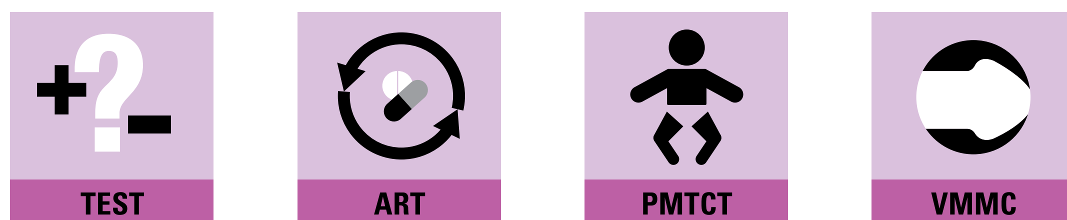
ACHIEVING THE END: One Year and Counting

www.avac.org/report2012

AVAC first printed its Playbook of global goals for ending AIDS in late 2011. These objectives still stand today. But to reach them, we have to get more specific in the short-term. In AVAC Report 2012, *Achieving the End: One Year and Counting* we've identified five priorities for action. These are by no means the only steps that need to be taken in the coming year. It is critical to sustain the full range of 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 obstacle: We must fill the leadership gap. Action on the five priorities 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 guidance 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"

Define and scale-up a core group of high-impact activities.

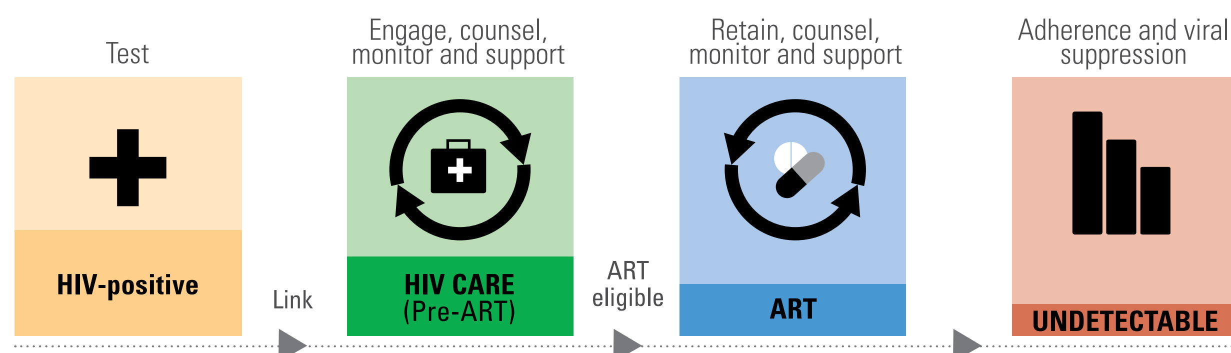


Male and female condoms and targeted prevention for key populations are also key.

Right now, combination prevention is used to mean many different things. Global consensus and leadership is needed to define and implement a core set of high-impact strategies tailored to different contexts. Making tough choices about what we do—and what not to do—is essential.

PRIORITY 2. NARROW THE GAPS IN THE TREATMENT CASCADE

Key strategies for closing gaps in the treatment cascade.



In order to make use of treatment as prevention as a tool for ending the epidemic articulating and funding a retention science agenda that narrows the gaps in the treatment cascade needs to be a priority.

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

20 Million Total Needed

1,535,577 total circumcisions completed (as of March 2012)

In 2013, the World Health Organization is expected to pre-qualify new nonsurgical devices for VMMC. This step paves the way for introduction in key countries. These new devices could help reach global targets in some settings, but only if they are introduced with clear communication and strong preparatory work. This must start now.

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

Population issues
Service delivery issues

MSM; High-risk women; Serodiscordant couples; Young MSM of Color; Transgender women; Provider attitudes; Intergration with ART for HIV +; Adolescents; Adherence support; High- and low-risk women; Cost-effectiveness; Low-risk women; Frequency of testing; Long-term safety; MSM; Risk of resistance; Heterosexual men; Breastfeeding women

It is critical to identify the situations in which the first-generation PrEP strategy can be used with greatest impact. The top priority for PrEP is to define what needs to happen, and where, in order to pave the way for optimal use across a diversity of settings.

PRIORITY 5. SAFEGUARD HIV PREVENTION RESEARCH FUNDING

1.19 Billion

$1.19 billion was spent on HIV prevention research and development in 2011 (the most recent available data). Competing priorities and the tightening of budgets may have a significant effect on funding in the future.