

AVAC's Take

A lot happened in New York City in the last 10 days of September—so much, that we're still absorbing it more than a month later. The Pope visited and the city's finest hotels filled with heads of state gathering for the UN General Assembly. On a glittering boat circling the island of Manhattan, the irreplaceable International Gay and Lesbian Human Rights Coalition celebrated victories and 25 years of tireless struggle, and girded for future work with a new name, Outright International.

Oh yes, and somewhere in there, there was some news about AIDS, wasn't there?

Indeed there was. In quick succession, the US government and the World Health Organization made announcements that will, ideally, have a profound effect on the course of the epidemic. US President Barack Obama announced new targets for the PEPFAR program on September 27, and then on September 30 the WHO released a new "early-release guideline", which recommended immediate antiretroviral treatment (ART) for all people living with HIV and PrEP for all people at substantial risk of HIV.

And all of this happened in the context of the UN General Assembly focused on Sustainable Development Goals (SDGs), which map objectives out to 2030.

Those September developments aren't all that we're paying attention to. In mid-October, UNAIDS issued long-awaited "Fast-Track" targets for VMMC, PrEP, rights-based interventions, prevention for key populations—and more. These targets complement the 90-90-90 goals focused on ART for people living with HIV.

Here at AVAC, we know all too well that New York City isn't the center of the world. But for that week or so in September it felt like everything that defines our work had converged in the Big Apple: pageantry, prayers, press attention and, as always, activists who understand that celebration is the best way to prepare for what comes next.

And that, indeed, is the question: what comes next?

In this issue of *Px Wire*, we try to answer that question.

—AVAC

Data Dispatch

► *Targets, guidelines and the implementation-financing "box-step"*

With back-to-back announcements from the WHO, PEPFAR and UNAIDS, it's fair to ask: Which matters the most and why? The answer is: They all do, but for different reasons. The PEPFAR announcement fills a gap that US-based advocates have noted for some time—an absence of overarching goals for the program. (For an extensive look at AVAC's take on why targets matter, check out *AVAC Report 2014/5: Prevention on the Line* at www.avac.org/report2014-15.) In the absence of goals, there's no way to measure progress, to forecast the future, or to make sound financial investments. President Obama's announcement begins to fill that gap.

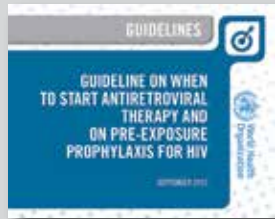
The UNAIDS targets released in October also fill a key gap in that they rebalance the global conversation around what is needed to begin to end the epidemic. UNAIDS calls for three million individuals on PrEP annually—and for VMMC the target is 27 million additional procedures by 2020. Before these targets existed it appeared that the ART-focused 90-90-90 goals were sufficient to bring the epidemic to an end. This wasn't accurate, and the new UNAIDS targets are a key step to correcting the global course.

Importantly, a target from a funder like PEPFAR is tied to money. The UNAIDS targets aren't. Nor, of course, are WHO guidelines or SDG goals. But they do provide a greenlight for countries to make their own ambitious plans. And they are important tools for enforcing accountability, a major theme of the SDGs.

Entities that issue bold targets must be held accountable for quantifying and mobilizing resource gaps. PEPFAR funds part of the global AIDS response but, with its new focus on specific geographic regions within countries, it can't be said to work across an entire country, let alone the world. So in every country, including ones with PEPFAR funding, there is a question of whether there are adequate resources. Without a guideline, the "ask" for resources isn't possible, but without the resources, the guideline isn't very relevant at all.

The ideal scenario is one where normative guidelines, implementer targets, country programs and resources all align.

The New Context for HIV Prevention: Is the world on target?



WHO guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV (Sept 2015)



PEPFAR HIV Prevention and Treatment Targets (Sept 2015)



UNAIDS Strategy for 2016-2021 (Oct 2015)

With recent announcements from the WHO, PEPFAR and UNAIDS, there's much to celebrate. Global leadership now recognizes the need for universal access to ART, while also putting PrEP, VMMC and combination prevention at the core of a comprehensive response. But these targets also highlight current challenges. The coverage gap for ART is wider, and recognition of VMMC comes at a time when scale-up is slowing down. There's no road map for rolling out PrEP. For AVAC's take on how the situation for key activities stacks up against a checklist of "must-have" metrics, see below.

Anatomy of a Target

Targets get met when a number of elements come together. Effective targets that have impact are:

Resourced



Targets without sufficient resources are empty promises.

Audacious



The best goals redefine possible.

Achievable



Effective targets reflect evidence and experience.

Measurable



Quantification is key.

Accountable



Setting a target means taking responsibility.

Political Support



Country-level support is key.

Collective Priority



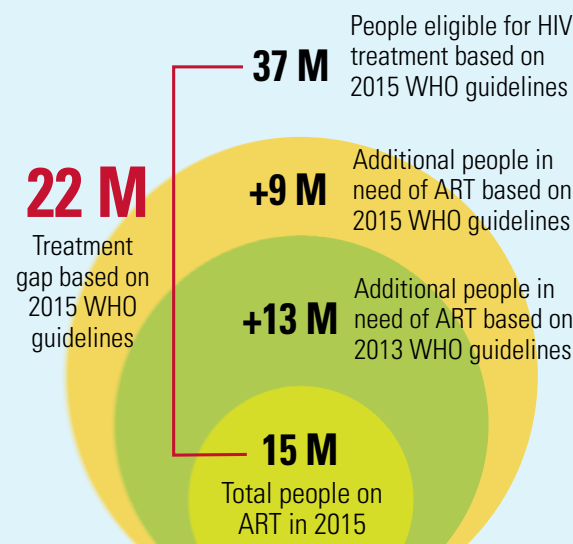
No one can set targets on their own.

Plan For Success



Plan for success, so that valuable time isn't wasted.

TREATMENT

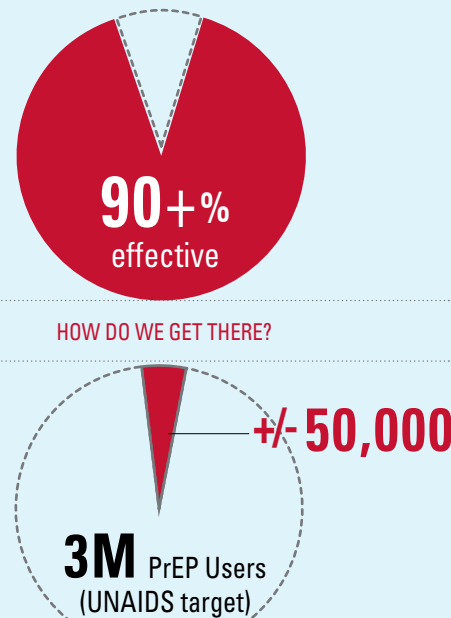


- **UNAIDS target (7/2014):** 90 percent of people living with HIV know diagnosis, 90 percent of those are on ART, 90 percent of those are virologically suppressed by 2020.
- **WHO guidance (9/2015):** Immediate offer of ART to all people living with HIV.
- **PEPFAR target (9/2015):** 12.9 million people supported on treatment by the end of 2017.

ART has political support, audacious goals and huge potential. But "test and start" is a whole new strategy. There isn't a clear plan for how to deliver, or accountability if the plan fails.



PrEP



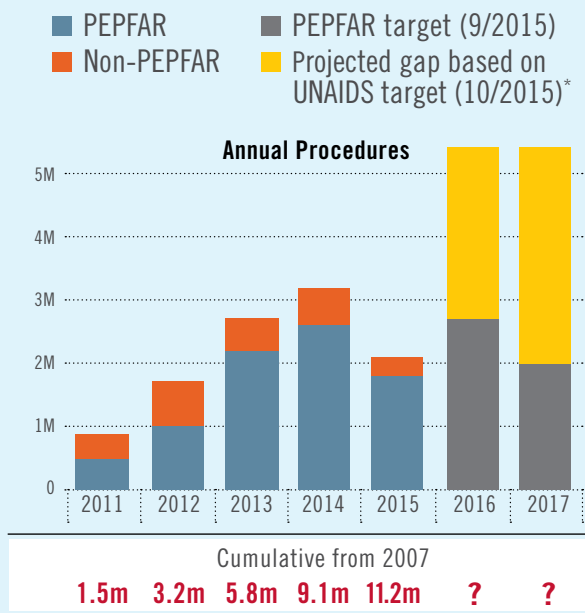
HOW DO WE GET THERE?

- **WHO guidance (9/2015):** Offer of PrEP as a prevention option to all people at substantial risk of acquiring HIV.
- **PEPFAR target (9/2015):** No global PrEP target but included in some DREAMS plans.
- **UNAIDS target (10/2015):** Three million high-need people on PrEP annually.

With one global guideline and one country with regulatory approval, the global response is at square one when it comes to meeting the audacious UNAIDS target.



VMMC



*Illustrative only—assumes five equal years to reach 27m UNAIDS target

- **PEPFAR target (9/2015):** 11 million cumulative circumcisions by end of 2016, and 13 million by end of 2017.
- **UNAIDS target (10/2015):** Additional 27 million procedures by 2020.

The UNAIDS target is audacious and highly measurable. If the world goes at top speed it may even be achievable. But in 2017, PEPFAR's numbers will fall; who will fill the gap?



YOUNG WOMEN AND GIRLS

380,000 adolescent girls and young women are infected each year, accounting for nearly **20%** of new infections.

- Determined**
- Resilient**
- Empowered**
- AIDS-free**
- Mentored**
- Safe**

- **PEPFAR target (9/2015):** 25 percent reduction in HIV acquisition by 2016, 40 percent by 2017.
- **UNAIDS target (10/2015):** 90 percent of women and girls live free from gender-based violence and inequality by 2020.

DREAMS is an initiative from PEPFAR, the Gates Foundation and the Nike Foundation to reduce HIV acquisition in young women and adolescent girls and brings a welcome focus on their sexual and reproductive health needs. But plans shared to date don't show consistent innovation, and it's unclear how progress will be measured.



> Continued from front

▶ **A greenlight for PrEP**

Until mid-October, much of the world was in a PrEP holding pattern. The WHO hadn't endorsed widespread use, and UNAIDS had published documents in anticipation of upcoming guidance but had not issued any targets for PrEP, or any other non-ART strategy for that matter. Now, everything has changed—at least at the global level. Both WHO and UNAIDS have shown leadership in recognizing the role of a tool that can be key, particularly for individuals who can't always negotiate condom use. The question now is: Will countries take action by developing PrEP introduction plans and building funding for it into government budgets, GFATM proposals and PEPFAR plans? For now, it's unclear. The good news is that many stakeholders are ready to expand ongoing advocacy for national action to ensure that every country invests in exploring an option that has the potential to prevent many new cases of HIV. Want to know what's next in the access roadmap in your country? Visit our revamped PrEP Watch website (details in box at right).

▶ **Tailor advocacy to the target**

It's critical for there to be guidance, resources and targets. Even better is a situation in which it's clear how to reach the target. The honest truth is that, with the exception of the VMMC target, it's unclear how to reach any of the new PEPFAR targets. ART is a familiar intervention. But in most parts of the world, programs have not been designed to offer, initiate and support treatment in healthy people.

The new DREAMS initiative led by PEPFAR calls for a 40 percent reduction in new HIV acquisition, by 2017, in young women aged 15-24 in 10 focus countries. This focus and ambition is exciting. But success depends on a clear-eyed approach. It's not clear how to achieve this target or even how to measure impact in such a short timeframe. There's a high probability that more will be achieved in a failed attempt to reach this target than ever would have been accomplished without it. But it's important for advocates to both inform and monitor how DREAMS countries add clarity and evidence to their plans.

Back to those VMMC targets. PEPFAR's peak performance was 2.8 million in a single year. It won't be close to that in 2017. PEPFAR doesn't need to, and indeed shouldn't, pay for the pursuit of global VMMC targets on its own. UNAIDS has called for a total of 27 million additional procedures by 2020. This works out to more than five million procedures per year—two million more than have ever been performed. AVAC welcomes ambitious goals—as long as global leadership is also shown in resource mobilization.

The Global Fund should ensure that country concept notes fill the space. And PEPFAR and UNAIDS should become vocal, determined VMMC resource-mobilization advocates in country and global forums.

▶ **Time for a new prevention architecture**

We hope the foregoing points sound pragmatic, not pessimistic. Because the good news about the WHO guideline and the new PEPFAR and UNAIDS targets is that they really do put prevention at the center of the AIDS response. And it's time for the global and country-level architecture of budgeting, planning and monitoring to follow suit. ART for people living with HIV has a clinical benefit for the individual and, if it results in virologic suppression, it is potent prevention. Since ART has historically been budgeted separately from prevention (and since PMTCT has historically been included in prevention) it's going to be hard, if not impossible, to track impact and create comprehensive prevention plans without an integrated approach. This approach could gather viral load data and calculate the prevention impact (related to virologic suppression) of treatment spending, and then link this information to prevention spending in a conversation and planning process that also looks at VMMC, PrEP and strong testing linkages—at the same time.

It hasn't been done before, but that doesn't mean it's impossible. The treatment and prevention gaps actually widen with these guidelines and beg huge implementation challenges, to put it mildly. But the scientific evidence and now these targets and normative guidance should push us all to talk about how to realign the resources we have, even while we advocate for more.



Visit our redesigned website, www.prepwatch.org—a clearinghouse for PrEP data, additional research, cost, access and advocacy efforts across the globe.

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.

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