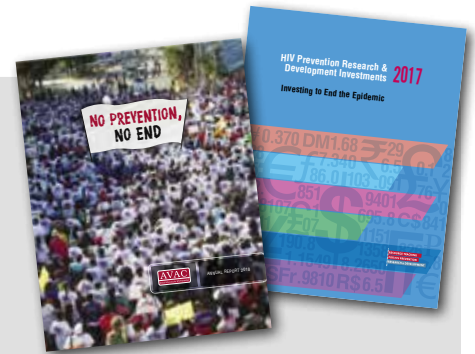


## What to Watch in 2019

As 2018 comes to an end, AVAC is more grateful than we have ever been for the partners we work with: researchers, trial-site staff, program implementers, civil society, activists, advocates, young women, gay men, transgender women, veteran activists and brand-new ones. This year has brought new layers of complexity and, sometimes, controversy to the field of prevention research and implementation. The way forward depends on listening to each other with curiosity and commitment. In that spirit of curiosity, we offer 10 critical questions to explore in 2019.

- 1 Will the NIH Funding Opportunity Announcement (FOA) for the HIV clinical trials networks clearly support research on a range of prevention choices?** Expected in early 2019, the FOA will dictate the shape of the next seven years of prevention research. Many activists and researchers hope that NIH will explicitly state its support for user-controlled, short-acting products like rings, gels, films alongside long-acting, systemic products such as injectable PrEP, implants, vaccines and antibodies.
- 2 Will the ECHO trial results—whatever they are—catalyze expanded access to multiple contraceptive options?** Expected in mid-2019, ECHO results will shed light on whether DMPA (also known as Depo-Provera), the copper IUD or the Jadelle implant impact women's risk of HIV. Whatever the result, women need a range of contraceptive choices offered in programs that also address HIV risk and treatment needs.
- 3 Will daily oral PrEP reach more people through programs that support them to stay on it or switch to other options?** Many countries have ambitious daily oral PrEP targets or programs that reach some segments of the population and not others. Many programs report high rates of discontinuation. Some more-established programs are seeing rising rates of sexually transmitted infections as PrEP, unlike condoms, does not prevent other STIs, and PrEP programs, unlike condom programs, routinely screen for STIs. Will 2019 be a year when early experience is translated into program innovations that are guided by communities and responsive to user needs and

**Don't Miss  
AVAC Report  
2018: No  
Prevention,  
No End and  
HIV Prevention  
Research & Development Investments 2017:  
Investing to end the epidemic.**



Want to learn more about the issues in this year-end update and get energized and informed for the year ahead? Be sure to check out these two signature AVAC publications, filled with infographics, slide-ready images and activist “to-do” lists.

perspectives? And how will anticipated results from the DISCOVER trial of daily oral F/TAF for PrEP among MSM and transgender women impact oral PrEP programs, policies and funding?

- 4 Will condom programming come back as a funded, integrated pillar of prevention?** Every single country with an HIV epidemic should have an up-to-date, funded condom program that is reaching those most at risk with male and female condoms and messages to support correct use. These should be part of PrEP and VMMC programs, sexual and reproductive health services, and youth-friendly and key population-friendly services. Condom social marketing programs have been gutted in recent years. It's time to reverse that trend.
- 5 Will the dapivirine ring find a place in women's prevention purses?** An opinion from the European Medicines Agency (EMA) is expected in the first half of 2019. The EMA opinion will likely guide national drug regulatory agencies, WHO guidance and country-level policy considerations of the dapivirine vaginal ring as an HIV prevention tool. Rings also have the potential to be a multipurpose prevention option. Providing protection against HIV, other STIs and/or pregnancy, the dapivirine ring could help create a platform for future products while preventing HIV infection in women who can use it correctly today.

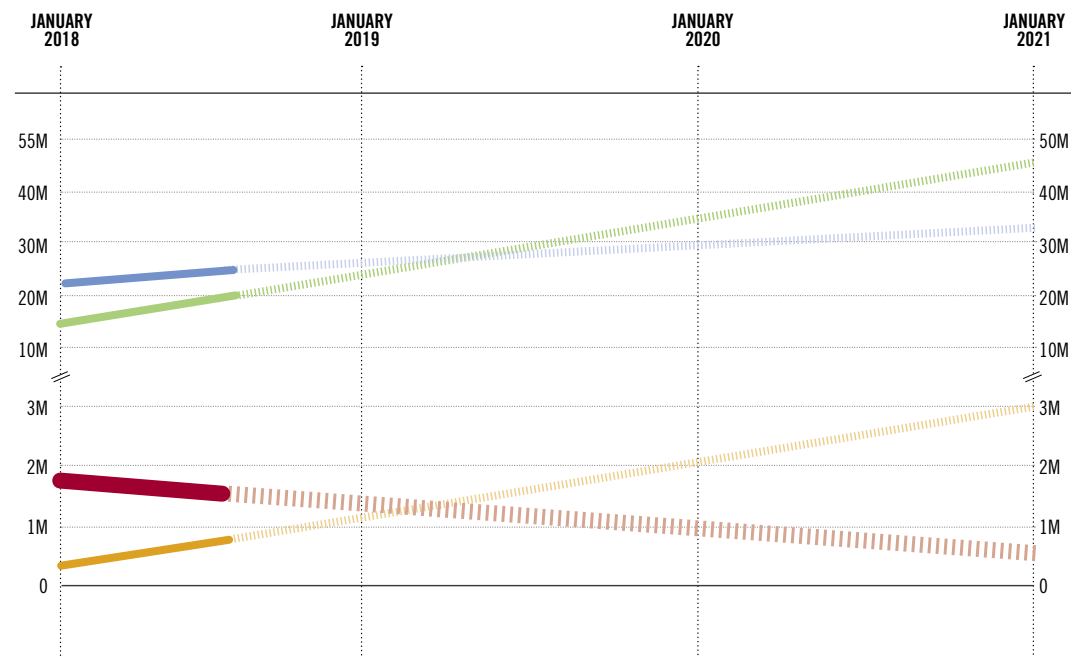
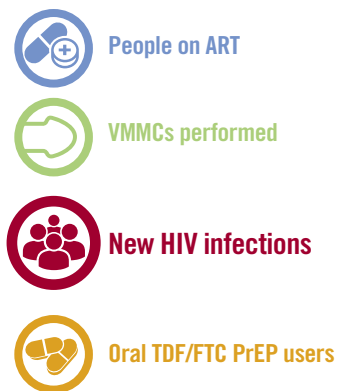
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One problem with HIV prevention agendas is that they either live in an eternal present or in a far-off future. It's "work with what we've got, which is condoms and VMMC and a little bit of PrEP", or it's "nothing can change without an AIDS vaccine". The future depends on using what's available, better and more widely, without ever losing sight of what's in the pipeline. As the figures below

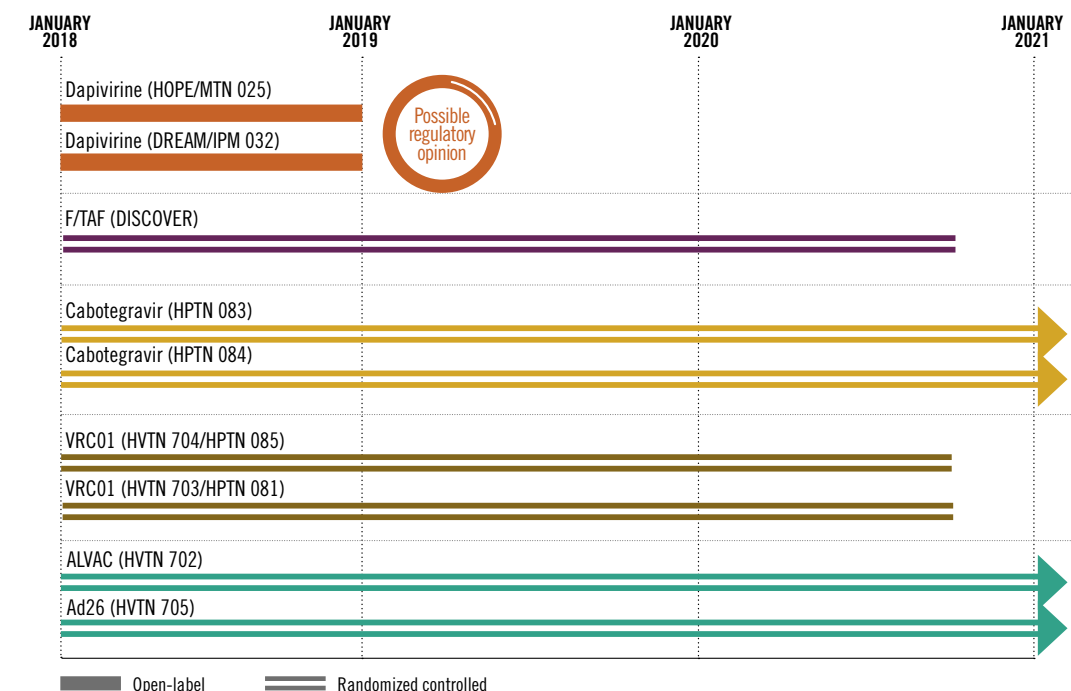
show, in the very same timeframe that the world will miss its critical target for incidence reduction and scale-up of primary prevention, several trials will release results that could change the future. 2020 will be a time of hope and reckoning. But only if the two stories start to be told as one. For more details, check out *AVAC Report 2018: No Prevention, No End* at [www.avac.org/report2018](http://www.avac.org/report2018).

## AGENDA AND PLAN

### Trajectories to fast-track prevention targets: The present state of HIV prevention



### Upcoming efficacy trial results: The future of HIV prevention



## AVAC's "3D" View of the World: 2018 and beyond

### DELIVER

#### Invest in demand creation for primary prevention.

- Country-based stakeholders in government and civil society must insist on funded, evidence-based, well-designed demand creation work as part of all prevention programming.
- Funders and implementers need to establish and share the costs of demand creation for primary prevention interventions, collecting data on what works and why, and addressing the specific human resource needs and costs.

### DEMONSTRATE

#### Champion informed choice.

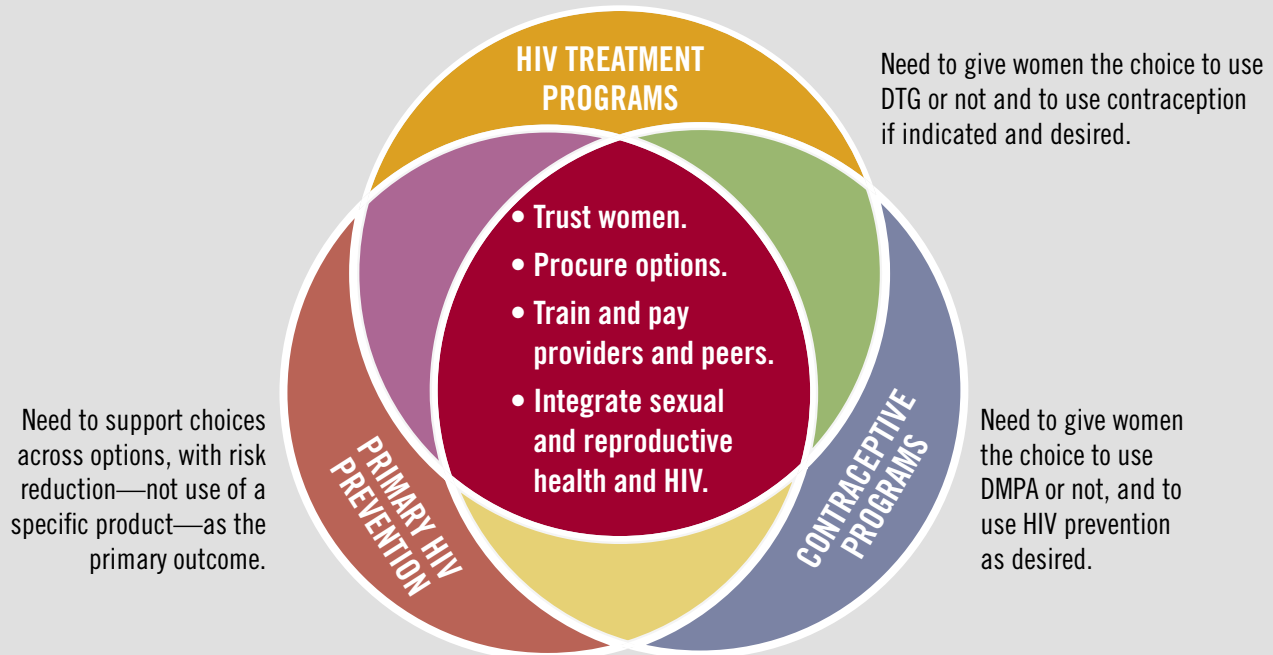
- Leaders in the biomedical prevention field should embrace and advance the idea that success depends on multiple options, and programs that support decision-making.
- UNAIDS, along with WHO HIV and reproductive health programs, should develop—and countries should adopt—an "integration index" that links family planning, HIV prevention and treatment, and informed choice-based programming in a measurable framework.

### DEVELOP

#### Confront the prevention crisis with radical action.

- The GFATM, the Global HIV Prevention Coalition, PEPFAR and country governments should set up accountability measures for a comprehensive primary prevention response, inclusive of human-rights protections and remediation of stigma and discrimination.
- All prevention advocates must keep research in the spotlight. 2020 could bring major good news or a mixed bag. Whatever happens, additional tools are needed, an effective preventive vaccine is still years off, and tireless advocacy is required to keep research a priority, with no decline in funding.

## Putting Women\* at the Center: Informed choice in 2018 and beyond



\* This graphic uses issues of primary relevance to cisgender women and does not reflect diversity within those communities. The principles at the center could be adapted to apply to every category of person affected by HIV, including but not limited to transgender women, gay men and other men who have sex with men, heterosexual men and migrants. We also stand firm in the belief that the needs and issues of cisgender women must be continually and specifically foregrounded as central to any epidemic response.

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**6** *Will bold activism counteract the closing space for human rights defenders, LGBT individuals, refugees, immigrants and other groups?* Human rights plus science equals HIV justice. This was a takeaway from AIDS 2018 in Amsterdam, and it should be the guiding principle for all of our work in the coming year. How are you, in your work, embodying strong solidarity with groups who are persecuted, marginalized and denied a life with dignity?

**7** *Will the percolating pipeline of HIV vaccine products be widely embraced as a critical component of the solution to the prevention crisis?* UNAIDS has recognized a prevention crisis. As the world approaches the 2020 deadline for its Fast-Track targets, there are two ongoing efficacy trials of different vaccine strategies, HVTN 702 and HVTN 705/HPX2008, along with a range of pre-clinical and early clinical vaccine trials planned or underway. Keeping vaccines “in the picture” and part of the solution to the prevention crisis is key.

**8** *Will the country roadmaps developed by members of the Global Prevention Coalition be funded and implemented?* There are good plans and tracking tools

in many countries but little money or accountability for implementation. Will this change in 2019?

**9** *Will the funders and implementers of today’s efficacy trials use Good Participatory Practice guidelines to prepare for results and inform dissemination plans?* Several trials are approaching the time for results dissemination. These plans need to start well before the expected data release date; GPP provides a roadmap for real engagement.

**10** *Will human-centered design prove its value and be widely adopted as an essential element in primary prevention programs?* It’s clear that one-size-fits-all primary prevention messages don’t fit anyone all that well. But the alternative—programs designed on the basis of intensive engagement with the potential users, resulting in “human-centered” efforts—can be costly and aren’t guaranteed to fix all problems. Nevertheless, they’re the best shot right now. Will 2019 reflect that?

## 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](http://www.avac.org/signup).