

# How to Fix the Four Major Problems with Data for HIV Prevention

1

The data are not sufficiently broken down.

- ✓ Countries need to be resourced and supported to collect and report data on services financed/implemented by age, gender, income status, key population status and more. Donors can support this with resources and requirements for such data.
- ✓ Civil society must work across agendas (e.g., women and girls, key populations) to develop specific, actionable demands of all stakeholders that lead to collection and presentation of actionable, high-quality, disaggregated data.

2

Data are missing for many of the people most in need of prevention.

- ✓ GFATM and PEPFAR have pledged to improve the quantity, quality and consistency of data gathered on key populations. These promises need to be kept, with fast-paced information-sharing and action taken in countries that are not prioritizing resources based on the data.
- ✓ Funding cuts to civil society groups need to be reversed and the potential for “Big Data”-based systems (e.g., using data delivered by cell phone or collected by lay people) should be explored as part of supporting these groups to document their communities.

3

The data aren't there to measure prevention progress.

- ✓ Global and national stakeholders must implement a coordinated overhaul of prevention indicators and analyses such that linkages, uptake and adherence are all captured, and prevention measures consisting solely of “people reached” are abandoned.
- ✓ “Prevention Data Dashboards” at the country and funder levels must be realized to help ensure accountability and accuracy in tracking progress on incidence reductions.

4

Data driving basic science to new breakthroughs need sustained funding.

- ✓ Maintain funding for basic science so that there are resources for innovation, including data-driven approaches that look across large data sets for clues to guide vaccine design.
- ✓ Map and engage in the ethical and methodological issues impacting the demand for and design of future HIV prevention trials. Countries will need additional tools to bring the epidemic to an end—and they must be at the center of decision-making.