

Set the Right Targets for the Right Interventions

Different prevention options warrant different types of goals. Right now, there is a tendency to apply the same target-setting approach to a diverse array of tools. One common theme is to set coverage goals for all different kinds of options. This makes sense for some, like ART or VMMC. But it makes far less sense for other programs. As one long-time advocate said of programs targeting injection drug users, “If I fly a plane over a city with a lot of IDUs saying ‘Don’t share needles,’ does that mean I have reached them?” Having implausible or imprecise prevention targets undermines their importance and increases skepticism that real ones can be met.

Therefore we’re looking forward to seeing the final version of the UNAIDS targets—and to seeing targets for specific interventions set by PEPFAR and incorporated into GFATM grants set to be approved later this year.

It’s critical that the right targets get set for the right interventions. That’s not happening at present, hence there’s a risk that prevention tools, particularly newer ones, will be introduced in the context of implausible or confusing targets. How to get to the right targets for the right interventions? See the graphic to the right of approaches that have worked in the past and others that could work in the future.

And consider this more nuanced approach:

- **Set ambitious coverage targets for strategies, like VMMC, ART and harm reduction strategies, that are well-defined in terms of the components of service delivery, impact and populations in need.** Some aspects of

service delivery for these approaches are still being defined and evolving. Even so, these interventions warrant ambitious coverage goals linked to impact.

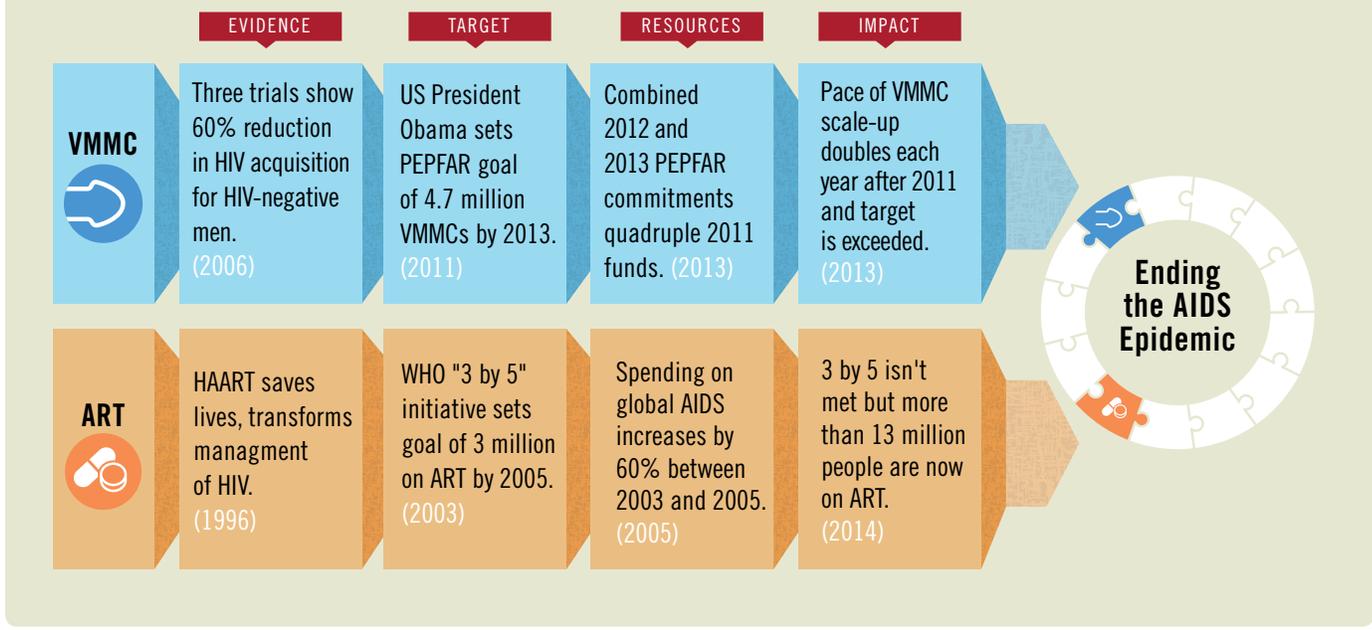
- **Use a combination of process goals and placeholder targets for emerging strategies.**

The draft UNAIDS Prevention Targets highlight daily oral PrEP and cash transfers for adolescents and young women. For these and other strategies, there is great potential but much less clarity about scale-up and delivery. Coverage-based targets (i.e., X percent of a population) can add to confusion when there’s so much that needs to be understood about delivery for impact. Instead, it makes sense to assess and set a deadline for analyzing current operational studies and another deadline for when a coverage target could be in place—e.g., when X percent of current operational studies are completed.

- **Recognize that everything comes with a price**—and that this price can be

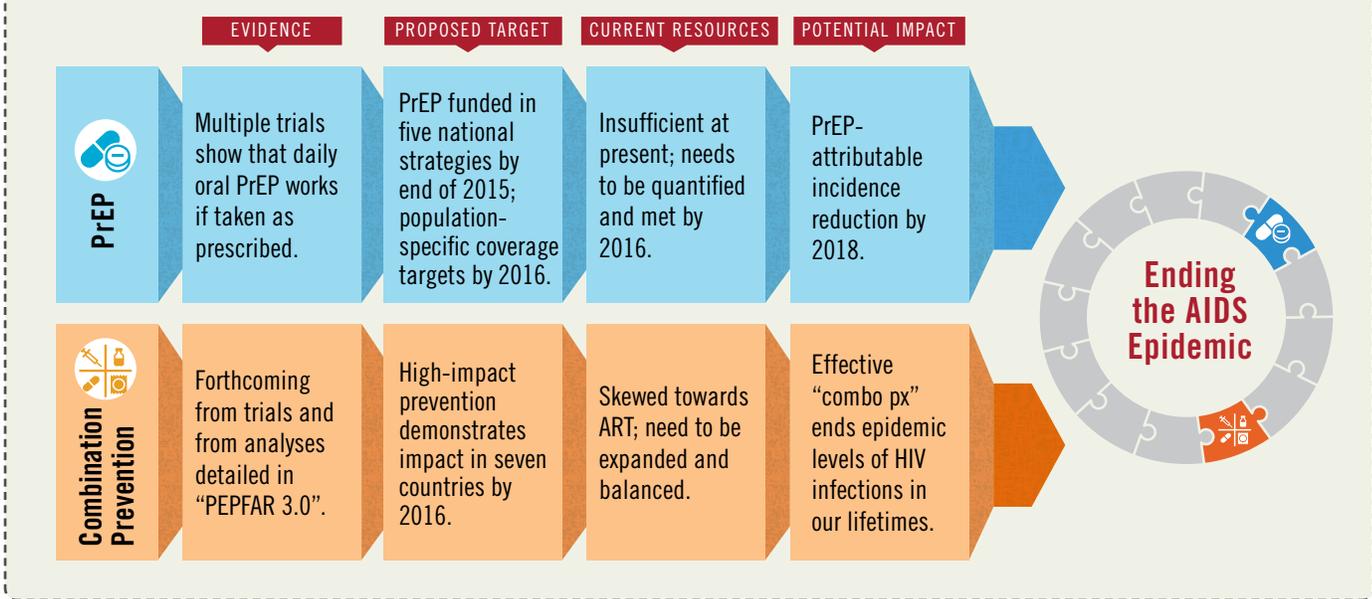
calculated in different ways. There is a global shortfall in AIDS funding at the precise moment that a surge of resources is needed to achieve real change. The GFATM did not meet its target funding level during its last replenishment; advocacy on PEPFAR funding has helped preserve current levels, but additional funds are needed. Targets without price tags have little relevance in the real world. Any discussion of targets needs to include the cost of implementation and the cost-effectiveness in the short-, mid- and long-term.

Targets that Worked: VMMC and ART



Targets that Require Work: PrEP and Combination Prevention

Targets are urgently needed for daily oral PrEP and combination prevention. Here are proposed goals, along with what's in place and what is missing today.



References available at www.avac.org/infographic/targets.