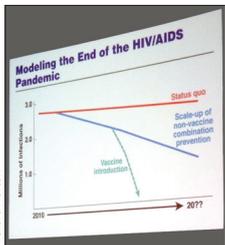


Offline: How close are we to an AIDS-free world?



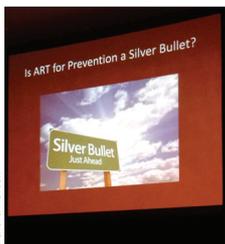
Richard Horton

At last year's International AIDS Society meeting in Washington, DC, I ran into a friend who once worked at a UN health agency. He was agitated. All the talk at that conference of an AIDS-free generation, getting to zero, the end of AIDS, and a cure was nonsense, irresponsible, and dangerous, he said. Go to parts of Africa and see for yourself if the end of AIDS is anywhere in sight. It is not, and to suggest that it might be is to imply, incorrectly, that the era of AIDS is drawing to a close. If we even suggest that the end of AIDS is within reach, we will give politicians an excuse to be complacent—to stop investing in AIDS research and HIV treatment and prevention programmes. As my friend later wrote to me: "I object to Orwellian newspeak, where the end is not really the end." What we need, he went on, "is that people get real about what we can achieve with current interventions, and stop saying that the end of AIDS is in sight...The best we can hope for...is low endemic levels".



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Last week *The Lancet* and *Cell* joined forces to hold a translational medicine meeting in San Francisco to ask precisely this question: what will it take to achieve an AIDS-free world? To address the concerns of my friend: why this question and why now? For exactly the reasons he underlined, I hope. Asking this question compels us to pose further (and frequently ignored) questions about how to prevent and treat an infection that for many millions of people remains an urgent danger. If we are to achieve an AIDS-free world, we still have to confront several domains of neglect. First, neglect of the case for investing in AIDS. This seems a strange and dubious claim, since many parts of the global health community look forward to the end of what they see as the era of AIDS exceptionalism. But look at the figures. As the Kaiser Family Foundation reported in September, total donor funding for HIV has been flat since 2008. We have decelerated, not accelerated, our response to AIDS, which is why the forthcoming Global Fund replenishment conference in December is so important. 64% of the US\$7.86 billion spent on AIDS in 2012 came from one country, the US. It's time for the rest of the world to step up to the continuing challenge of HIV. The second domain of



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neglect is that of key populations—for example, men who have sex with men, people who inject drugs, sex workers, migrants, and prisoners. The world will never reach low endemicity, let alone become AIDS-free, unless we do more to take these key populations seriously. The third domain of neglect is geography. When 22 ministers of health from WHO's Eastern Mediterranean region came together this month, their main concern was polio, not HIV. That view was understandable: compared with other parts of the world, these countries have the lowest percentage of their adult populations infected with HIV. But looked at another way, ministers of health should not be so sanguine. The number of people living with HIV in this region has increased by 127% since 2001 (to 347 000 individuals). The epidemic is worsening, not diminishing, and countries are experiencing an HIV treatment crisis. The world still has a surprisingly long way to go to think globally about its response to AIDS.

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What answers emerged from San Francisco? **First, HIV can be cured.** That was the conclusion drawn by Timothy Ray Brown, "the Berlin patient", who described himself as "the first person in the world to be cured of HIV". Last week he launched "The Cure Coalition" to "fight the complacency" around AIDS. Second, as Steve Deeks pointed out, we already know enough to end the severe immunodeficiency that is AIDS. **What can't yet be done is to end the epidemic of HIV infection.** And third, between these two extremes—curing a patient of HIV and expanding access to antiretroviral treatment to prevent the onset of AIDS—the **science of HIV is, in Tony Fauci's words, rapidly providing the scientific basis for eliminating the epidemic.** "We can't give you a time", Fauci cautioned, but an **AIDS-free world is "more and more a scientifically based aspiration"**. Myron Cohen's words perhaps best summed up the tone of the discussion. Ending AIDS is "an essential aspiration". And "there's a difference between hyperbole and crazy". The idea of ending AIDS no longer seems to be quite so crazy. Will my friend agree?

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