

ACHIEVING **THE END**

ONE YEAR
AND
COUNTING

The End?

AVAC
REPORT 2011

Executive Summary



REPORT 2012

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This Executive Summary of AVAC's annual report contains our call to pick up the pace in the global effort to begin to end the AIDS epidemic, and summarizes the top five priorities for action in the coming year. The full version of the Report, along with graphics and slides to download, is available at www.avac.org/report2012.

For more information, contact avac@avac.org.

Let's Step Up the Pace

Letter from the Executive Director

With this year's *AVAC Report*, we're setting the clock on the global drive to end the AIDS epidemic. It's a goal that nearly all now agree is attainable. But it can only be achieved if an ambitious pace of funding, implementation and research is set—and maintained—starting now. Current models tell us that the next 12 to 24 months are critical. As the graphic on page 2 illustrates, we are closing in on an epidemic “tipping point”, when the rate of antiretroviral therapy (ART) scale-up will outpace the rate of HIV infections—proving global capacity to treat all in need.

But the world will only reach this crucial milestone if we pick up the pace. Quite literally, this has to be the year that global HIV prevention efforts expand more quickly than ever before.

We've subtitled this Report “One Year and Counting” because it has been just about 12 months since the world started talking in earnest about beginning to end the AIDS epidemic. For a planet gripped with economic crises and funding shortfalls, the vision was big, and rightly so, since 2011 brought some of the most encouraging scientific news the HIV prevention field has seen.

We're not counting down; we're counting up. Which begs the question: *When is the end date?* Other than the push to eliminate pediatric HIV infection by 2015, there are few explicit public deadlines. Instead, every entry in the lexicon of ending AIDS comes with its own vague timeline, with overall time frames ranging from “in our lifetime” to “in a generation” and so on.

There are reasons for this. As we discuss in this Report, there just aren't a lot of data on the impact of scaling up highly effective combination prevention. Without this information, it's hard to predict outcomes. In order to get more specific, we need to start acting. Evidence of impact will help to fine-tune models that are, for now, powerful but largely based on estimates rather than evidence from the field.

Starting now, it is important to establish clear targets and check our pace. Consider the alternative: What will happen if, after a year of great hope, the global community doesn't set an accountability clock for achieving substantial progress toward ending AIDS? What possible explanation could we give members of the next generation when they ask, “Why did you say it was possible and then fail to come up with a plan and act on it?”

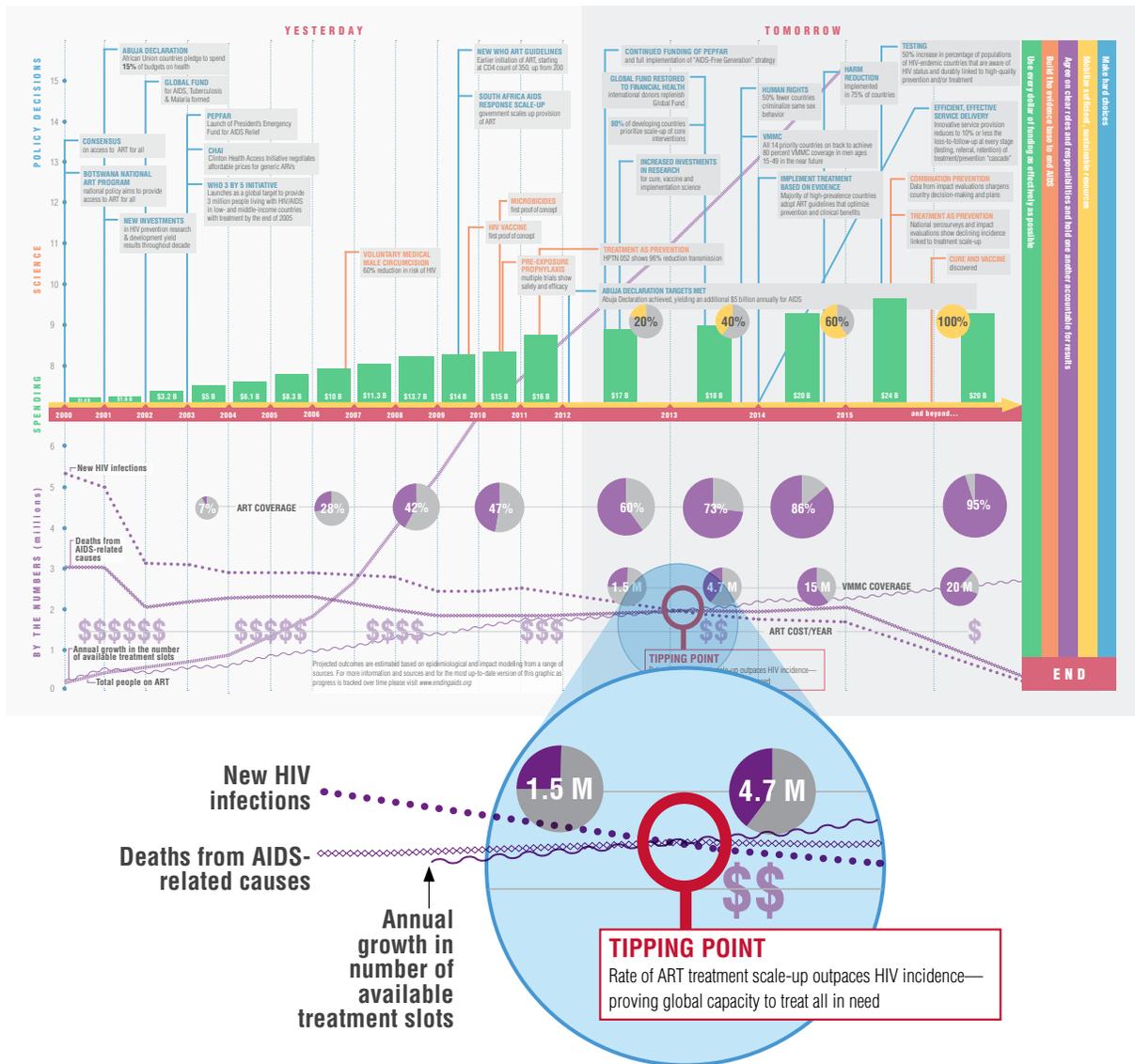
Now is the time to accelerate. For so many athletic events—swimming, sprinting, horse

AVAC on the Clock: Then and now

Nearly 15 years ago, AVAC began framing its annual report around a decade-long countdown to an AIDS vaccine. The projection was based on a 1997 speech by then-US President Bill Clinton. We went from “nine years and counting . . .” to “four years and counting . . .” before we stopped the clock. We didn't—and haven't—abandoned our call for a well-coordinated and ambitious approach to the search for an AIDS vaccine. (See page 5 for this year's top priority.)

Reaching the Tipping Point: The time to act is now

It is possible that the world could soon reach a tipping point in the AIDS epidemic when the rate of AIDS treatment scale-up outpaces the rate of new infections. Success is not guaranteed. To reach this crucial milestone, the pace of ART scale-up must accelerate in the next 12 to 24 months. Continuing at current rates will not bring essential gains in lives saved, infections averted and reduced costs.



View the full infographic, download AVAC and amfAR's *An Action Agenda to End AIDS*, and subscribe to receive quarterly updates at www.endingaids.org.

running—the speed set “out of the blocks” or “out of the gate” is key. The AIDS response is, as many have said, a marathon and not a sprint. But even for such an endurance event, the start matters—a lot. Within the first five miles, or ten kilometers, of a marathon—when the vast majority of the distance has yet to be covered—an experienced runner can tell whether she has set the pace she needs to beat a record, whether the record is her own or the world’s.

We’re just a year into an era of incredibly high stakes for the global AIDS response, and we know that there are years to go before we can say that the epidemic is moving conclusively toward an end. Even so, what we can do is look at the pace we’ve set and say that while there’s still plenty of reason for optimism, there is already real cause for concern.

Which is why it is exactly the right time to start a clock and shift global efforts into a higher gear.

In *AVAC Report 2011*, titled *The End?*, we laid out a framework that incorporated short-, medium- and long-term goals for ending the epidemic (see graphic on p. 4). To realize these goals, we argued that it would be critical to **deliver** the interventions we have today and to **demonstrate** the potential impact of emerging strategies that can be piloted now and might be introduced in the coming years. Also, it would be key to continue efforts to **develop** essential and truly novel interventions, such as an effective AIDS vaccine and a cure over the long term.

In last year’s Report, we also debuted *AVAC Playbook 2012*, which articulated global goals in nine key areas of the AIDS response (see graphic on p. 5). These goals reflected what epidemiologists, modelers, advocates and other public health leaders have declared to be essential:

- Scale up ART coverage to maximize prevention and clinical benefits.

- Complete a “catch-up” phase of voluntary medical male circumcision (VMMC) in 14 priority countries as quickly as possible, and implement a sustained program on infant male circumcision.
- Use every means necessary to improve and innovate HIV testing and linkage to care.
- Act on the results of trials of promising new strategies, being mindful of the unique time frames for development and introduction of different tools.
- Adopt a new investment framework for HIV/AIDS that focuses on high-impact, evidence-based spending and programs.

The goals laid out in the Playbook and throughout *AVAC Report 2011* are as relevant today as they were a year ago. They are big, long-term objectives that we must keep squarely in sight. That’s why we’ve included the original Playbook—with notes on key developments—on page 5.

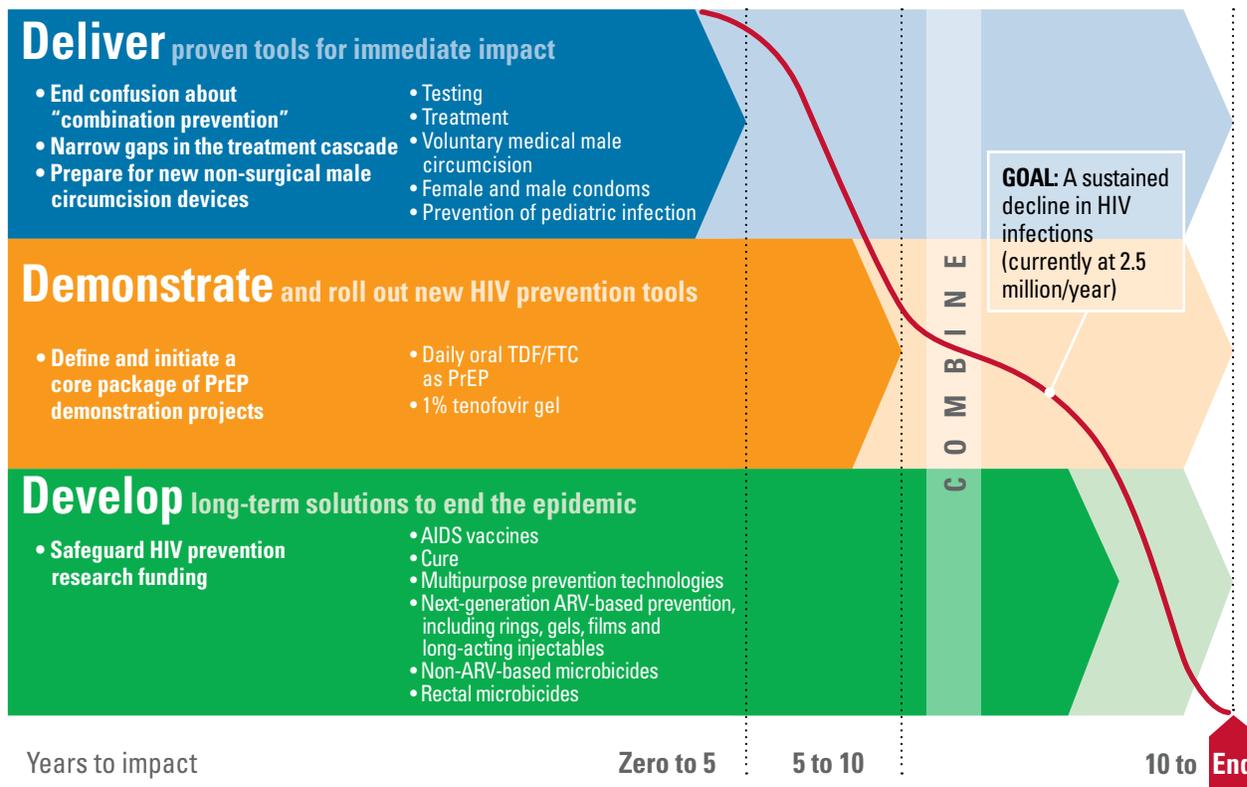
In 2013, we need to get far more specific. In this year’s Report, we briefly examine the progress made over the past year and provide necessary updates to the Playbook, and then we turn to the question: “What now?”

What are the top priorities for the next year? What actions will make the greatest possible difference?

Our top five list is summarized below and elaborated on throughout the Report, which concludes with an urgent call for amplified global and national leadership. In brief, the priorities are:

- 1) **End confusion about “combination prevention”.**
- 2) **Narrow the gaps in the treatment cascade.**
- 3) **Prepare for new non-surgical male circumcision devices.**
- 4) **Define and launch a core package of PrEP demonstration projects.**
- 5) **Safeguard HIV prevention research funding.**

A Three-Part Agenda for Ending AIDS: 2012 and beyond



Throughout this Report, we hope one message is loud and clear: prevention is fundamental—and must be at the heart of the effort to begin to end AIDS. The past year’s notable quotes include “treatment is prevention”. This statement is well-supported by clinical research—and turning it into a reality will change the world. But the greatest benefits of treatment as prevention will only be realized if other effective prevention strategies are rolled out at the same time, and new ones are pursued.

Taking VMMC to scale in key countries could avert at least 20 percent of anticipated infections by 2025. This would change the trajectory of the epidemic and make the impact of treatment as prevention that much more powerful. And so one of our key messages must be: *prevention is prevention too*. This almost

should go without saying. Yet, as we discuss throughout the pages of this Report, there are many gaps in the current HIV prevention agenda that can and must be filled.

The future of prevention innovation is more precarious than it should be. This is, in part, because we’re not yet defining the struggle to begin to end the epidemic as a struggle, above all, to provide truly effective HIV prevention. In 2013, let’s pick up the pace of this historic race. It is—at one year and counting—ours to win.

Mitchell Warren
Executive Director, AVAC

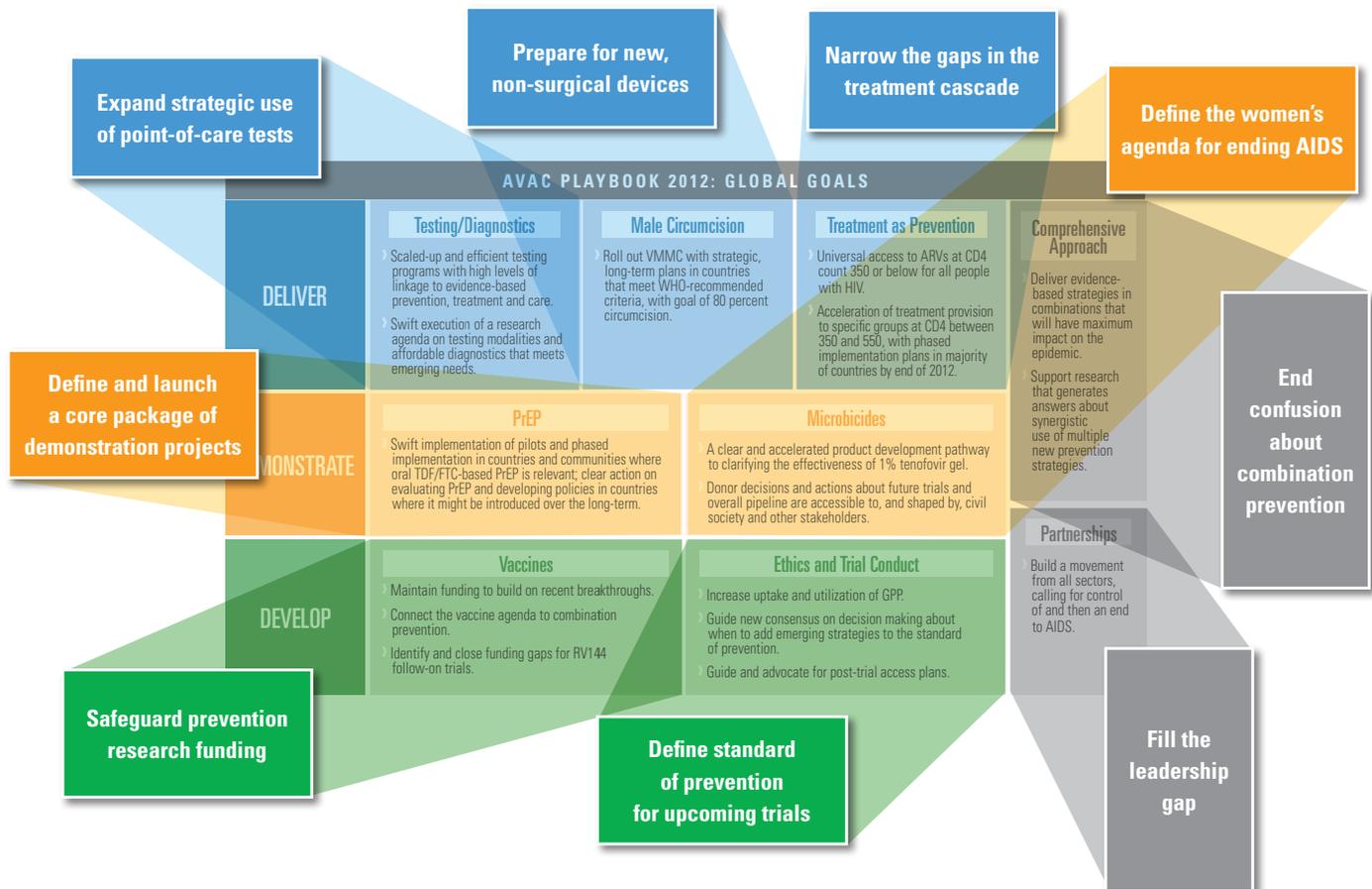
The Global “Playbook” for Ending AIDS and Top Priorities for 2013

AVAC first published its Playbook of global goals for ending AIDS in late 2011. The objectives it laid out still stand today. But to achieve them, we have to get more specific in our short-term goals. To this end, we’ve identified five priorities for action in 2013. These are by no means the only steps that need to be taken in the coming year. It is critical to

sustain the many treatment and prevention efforts currently underway. But we think that success in these five areas is essential, if we’re to get on pace in one year’s time.

No action on the priority items is possible without action on one fundamental issue: **the leadership gap.**

AVAC Playbook 2012–2013: Progress toward global goals



In addition to these global goals, the 2012 Playbook also included priorities for AVAC and civil society. For updates on ongoing advocacy visit www.avac.org/programs.

Action on the five priorities put forward in this Report depends on true leadership at global and country levels through word, dollar (and euro, shilling, rand and pound ...) and deed. Progress has been made in global leadership in terms of releasing guidance documents and blueprints for

action, but there are many areas in which more concrete action is needed. This includes a true expansion of ownership, leadership and financial commitment from the governments of low- and middle-income countries.

PRIORITY

1.

END CONFUSION ABOUT “COMBINATION PREVENTION”

2012 saw a strong emphasis on combining prevention strategies for maximum impact. But even as the phrase “combination prevention” owned the day, it was clear that there is no single, one-size-fits-all combination package. We urgently need more clarity, particularly for country-level decision makers, about

what combination prevention truly is. Donors, implementers, policy makers and civil society should start working together, and must be held accountable for choosing, implementing and evaluating specific packages for specific circumstances.

PRIORITY

2.

NARROW THE GAPS IN THE TREATMENT CASCADE

HIV treatment has clinical benefits for people living with HIV. It’s also a powerful prevention tool that reduces an HIV-positive person’s risk of transmitting the virus to an uninfected sexual partner. But to realize these benefits, we must close the gap between the large number of people diagnosed with HIV and the relatively small percentage who start and remain on ART, with low or undetectable viral loads. Approaches that promise to improve uptake and retention at every stage of the treatment cascade—from testing to diagnosis

to linkage to care to effective treatment—are being studied. These approaches will improve treatment programs that start ART based on current guidelines. Yet more intensive and innovative strategies will be needed if treatment as prevention programs begin to initiate people regardless of CD4 thresholds. In 2013, it’s time to take action in research and service delivery to quickly close these gaps and ensure that what’s proven to work is systematically implemented through national policies.

PRIORITY

3.**PREPARE FOR NEW NON-SURGICAL MALE CIRCUMCISION DEVICES**

The first new devices that could reduce the need for surgery associated with voluntary medical male circumcision (VMMC) are expected to receive World Health Organization (WHO) prequalification in 2013. Prequalification paves the way for the 14 African countries prioritized for VMMC rollout to add a new component to current programs. In some settings, the devices could be a revolutionary new tool. In others, it may make more sense to keep up the pace with existing surgical programs. If there isn't substantial preparatory work done ahead of time to establish decision-making criteria,

raise public awareness and encourage provider engagement, then the new devices could bring confusion rather than efficiency to an arena that is just starting to see real progress. The 14 priority countries should be prepared with situational analyses to determine the potential benefits, costs and appropriate role of these new devices in their specific contexts. This preparatory work should complement but not slow critical ongoing work in scaling up surgical programs for adult VMMC and implementing a sustainable infant male circumcision program.

PRIORITY

4.**DEFINE AND LAUNCH A CORE PACKAGE OF PREP DEMONSTRATION PROJECTS**

Global health agencies, including WHO and UNAIDS, and many national authorities have said that they are waiting for the results from real-world demonstration projects before they can provide guidance on the use of pre-exposure prophylaxis (PrEP) using daily oral tenofovir-based drugs in HIV-negative people. This strategy is complex and by no means a

silver bullet. But it could have a profound prevention impact in specific contexts, like among serodiscordant couples. Yet there is currently no clarity about the range of studies, demonstration projects and monitoring activities that are needed. This must be defined, so that a core set of demonstration projects is underway by the end of 2013.

PRIORITY

5.**SAFEGUARD HIV PREVENTION RESEARCH FUNDING**

New momentum in AIDS vaccines, antiretroviral-based (ARV-based) prevention, cure research and other new tools is threatened by the possibility of diminished research funding in the US and other countries. The

potential cuts could slow or halt progress on some of the most promising HIV prevention research in many years. Policy makers must act to sustain this vital research.

About AVAC

Founded in 1995, AVAC is an international non-profit organization that uses education, policy analysis, advocacy and community mobilization to accelerate the ethical development and global delivery of biomedical HIV prevention options as part of a comprehensive response to the pandemic. AVAC is dedicated to:

- Translating complex scientific ideas to communities and translating community needs and perceptions to the scientific community.
- Managing expectations about the process of product research and development, testing and delivery.
- Holding agencies accountable for accelerating

ethical research, development and delivery of HIV prevention options.

- Expanding international partnerships to ensure local relevance and a global movement.
- Ensuring that policy and advocacy are based on evidence.
- Convening coalitions, partnerships, working groups and think tanks for specific issues.
- Developing and widely disseminating high-quality user-friendly materials.

For more information on AVAC's work and how to support it, please visit www.avac.org.

AVAC Resources

WEBSITE

www.avac.org



For the latest updates in HIV prevention, visit the **AVAC website**. It includes our publications as well as comprehensive coverage of the full range of biomedical HIV prevention interventions in an easy-to-use format that is searchable by intervention and by topic.

PUBLICATIONS

www.avac.org/publications



AVAC publications aim to translate the complex issues of biomedical HIV prevention research for a range of audiences. We have materials that explain current scientific issues in simple language and other documents that explore the issues of trial participants and affected communities.

DATABASES

www.avac.org/pxrd and www.avac.org/researchliteracy



The AVAC website hosts **two searchable databases**: one on biomedical HIV prevention research clinical trials, products and sites, and one that includes research literacy resources for understanding HIV prevention research.

MAILING LISTS

www.avac.org/maillinglists



The **Advocates' Network** is an electronic network for anyone interested in receiving timely updates about developments in the biomedical HIV prevention field.



P-Values is AVAC's monthly bulletin highlighting advocacy work by our partners and stakeholders around the world.



The **Weekly NewsDigest** is a compilation of media coverage, published research, policy news and materials on HIV prevention options.

SOCIAL MEDIA



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