

AVAC's Take

The US government supports two-thirds of the (still-underfunded) global AIDS response. The lion's share of these dollars are spent via the PEPFAR program. This program works in 63 countries, each of which prepares an annual plan known as a Country Operational Plan (COP) that dictates work for the coming year. For the past three years, AVAC (along with civil society partners, government, WHO, UNAIDS and other stakeholders) has joined the annual process of making plans, and setting targets for the "indicators" that are used to measure progress year by year. Here we share the results, with a new proposal for HIV prevention advocates: a prevention "question" cascade.

The Prevention Question Cascade

Epidemic control or 90-90-90: Both important, not the same

This year PEPFAR tried something new. In the past, civil society has joined what's known as an approval meeting—where the country-based PEPFAR team and headquarters staff sign off on the plan for the year. This year, civil society was invited to join at an earlier stage—before the COPs were finished. A February meeting in Johannesburg was billed as a chance for countries to work on the approaches they would take to achieve epidemic control. The April meeting that followed provided an opportunity for country representatives to speak directly to US-based implementing partners, such as FHI 360, John Snow International, PSI, Jhpeigo and others that receive PEPFAR money. These partners use the PEPFAR funds they receive to make subgrants in each country, and their performance is measured in terms of progress toward targets—like numbers of people newly diagnosed with HIV or started on antiretroviral treatment. This April session was a sort of public commitment ceremony with each country identifying where partners were missing targets, and cajoling them to doing better. In all, there was a lot of accountability, a little bit of public shaming (of poor-performing partners by PEPFAR country teams, and of struggling countries, by headquarters staff), and enormous clarity about what matters to partners, countries and PEPFAR these days.

HIV VACCINE AWARENESS DAY **MAY 18** **2018**

Every year, we join advocates, researchers, policy makers and thousands of HIV vaccine trial participants in recognizing HIV Vaccine Awareness Day. AVAC has always maintained the long view on ending the epidemic, which means delivering all we have now, demonstrating added value of emerging innovations, and developing long-term options, including an HIV vaccine. Check out www.avac.org/hvad.

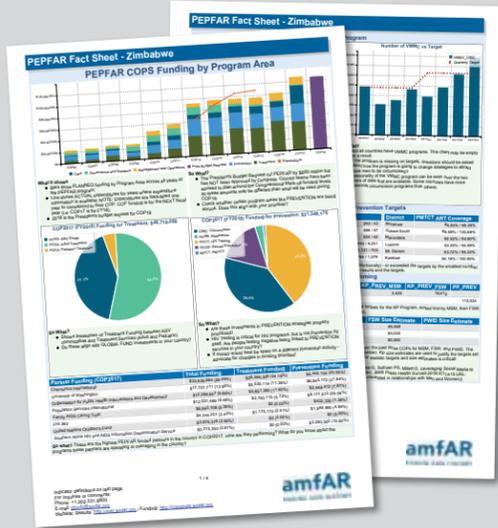
The good news is that quality and accountability matter. Advocates have long asked for information on how implementing partners are performing by geography, partner and approach. So the information provided was useful and, in some cases, unprecedented. This is something advocates had lobbied for at the February meeting.

There are also challenges and areas for concern.

▣ **Index testing: Recognize that high yield is also high stakes.** Many countries are embracing index testing and contact tracing. This involves asking a person who has been newly diagnosed with HIV for a list of contacts such as children and/or sexual or needle-sharing partners and then following up with those contacts to test them as well. To find all PLHIV, PEPFAR measures its testing programs in terms of "yield"—the number of people who test positive as a percent of the total number of people tested in a year.

Index testing provides a high yield in many instances, but it also can imperil the person who is tested and who provides the list of contacts. The risks include stigma, violence, inadvertent disclosure of HIV status or, possibly, of key population status. PEPFAR implementing partners and country teams say that they haven't heard about negative consequences of this strategy, but this isn't an adequate response. As index testing scales up—30 percent of all new diagnoses must come from this approach in 2019—so must staff training that emphasizes human rights, confidentiality and the importance of prioritizing the client above the target at every turn.

Interpreting PEPFAR Data: A look at Zimbabwe



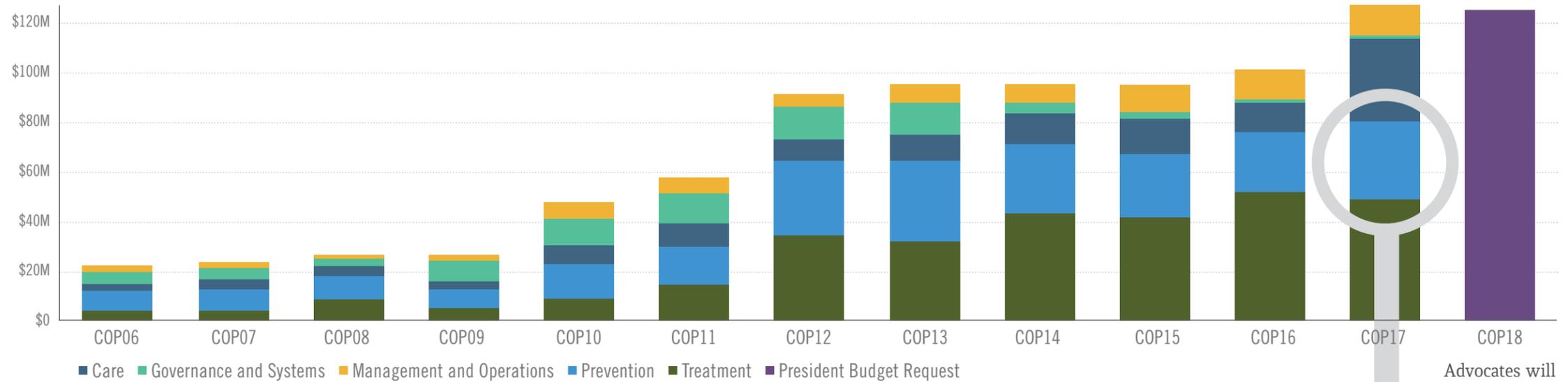
AVAC is proud to be part of the Coalition to build Momentum, Power, Activism Strategy & Solidarity (COMPASS), a data-informed collaboration of civil society organizations working in the global North and in East and Southern Africa (avac.org/compass). Under COMPASS, Africa-based coalitions work with partners in the global North to analyze and use evidence and data to shape strategic campaigns.

amfAR is a member of COMPASS. To strengthen the work of COMPASS partners and other advocates, the amfAR team has developed a user-friendly database of PEPFAR indicator data by country. They also developed country-specific factsheets that provide a data snapshot, helpful annotations and analysis.

This centerspread includes some of the data from Zimbabwe—the full version is available at <http://mer.amfar.org/>.

Additional tools and info are available from COMPASS partner Health GAP's PEPFAR Watch: www.healthgap.org/pepfarresources.

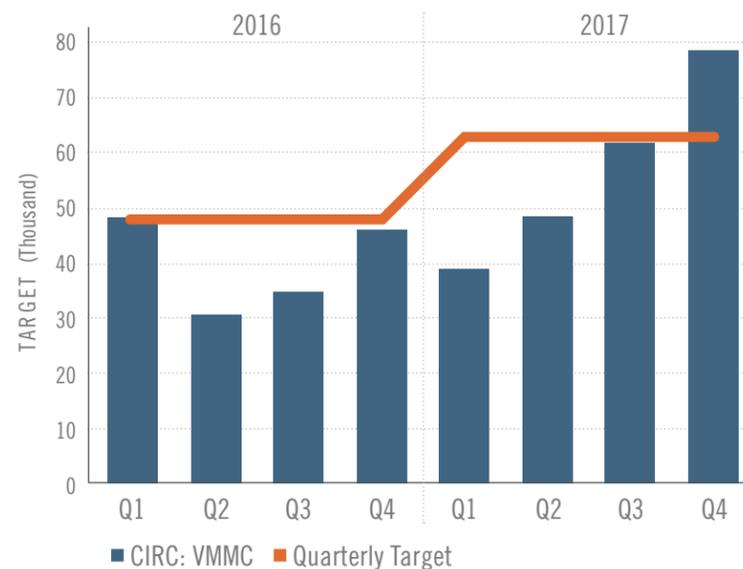
PEPFAR COPS Funding by Program Area, 2006–2018



Advocates will be looking to see whether program areas like prevention change in COP18.

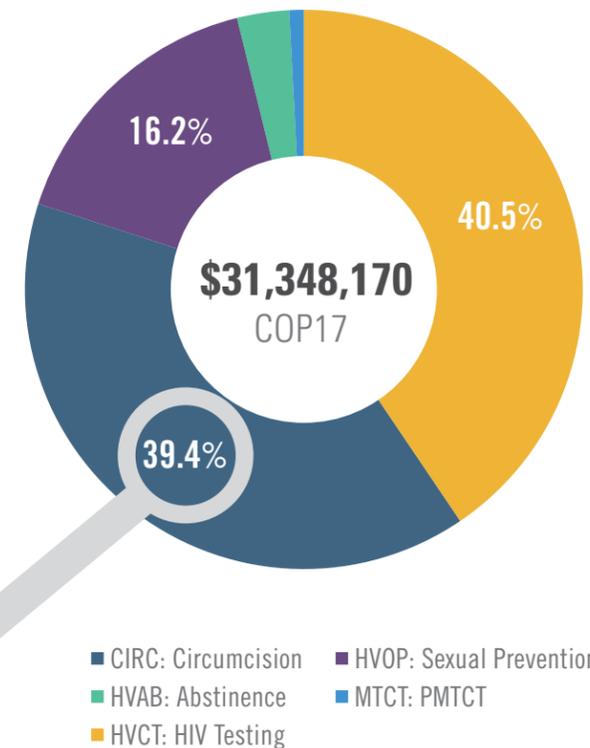
Number of VMMC vs Target, 2017

This chart shows quarterly results for PEPFAR's VMMC program in Zimbabwe. Advocates can access PEPFAR data every quarter to track progress and adjust agendas. In 2017, PEPFAR partners achieved 90 percent of its VMMC target. It increased the target by a modest 21 percent for 2018. But with funding from BMGF slated to end in 2019 there is a pending resource gap.



Funding for Prevention, 2017

HIV testing gets categorized as prevention—even though testing by itself is not a prevention tool—and is more than forty percent of the overall prevention budget. The vast majority of non-testing prevention is in VMMC. Is this balanced? The answer depends on what other funders are paying for—PEPFAR investments are only part of the picture!



PEPFAR should invest in a comprehensive qualitative assessment of adverse events associated with index testing, with a specific analysis of women, adolescents and key populations.

▶ **Find the men without forgetting the women.** Every country is placing enormous emphasis on finding men living with HIV and linking them to treatment. In almost every African PEPFAR country, men living with HIV are less likely to know their status compared to women living with HIV. Once found, men embrace treatment at rates that are roughly equivalent to women. To find these men, everything from spatial arrangements (think “men’s corners”) to staffing (male peer navigators, male nurses, etc) is being retooled to meet men’s needs. But women’s needs, preferences and peer-based models cannot be neglected. **Country governments and civil society should demand and conduct, with PEPFAR’s support and cooperation, a rapid analysis of how services are delivered to men and women. Inequities must be corrected, and gaps must be closed.**

▶ **Put the primary prevention pieces together.** PrEP programs are popping up all over the place—and targets for existing programs are surging. In many of these programs, PrEP is paired with HIV self-testing—with a proposal to reach key populations with this dynamic duo. But little is known about how self-testing works for key populations, what kinds of programs lead to effective use, and how it complements PrEP. At the same time, VMMC programs remain cash-constrained. For example, Malawi and Tanzania’s VMMC programs—funded almost entirely by PEPFAR—hit or exceeded targets this past year. But strong performance isn’t leading to expansion largely because of resource constraints. At the April meeting, the Malawi team shared that with just eight million USD, it could bring two more districts to saturation coverage, and close the gap that will be left when a World Bank VMMC grant ends next year. This is a small amount of money that could have a big impact. Zimbabwe is also short on funds and Bill & Melinda Gates Foundation funding is slated to end in the coming 18 months. Condom programming is barely discussed anymore. It’s been reduced to a procurement afterthought. **Primary prevention requires all these pieces to succeed.**

A New Kind of Cascade?

With PEPFAR, the devil is in the details—indicators, district and target data all guide ever-finer calibration of the program. There may not be another foreign aid program in the world that spends as much time with as

many stakeholders evaluating so much information about performance. What AVAC saw at this meeting was a picture that resolved itself into a few questions:

How are advocates deciding what they want when it comes to primary prevention—and why? How can advocates and activists test our agendas against this set of criteria and maximize the positive impact on public health?

We propose the following set of queries for advocates to consider, adapt or reject as they do the work that extends far beyond the PEPFAR COPs meetings. They are:

- ✓ Is there a robust national condom program? Does it promote male and female condoms, and condom-compatible lube? Does it make sure condoms get distributed to people who need and use them?
- ✓ Is the PEPFAR VMMC program in that country achieving saturation on schedule in its target districts and in the targeted age bands? Is it moving on to new districts?
- ✓ Are PrEP programs launched with robust engagement of civil society organizations that include groups led by the people who need PrEP most?
- ✓ Has the country’s DREAMS (or other AGYW) program shown positive impact on new HIV diagnoses, rates of unwanted pregnancy, and contraceptive uptake? If so, is it being adapted and expanded, and if not, have new partners and approaches been identified?
- ✓ Is there a substantial investment in treatment and prevention literacy, such that people living with HIV and allies create and share messages and services?

Where the answer is *no* to any of these questions, advocates have a starting point for setting a prioritized and integrated primary prevention agenda. It is increasingly clear that no country is posing these questions, nor are civil society or other stakeholders consistently intervening to demand that they do. Among those groups that did, many were heard. Building on the “question cascade” in the year to come will push this work to the next level, harnessing all the elements that are essential to primary prevention.

About AVAC



AVAC works to accelerate the development and global delivery of HIV prevention tools. To receive regular updates via email sign up at www.avac.org/signup.