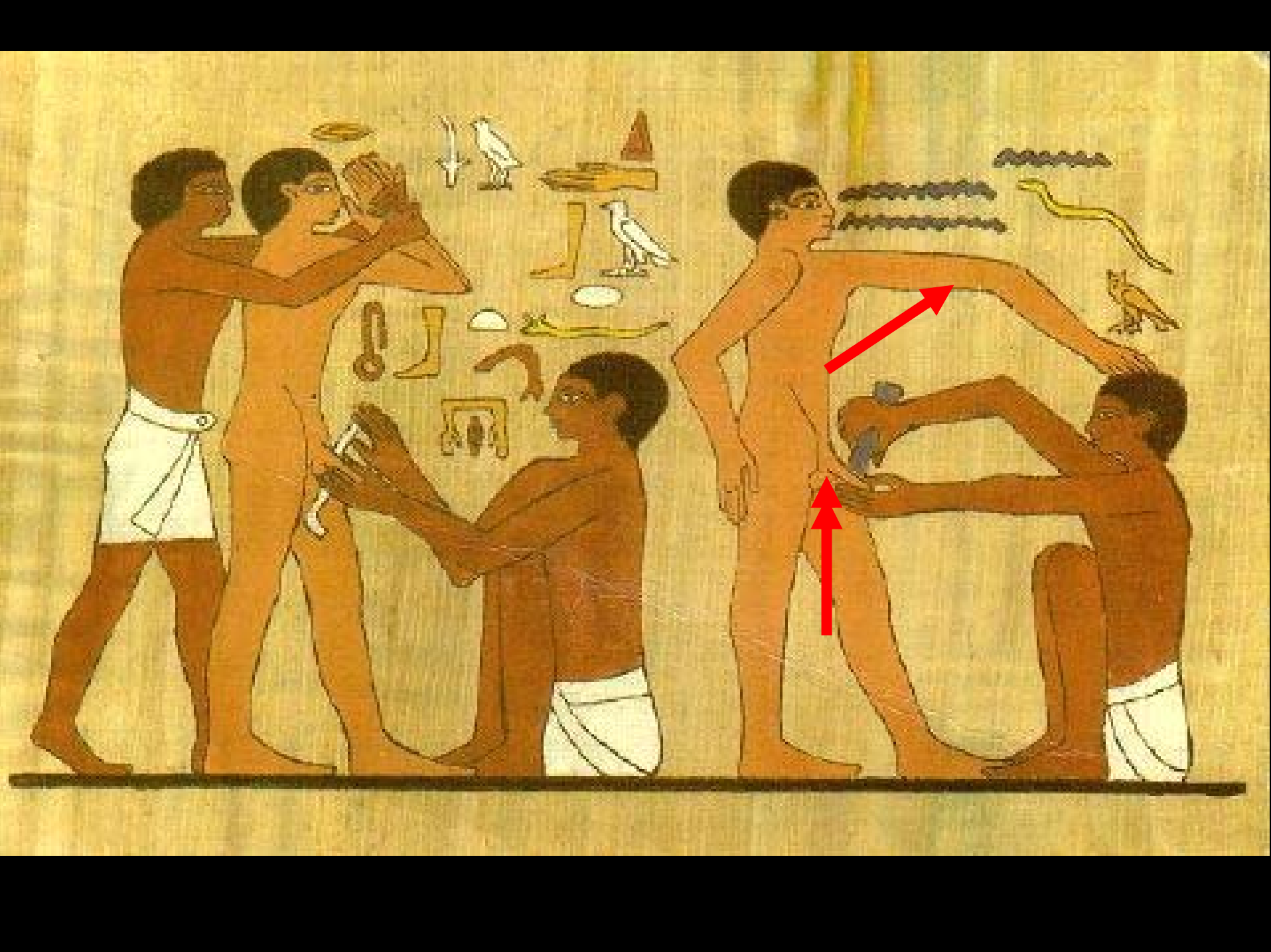
Atlanta, Georgia

# HIV Prevention

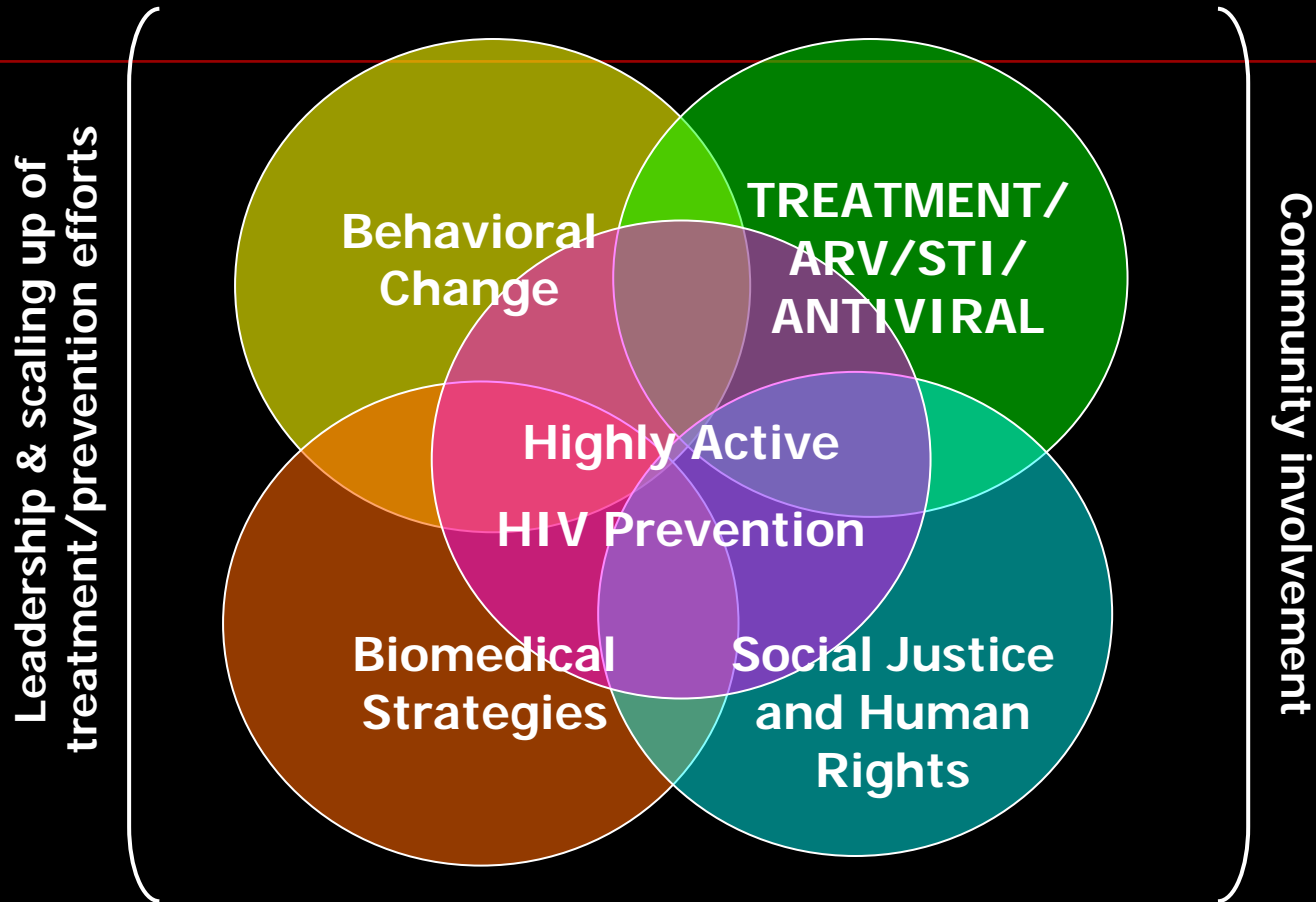
## Some Major Successes

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- **Anti-retroviral medications**
- **Prevention of mother-to-child transmission**
- **Declines in risk behavior among youth**
  - **Delay on onset of first intercourse**
  - **Condom use at first and last intercourse**
- **Syringe access**
- **Male circumcision**



# Prevention is Prevention



# HIV Prevention

## Some Major Successes

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- **HIV voluntary counseling and testing**
  - **Rapid HIV testing technology**
  - **Impact on HIV+ persons**
  - **Couples counseling and testing**
  - **Family and household based testing**
  - **Mobile testing**
  - **HIV testing as a standard of care**
- **Improved surveillance**

# HIV Prevention Some Major Successes

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**Community-based response**

**Advocacy and activism**

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## AIDS epidemic update

**UNDER EMBARGO**  
until 00:01 GMT,  
21 November 2007

**3+ million → <2 million**

**2+ million → <1 million**

# Global summary of the AIDS epidemic

December 2007

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## Number of people living with HIV in 2007

Total	33.2 million [30.6 – 36.1 million]
Adults	30.8 million [28.2 – 33.6 million]
Women	15.4 million [13.9 – 16.6 million]
Children under 15 years	2.5 million [2.2 – 2.6 million]

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## People newly infected with HIV in 2007

Total	2.5 million [1.8 – 4.1 million]
Adults	2.1 million [1.4 – 3.6 million]
Children under 15 years	420 000 [350 000 – 540 000]

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## AIDS deaths in 2007

Total	2.1 million [1.9 – 2.4 million]
Adults	1.7 million [1.6 – 2.1 million]
Children under 15 years	330 000 [310 000 – 380 000]

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# **Step 1: More Rapid Rollout of Effective Strategies**

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**VCT**  
**ARV Access**  
**PMTCT**  
**Male Circumcision**  
**Syringe Access**  
**Drug Treatment**

## Step 2: Focus on youth

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- 60% of new infections are women
- 68% are in sub-Saharan Africa
- Majority are under age 25
- 11.4m orphans
- 500,000 children under 12 with HIV
- Need to include young men

# Regional Disparities

- **Sub-Saharan Africa bears the greatest burden of HIV disease**
- **Caribbean**
- **Latin America—MSM epidemic**
- **Eastern Europe—Drug use**
- **MENA Region—Variety of concentrated epidemics**

## Step 3: Education

- **Address education, and especially safe education for young women**
- **Address the need for young men to become educated**

# Step 4: Equity--Gender

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- **Move from rhetoric to action**
- **“Gender” does not equal “women”**
- **Need to avoid making men the enemy**
- **But notions of masculinity must evolve**

# **Step 5: ~~Advocacy and Accountability~~**

**Local leadership  
Local community response  
Local/global accountability  
Including all government,  
ASOs, foundations**

# Domestic HIV Prevention

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**Before: 45,000 ▶▶ 25,000**

**Now: 60,000 ▶▶ 30,000**

*Washington Post, Dec 1, 2007*

# Domestic HIV Prevention

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## Step 1: Focus

# Size of the Risk Groups

## Men

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- ~ 27% : Black/Hispanic MSM
- ~ 16% : Black/Hispanic Non-MSM
  - 7% heterosexual ; 9% IDU
- ~ 24% : White MSM
- ~ 3% : White Non-MSM Men
  - 1% heterosexual ; 2% IDU

# Size of the Risk Groups Women

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- ~ 19% : Black/Hispanic Heterosexual Women
- ~ 5% : Black/Hispanic Female IDU
- ~ 4% : White Heterosexual Women
- ~ 2% : White Non-Heterosexual Women

# Step 2: Access

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## Goal 1

**Equal Serostatus Knowledge**

## Goal 2

**No Differential Mortality**

# Blacks Less Likely to be Aware of HIV Status

Limited Seeking and/or Access to HIV testing

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Among HIV-infected MSM (15-29 years of age), the following proportion unaware of status

- 91% of Blacks
- 69% of Latinos
- 60% of Whites

- Lack of knowledge of HIV seropositive status is associated with higher risk behaviors
- Large proportion of HIV infections is thought to be from those unaware of status

## *Attributable risk analysis - EXPLORE*

Variable	AR %
4+ male partners	32.3
<b>Alcohol/drugs before sex</b>	<b>29.0</b>
URA with unknown status partners	28.4
URA with negative partners	21.6
URA with positive partners	18.3
<b>Amphetamines</b>	<b>16.3</b>
Depressive symptoms	11.1
UIA with positive partners	8.7
Heavy alcohol use	6.1
Black race	5.0
Gonorrhea	4.3

# Disproportionate Mortality in Blacks versus Whites with HIV in HAART ERA

	Black/White MRR * (95% CI)
<b>Men</b>	
25-34 yrs	6.4 (6.1-6.6)
:	
55-64 yrs	9.5 (9.0-10.0)
<b>Women</b>	
25-34 yrs	13.2 (12.4-14.1)
:	
55-64 yrs	13.6 (12.1-15.2)

- Less access to care
- Less access to prevention messages
- Less access to ART
- Ineffective ART
- Limited adherence

# POZ

We're all over AIDS  
JULY/AUGUST 2002  
\$3.50

Resistance  
Unzipped: The  
new view on  
drug failure

Kid campers,  
beach books &  
sun safety

Sexpert Shocker:  
Lying about  
HIV to get  
him into bed

5 reasons to  
dub Shrub  
enemy No. 1

On wings of crystal,  
you can fly forever.

# Stimulant use among MSM

## CDC NHBS survey (n = 10,030)

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- 12 month prevalence of stimulant use
  - 37% cocaine
  - 27% methamphetamine
  - 9% crack
  - 74% of substance users reported being under the influence during sex
- *Annual prevalence of above substances in general population: 2.3% cocaine, 0.5% meth, 0.6% crack (2005 National Survey on Drug Use).*

# Stimulant use among MSM

## CDC NHBS Survey: SF Data

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- 12 month prevalence of meth
  - Asian/Pacific Islanders = 24%
  - Latinos = 19%
  - Whites = 19%
  - African-Americans = 18%
- 12 month prevalence of cocaine
  - Asian/Pacific Islanders = 9%
  - Latinos = 20%
  - Whites = 19%
  - African-Americans = 12%

# HIV Incidence by Frequency of Stimulant Use, EXPLORE

**Overall Seroincidence 2.1/100 p-yrs**

Frequency of use	HIV incidence	% of cohort	% of infections
None	1.6	75%	56%
Less than weekly	3.4	20%	32%
<b>Weekly or more</b>	<b>6.4</b>	<b>5%</b>	<b>12%</b>

# Step 3: Stimulants

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**New treatment strategies**  
**Community leadership**  
**Supply side interruption**

# Step 4: Time to prepare ASOs for change!

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**Strategies**  
**Expertise**  
**Delivery Methods**



**MORE THAN MEETS THE EYE**

**SEE FOR YOURSELF**

**GAY.COM**

PEOPLE STYLE ENTERTAINMENT

NEWS HEALTH TRAVEL

# **Step 5: Advocacy/Accountability**

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**National plan  
Clear goals  
Implementable strategies  
Measurable outcomes  
Sufficient resources**

# **Step 5: Advocacy/Accountability**

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**Research matching needs**

**What would we do with  
2x the research budget?**

Advocacy Accountability:  
Bi-Annual Meeting

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**Move the bi-annual  
IAS Conference from  
rhetoric to  
accountability and  
action**

# *Onto The Future!*

