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REFLECTIONS

Beyond the Inflection Point: The Choices Before Us

Three *HIV at an Inflection Point* briefs were published in July 2024 by the Center for HIV & Infectious Disease Policy in partnership with the Emory Global Health Institute and the Emory Rollins School of Public Health following a series of consultations with people living with HIV and leaders from community organizations, government, philanthropy, academia, and the private sector. Together, they advanced a central premise: after more than four decades of extraordinary scientific progress and community leadership, the HIV response had reached an inflection point. The choices made by policymakers, advocates, researchers, funders, and communities would determine whether the remarkable gains achieved over the past forty years could be sustained, or whether declining political commitment, growing complacency, and persistent inequities would undermine future progress. Since those briefs were released, the environment surrounding the HIV response has changed dramatically. Political and financial uncertainty has disrupted long-standing domestic and global HIV programs, strained community organizations, reduced public health capacity, and challenged the stability of partnerships that have underpinned decades of progress. The original Inflection Point series asked whether the HIV response would continue to evolve in the face of changing political, financial, and social realities. Today, that question is no longer hypothetical. The choices before us are increasingly clear.

THE HIV RESPONSE MUST CONTINUE TO EVOLVE

The HIV response stands at a remarkable moment. Scientific advances, including new long-acting prevention and treatment options, are rapidly expanding what is possible. But their impact will depend on whether systems can make them accessible, affordable, and available to the people who could benefit most. Sustaining progress will also require strong institutions, trusted community leadership, durable partnerships, and the ability to adapt as the epidemic evolves. The choices before us are not simply about preserving what has been built, but strengthening and evolving it for what comes next.

A. CORNELIUS BAKER: CARRYING THE VISION FORWARD

These reflections honor A. Cornelius Baker, one of the original authors of the HIV at an Inflection Point series, who passed away in November 2024. For decades, Cornelius helped shape the HIV response as an advocate, policymaker, service provider, mentor, and person living with HIV. His legacy reminds us that moving forward means carrying the knowledge, relationships, and hard-won lessons of the past into what comes next.

Protect the infrastructure that delivers innovation—not just the innovation itself.

- Sustain HIV service infrastructure, including community-based organizations, public health departments, and clinical delivery systems.
- Strengthen and retain the HIV workforce through recruitment, training, and long-term stability.
- Protect implementation science, surveillance, laboratories, and data systems needed to translate scientific advances into population-level impact.
- Ensure financing and delivery systems support equitable access to new prevention and treatment options.
- Protect access to Medicaid, affordable private insurance, Ryan White, and ADAPs to maintain continuity of HIV care.

Strengthen the institutions and partnerships that make progress durable.

- Invest in the next generation of HIV leadership through mentorship, succession planning, workforce retention, and knowledge transfer.
- Strengthen community governance and shared decision-making at local, national, and global levels.
- Expand cross-sector partnerships across public health, academia, philanthropy, industry, and communities.
- Reinforce accountability through transparency, community engagement, equity, and continuous improvement.
- Build long-term partnerships that allow trust and collaboration to grow over time.

Modernize the HIV response to meet the realities of the next generation.

- Develop a national strategy for healthy aging with HIV that integrates HIV, primary care, behavioral health, chronic disease prevention, and long-term supports.
- Strengthen person-centered care that addresses housing, mental health, substance use, and other social and structural factors.
- Use digital technologies and AI responsibly to improve outreach, clinical decision-making, and service delivery while protecting privacy and equity.
- Regularly reassess HIV strategies and service models as epidemiology, demographics, technologies, and care preferences change.
- Co-design emerging prevention and care models with communities to reflect their needs and lived experience.

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