



November 12, 2014

Chris Collins
Chief
Community Mobilization Division
Joint United Nations Programme on HIV and AIDS
20 Avenue Appia
Geneva Switzerland

Re: Draft Global Prevention Target for 2020

Dear Chris,

AVAC is pleased to respond to the Joint United Nations Programme on HIV and AIDS (UNAIDS) request for comments on its draft Global Prevention Targets for 2020. We begin by commending the UNAIDS for developing ambitious 2020 prevention sub-targets for key populations, and young women and girls, to complement the 90/90/90 targets announced by UNAIDS in June. Although HIV rates have been declining globally, rates for certain key populations are rising in several regions, and remain unacceptably high for young women and girls.

The UNAIDS Global Prevention Target for 2020 is a good start, but UNAIDS and partners need to explicate its process and further develop a pathway by which countries can interpret, implement and successfully execute this mission. This letter and our attached tracked changes comments focus on the Prevention Target draft. However, we also reviewed the Non-Discrimination Target draft, both internally and with partners focused on LGBT rights work in Africa. Broadly, the Non-Discrimination document provides a strong framework for additional action and, we feel, an approach—two broad options, multiple proposed indicators—which might have been usefully adapted for the Prevention Target draft as well.

The increased emphasis of international financiers such as the Global Fund and PEPFAR on financing of well-conceived national strategies on the basis of informed demand, which takes into account local epidemiological features and evidence-based interventions to address local challenges, will enable more explicit and fairer prioritization of interventions targeted at key at-risk groups than is possible at present.

Generally, we think that it is essential that UNAIDS, together with other global partners and implementers, begin to develop specific operational frameworks, that incorporate specific targets, for developing and implementing evidence-based combination prevention

programmes such as described in the 2011 Investment Framework, which anticipated this work. [Schwartländer B et al. *Towards an improved investment approach for an effective response to HIV/AIDS*, The Lancet (2011). See also Stover, J *How Can We Get Close to Zero? The Potential Contribution of Biomedical Prevention and the Investment Framework towards an Effective Response to HIV* PLOS (2014).]

More specifically, we have these additional comments:

1. *Linking treatment and prevention targets, and the role of testing*

The Global Prevention Target for 2020 makes passing reference to the 90/90/90 goal and implicitly incorporates expanded testing. But the prevention target document would be an important opportunity to break the “treatment-prevention” dichotomy and present a unified “ending AIDS target” process instead. Moreover, HIV testing is critical to help individuals know their status and gain access to and make decisions about various prevention and treatment options.

Also, the 90/90/90 focus establishes testing as a universal goal, which might fall short in specific populations. Testing is such a critical gateway for prevention and treatment that UNAIDS should consider establishing/adapting this goal for key populations and young women and girls.

2. *Modeling a 75% Reduction in New Infections in Key Populations and Young Women and Girls*

A heightened focus on drastically reducing infections in key populations and women and girls will be critical to meeting the overall goals of reducing by 50% sexual transmission and transmission due to injecting drug use. The targets for specific interventions in the draft Global Prevention Targets for 2020 are a helpful initial roadmap to assist governments, implementers and civil society. Ambitious goals for reducing incidence alone will be insufficient without assistance to countries with modeling and program development to achieve these goals. For these targets to guide policy it will be essential that UNAIDS provide details on how each of the specific targets were developed. A roadmap of the implementation strategy envisioned by the plan would assist countries in implementing and monitoring the targets under the plan.

3. *The evidence base for cash transfers and the definition of the term*

The current “cash transfer or other economic support” target is both laudable in that it sets out to address important structural issues and flawed in that the definition, goals and structure of this target make it very hard to interpret or adopt. A recent analysis of current evidence on cash transfers (www.ncbi.nlm.nih.gov/pmc/articles/PMC3752431/) points out the different goals

of these programs—poverty reduction on the one hand, incentivizing health-seeking behaviors on the other—which seems a minimum requirement for a target of this nature, as does specifying what other forms of economic support would be, whether this target means that all the resources should go exclusively to young girls and women and/or whether it could go as a block grant for school fees, to mothers and so on. Without specificity, reference to an evidence base, clear definitions of terms and objectives, this target runs the risk of seeming to be well intentioned but inactionable – see also the comment in the attached about the passing mention of programming to address gender inequities. Surely this could be dealt with in more detail.

4. Evidence Based Identification of Key Populations

The draft states that “each country should define the specific populations that are ‘key’ to their epidemic.” While country ownership and adaptation of implementation of the Global Prevention Target is critical, definition of key populations need not be left to each country, which is an evidence based determination. Key populations are groups who are at increased risk of HIV irrespective of the epidemic type or local context with a lack of access to services. The determination of key populations is a data driven question, which can be answered by reviewing country incidence data. In many countries, women and girls are key populations—which is complicated by a structure that sets key population goals on the one hand and women and girls goals on the other, as the current prevention targets do. Providing guidance to countries on how to determine the populations that are key to their epidemic would efficiently allocate resources and avoid confusion.

Key populations also often have legal and social issues related to their behaviours that increase their vulnerability to HIV, as well described in WHO’s *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, July 2014. It is useful to remember that technical and informal use of terms do not always align. The current use of “key population” is often used as a euphemism for gay men and other men who have sex with men—perhaps because of the sensitivity and stigma around these populations in many countries with MSM epidemics. Using euphemisms is always risky, perhaps more so given the vogue for changing terms. “MARP” held sway for a while, and by the time that 2020 comes around, there might be something other than “key population” used to describe groups that are overburdened and underserved. These legal and social issues, including discrimination and stigma, reduce access to services, and may thwart the goals of these Global Prevention Targets.

5. Oral PrEP

As long-standing PrEP advocates, we at AVAC are delighted to see proposed targets for PrEP. It is not at all clear, though, on what the proposed coverage rates are

based, and given the paucity of PrEP demonstration projects at present (www.avac.org/resource/ongoing-and-planned-prep-evaluation-studies), it seems hard to see the pathway from where we are now to 10% coverage by 2020 and 30% coverage by 2030. While all of the other targets are coverage rates, it might make sense to consider targets for numbers of countries to approve oral PrEP and/or the number of specific projects designed and fully funded to deliver PrEP to key populations.

6. *Serodiscordant couples*

There is no mention in the target document of serodiscordant couples. While it will vary enormously by country, the evidence is incredibly strong for both ARVs for treatment (HPTN 052) and prevention (Partners PrEP), and this would seem like a critical population to create a target for testing, treatment and prevention in couples.

7. *Data and Transparency*

The UNAIDS Global Prevention Target for 2020 will require active monitoring by governments, funders, implementers and civil society to insure progress is being made and setbacks are identified early. The data necessary to allow for this monitoring does not yet exist in the public realm. An August 2014 report from amfAR and AVAC outlined the need for a new approach to tracking data to guide the key decisions that shape the response to the HIV/AIDS epidemic. Critical and expensive decisions made with incomplete data are undermining the response—even as the systems for collecting this data continue to improve, the report found. [Data Watch: Closing a Persistent Gap in the AIDS Response](#) outlines corrective steps to sustain and expand the progress made in the past few years in the AIDS response and lays out key areas where better, more complete data is needed. UNAIDS, in its role as a leader in data collection and dissemination should push to develop greater data accessibility and transparency on the part of all of the actors in the AIDS response.

8. *Voluntary Medical Male Circumcision (VMMC)*

The age range proposed in this target does not align with the most current modeling on impact or on the perhaps more important finding that, with all programs, culture and social factors that facilitate or hinder uptake are as, or more, important as modeling predictions. Many countries have shifted to a lower age bound of 10 years—reflecting the age when many boys are brought in, disproportionate to their presence in the population. A target that doesn't align with the existing modeling and related country plans will be confusing. There also is a need for a target related to sustainability plans, e.g. early infant male circumcision. Each VMMC target

country should have such a plan in place by a specific time point—another key milestone.

9. *Implementing Combination Prevention*

The growing consensus in the field is that a number of newer prevention options and interventions will be critically important to HIV prevention. For greatest prevention effect, interventions need to be combined with other prevention methods to provide a range of options, such as HIV testing, voluntary medical male circumcision, treatment for HIV infected partners, and pre-exposure prophylaxis using antiretroviral (PrEP) among HIV negative individuals. There is a tremendous need for the HIV prevention field to develop an evidence base for moving forward with the most effective and scalable combination prevention. It will be critical as UNAIDS moves forward to develop a framework for countries to implement, monitor and assess the impact of using different prevention options in combination.

10. *Preparing for success, and continuing investments in research and development*

Given that results for both 1% tenofovir gel and dapivirine vaginal ring microbicides are due to be released in 2015, it seems especially important to create a target – pending positive results – that would have the world act swiftly to make accessible, given the immediate benefit these products could have for young women. For example, accelerated access to new prevention options that are shown to be safe and effective might include specific targets for accelerated licensure, manufacturing and supply side variables, rapid guidance on operational research and/or specific demonstration projects designed and fully funded; and convene platforms for rapid introduction. While setting specific coverage targets now for these products would be premature, an explicit statement from UNAIDS that, pending positive results, a suite of well-designed, resourced and implemented demonstration projects should be in the field within 12 months after efficacy results would be a powerful, forward-looking approach to helping young women, especially benefit from scientific advances.

In addition, by creating a target for new product introduction, UNAIDS could help in laying a foundation for more rapid diffusion of future innovations in diagnostics, prevention, treatment, vaccines and cure strategies.

11. *Targets for ongoing research and development*

While it is critical to deliver the prevention and treatment options available today, it seems that a document looking at targets for 2020 and 2030 should also consider the longer-term needs for ongoing research and development of new diagnostics, prevention, treatment, vaccines and cure strategies. A target in this area would not include specific coverage rates, but it could include targets for large-scale efficacy

trials and/or demonstration projects that might reflect the long-term approach to target-setting and implementation across the research-to-rollout continuum. With large efficacy trials being planned to initiate before 2020 for long-acting ARV-based prevention and treatment; various vaccine strategies; passive antibody transfer possibly for prevention, treatment and cure; and other cure-related approaches it seems short-sighted of UNAIDS to create targets that not fully reflect a long-term, end-game strategy.

Thank you again for this opportunity to comment on the draft and to engage in this important work. All of us at AVAC look forward to continued opportunities to work you and your UNAIDS colleagues to amplify civil society perspectives in this target-setting process and to ensure that targets do not simply sit as aspirations but are actually operationalized for impact.

Please do let me know if you have any questions or comments about this letter and attached comments, and/or how we can help move this process forward.

Many thanks and warmest regards,

A handwritten signature in black ink that reads "Mitchell Warren". The signature is written in a cursive, flowing style.

Mitchell Warren
Executive Director
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