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MAKING AIDS HISTORY

AVAC
Global Advocacy for HIV Prevention

An Action Agenda to End AIDS

Critical Actions from 2012-2016 to Begin to End the HIV/AIDS Pandemic

JULY 2012

Over the last year, the conversation about the AIDS epidemic has dramatically changed. We're now beginning to talk about how to end it. The hope stems from research breakthroughs as well as an accumulation of evidence on the potential impact of "combination prevention," which the US government has defined as including voluntary medical male circumcision, the use of ART treatment in HIV-positive people to reduce risk of transmission prevention of pediatric infections and HIV testing.

To begin to end the epidemic, we need to be strategic and ambitious in using what is available today. There is evidence on the impact some of these core strategies can have when combined with other interventions. And there is modeling that shows that these strategies, taken to scale and with attention to key populations, will reduce deaths, new infections and the price tag for the AIDS epidemic over the long term.

So there is agreement that the world can begin to end the epidemic. But there is an open and urgent question as to ***how?***

This report lays out a plan for beginning to end the AIDS epidemic. It includes clear time-bound outcome targets, as well as the responsibilities of different stakeholders to achieve these targets.

This plan focuses on scaling up a limited number of core interventions that will have the greatest impact and offer the greatest value in epidemics driven by sexual transmission. We emphasize, too, that comprehensive harm reduction, decriminalization and human rights protections must be combined to effectively address the epidemics among injection drug users, men who have sex with men (MSM) and sex workers around the world. Failure to implement these strategies at scale remains a major missed opportunity of HIV prevention to date.

As the concept of combination prevention takes hold, there will inevitably be debates about which interventions to prioritize. We believe the test should be to identify the cost-effective approaches that will best reduce HIV incidence and AIDS-related morbidity and mortality. Thirty years into the epidemic, we cannot afford—literally—to choose any other criteria for prioritizing our efforts. Available evidence indicates that the following core interventions meet this test and deserve to serve as the backbone of efforts to begin to end the epidemic: :

- **HIV Testing**—to dramatically increase the number of HIV-positive and -negative individuals who know their status early and access needed services.
- **HIV Treatment**—to move to global implementation of ART guidelines that optimize treatment and prevention benefits.
- **Voluntary Medical Male Circumcision**—to achieve 80 percent coverage among adult males (ages 15-49) in 14 priority countries.
- **Prevention of Vertical Transmission**—to virtually eliminate new infections in children by 2015.
- **Focused, Evidence-Based Prevention Programs for Key Populations**—to ensure that drivers of the epidemic are addressed.

To end the epidemic, we cannot do everything in every setting. Nor can we look to limited AIDS funding to address all the many ills that undermine health and development. Core interventions should be complemented, where indicated by local circumstances, by other strategies, such as condom promotion, harm reduction, behavior change strategies, demonstration projects for pre-exposure prophylaxis and programs to address underlying determinants of HIV risk. There are multiple agendas focused on protecting human rights, addressing structural drivers, rights and health of injection drug users, gay men and other men who have sex with men, sex workers and other key populations, and advancing reproductive health rights and justice. These and many others are not captured explicitly in this document. They underpin it nonetheless.

At this historic moment, all stakeholders need to commit to a common goal. We must focus and hold ourselves accountable. And while working to deliver core interventions to broad scale, let our actions and investments continue to support the search for a preventive vaccine and a cure for HIV/AIDS, which will make permanent the favorable changes that strategic action in the next five years will generate.

"America's combination prevention strategy focuses on a set of interventions that have been proven most effective — ending mother-to-child transmission, expanding voluntary medical male circumcision, and scaling up treatment for people living with HIV/AIDS. Now of course, interventions like these can't be successful in isolation. They work best when combined with condoms, counseling and testing, and other effective prevention interventions. And they rely on strong systems and personnel, including trained community health workers. They depend on institutional and social changes like ending stigma; reducing discrimination against women and girls; stopping gender-based violence and exploitation, which continue to put women and girls at higher risk of HIV infection; and repealing laws that make people criminals simply because of their sexual orientation."

— US Secretary of State Hillary Clinton
November 8, 2011

If we do this…

- **Make hard choices by prioritizing rapid and comprehensive scale-up of core interventions along with specific, rights-based approaches to reach populations at greatest risk.**
- **Mobilize sufficient, sustainable resources to ensure the rapid and comprehensive scale-up of core interventions.**
- **Agree on clear roles and responsibilities and hold one another accountable for results through agreed timelines, target outcomes, transparent reporting and real-time assessment of results.**
- **Build the evidence base to end AIDS by prioritizing implementation research and the search for a preventive vaccine and a cure.**
- **Use every resource as effectively as possible by lowering the unit costs of core interventions, improving program management and strategically targeting services.**

We can achieve this…

2012	2013	2014	2015
9 million people on ART	At least 11 million people on ART	At least 13 million people on ART	At least 15 million people on ART
No more than 1.9 million new HIV infections	No more than 1.3 million new HIV infections – ***a tipping point, as the number of new ART slots surpasses the number of new infections for the first time***		No more than 1.0 million new HIV infections worldwide
No more than 280,000 new infections in children and 65% PMTCT coverage	No more than 200,000 new infections in children and 75% PMTCT coverage	No more than 100,000 new infections in children and 85% PMTCT coverage	At least 90% PMTCT coverage
No more than 1.6 million AIDS deaths and 20% fewer TB deaths than in 2010	No more than 1.5 million AIDS deaths and 30% fewer TB deaths than in 2010	No more than 1.4 million AIDS deaths and 40% fewer TB deaths than in 2010	No more than 1.2 million AIDS deaths and 50% fewer TB deaths than in 2010
At least 4.7 million voluntary medical male circumcisions (VMMC) supported by PEPFAR		At least 60% coverage of VMMC in 14 priority countries	80% coverage of VMMC in priority countries is within immediate reach
20% of African countries achieve Abuja Declaration	40% of African countries achieve Abuja Declaration	60% of African countries achieve Abuja Declaration	100% of African countries achieve Abuja Declaration
At least 10 countries pledge to increase funding to Global Fund	At least $18 billion available for HIV programs, with at least 10 additional countries pledging to increase funding to Global Fund	At least $20 billion available for HIV programs	At least $24 billion available for HIV programs, including $4.7 billion from the domestic public sector in sub-Saharan Africa

ENDING AIDS: Game changers

YESTERDAY

POLICY DECISIONS

ABUJA DECLARATION
African Union countries pledge to spend **15%** of budgets on health

GLOBAL FUND
for AIDS, Tuberculosis & Malaria formed

PEPFAR
Launch of President's Emergency Fund for AIDS Relief

CHAI
Clinton Health Access Initiative negotiates affordable prices for generic ARVs

WHO 3 BY 5 INITIATIVE
Launches as a global target to provide 3 million people living with HIV/AIDS in low- and middle-income countries with treatment by the end of 2005

CONSENSUS
on access to ART for all

BOTSWANA NATIONAL ART PROGRAM
national policy aims to provide access to ART for all

NEW INVESTMENTS
in HIV prevention research & development yield results throughout decade

SCIENCE

VOLUNTARY MEDICAL MALE CIRCUMCISION
60% reduction in risk of HIV

NEW WHO ART GUIDELINES
Earlier initiation of ART, starting at CD4 count of 350, up from 200

SOUTH AFRICA AIDS RESPONSE SCALE-UP
government scales up provision of ART

MICROBICIDES
first proof of concept

HIV VACCINE
first proof of concept

PRE-EXPOSURE PROPHYLAXIS
multiple trials show safety and efficacy

SPENDING

$1.4 B | $1.6 B | $3.2 B | $5 B | $6.1 B | $8.3 B | $10 B | $11.3 B | $13.7 B | $14 B | $15 B | $16 B

2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012

TOMORROW

POLICY DECISIONS

CONTINUED FUNDING OF PEPFAR
and full implementation of "AIDS-Free Generation" strategy

GLOBAL FUND RESTORED TO FINANCIAL HEALTH
international donors replenish Global Fund

80% of developing countries prioritize scale-up of core interventions

INCREASED INVESTMENTS IN RESEARCH
for cure, vaccine and implementation science

HUMAN RIGHTS
50% fewer countries criminalize same sex behavior

HARM REDUCTION
Implemented in 75% of countries

VMMC
All 14 priority countries on track to achieve 80 percent VMMC coverage in men ages 15-49 in the near future

IMPLEMENT TREATMENT BASED ON EVIDENCE
Majority of high-prevalence countries adopt ART guidelines that optimize prevention and clinical benefits

TESTING
50% increase in percentage of populations of HIV-endemic countries that are aware of HIV status and durably linked to high-quality prevention and/or treatment

EFFICIENT, EFFECTIVE SERVICE DELIVERY
Innovative service provision reduces to 10% or less the loss-to-follow-up at every stage (testing, referral, retention) of treatment/prevention "cascade"

COMBINATION PREVENTION
Data from impact evaluations sharpens country decision-making and plans

TREATMENT AS PREVENTION
National serosurveys and impact evaluations show declining incidence linked to treatment scale-up

CURE AND VACCINE
discovered

SCIENCE

TREATMENT AS PREVENTION
HPTN 052 shows 96% reduction transmission

ABUJA DECLARATION TARGETS MET
Abuja Declaration achieved, yielding an additional $5 billion annually for AIDS

SPENDING

20% | 40% | 60% | 100%

$17 B | $18 B | $20 B | $24 B | $20 B

2013 | 2014 | 2015 | and beyond...

Use every dollar of funding as effectively as possible
Build the evidence base to end AIDS
Agree on clear roles and responsibilities and hold one another accountable for results
Mobilize sufficient, sustainable resources
Make hard choices

END

BY THE NUMBERS (millions)

- New HIV infections
- Deaths from AIDS-related causes
- Annual growth in the number of available treatment slots
- Total people on ART

7% | 28% | 42% | 47% | 60% | 73% | 86% | 95% — ART COVERAGE

1.5 M | 4.7 M | 15 M | 20 M — VMMC COVERAGE

$$$$$$ | $$$$$ | $$$$ | $$$ | $$ | $ — ART COST/YEAR

TIPPING POINT
Rate of ART treatment scale-up outpaces HIV incidence—proving global capacity to treat all in need

Projected outcomes are estimated based on epidemiological and impact modeling from a range of sources. For more information and sources and for the most up-to-date version of this graphic as progress is tracked over time please visit *www.endingaids.org*

BEGINNING TO END THE AIDS EPIDEMIC: An Action Agenda 2012-2016

Make hard choices by prioritizing the rapid and comprehensive scale-up of core interventions, along with specific, rights-based approaches to reach populations at greatest risk.

2012

- **National governments** expedite planning for and implementation of strategic scale-up of core interventions, with focus on bringing combination prevention to scale, and initiate processes to monitor milestones
- **National governments**, supported by international donors and technical agencies, commit to end waiting lists for core interventions
- **National governments**, **GFATM** and **PEPFAR** coordinate national funding commitments for 2013 with core interventions and UNAIDS Investment Framework goals
- **UNAIDS** and **WHO** initiate comprehensive revamping of regional and country offices to intensify focus on assisting countries in implementing Investment Framework approach
- **WHO** initiates expedited process for generating guidelines on optimizing ART and other prevention interventions

2013

- All **national governments** take demonstrable steps to implement combination prevention focused on core interventions
- 80% of **national governments** improve alignment of spending in order to scale up core interventions as dictated by epidemic profile including needs of key populations
- All **national governments** (with the support of international donors and technical agencies) conduct epidemic profiles

2014

- All **national governments** have defined combination prevention rollout plans focused on core interventions for their local epidemic
- 90% of **national governments** improve alignment of spending in order to scale up core interventions as dictated by epidemic profile including key populations

2015

- 100% of **national governments** improve alignment of spending to scale up core interventions consistent with epidemic profile including key populations

Mobilize sufficient, sustainable resources to ensure the rapid and comprehensive scale-up of core interventions.

2012

- **Forge global consensus** that spending now will save funds over the long run
- **International donors** develop cost estimate for beginning to end AIDS
- **U.S. Congress** approves $1.65 billion in Global Fund support for fiscal year 2013 including maintaining PEPFAR funding at fiscal year 2012 level; five other donor countries announce increased funding as well
- **International donors** replenish Global Fund, commensurate with documented resource needs for scaling up core interventions
- **PEPFAR** ensures available funds align with its own modeling on impact ofprevention of pediatric infection, VMMC and ART initiation; makes strategic combination prevention cornerstone of Country Operating Plans
- **Global Fund** announces new funding round implementing Fund's enhanced strategic approach
- **National governments** commit to increase domestic HIV resources in line with national resources and HIV burden

2013

- **World Bank** launches new funding initiative to support strategic national programs
- **Global Fund** launches new funding round
- **International stakeholders** agree to create innovative self-renewing global finance mechanism (e.g., new tax or other mechanism) with proceeds earmarked for global health and development assistance
- **International donors** maintain funding commitments

2014

- **Global Fund** launches new funding round
- **International donors** maintain funding commitments
- 60% of **national governments** increase their AIDS spending per 2012-2013 commitments

2015

- **Global Fund** launches new funding round
- **International stakeholders** allocate at least 10% of proceeds from innovative global finance mechanism to efforts to end AIDS
- 80% of **national governments** increase their AIDS spending per 2012-2013 commitments

Agree on clear roles and responsibilities and hold one another accountable for results through agreed timelines, target outcomes, transparent reporting and real-time assessment of results.

2012

- **UN agencies** and **national governments** agree to include additional 50% reduction in HIV incidence in new round of MDGs
- **Global civil society** establishes a comprehensive accountability system to track investments and outcomes
- **WHO** and **UNAIDS** collaborate with **PEPFAR**, the **Global Fund**, and **national governments** to implement real-time results monitoring system (to avoid 12-month lag in reporting service coverage and other results)

2013

- **National governments** commit to undertake biennial review of national programs (with support and participation of international technical agencies)
- **PEPFAR** establishes new target of reaching 10 million people with ART by 2015
- **Global civil society** reports regularly on results, issues and new challenges
- **National governments** (with support of **international donors** and **technical agencies**) begin using HIV incidence assay to evaluate national programs

2014

- **National governments**, **international donors** use impact on incidence to help guide decision-making on and possible reallocation of funds for HIV programming

2015

- **Member States** adopt new political declaration on HIV/AIDS that expressly calls for ending the epidemic and identifies time-bound targets to achieve this goal
- **Member States** formally adopt new round of MDGs that calls for additional 50% reduction in HIV incidence

Build the evidence base to end AIDS by prioritizing implementation research and the search for a preventive vaccine and a cure.

2012

- **National governments** shorten timelines to introduce emerging, evidence-based strategies (e.g., ART as prevention, PrEP)
- **National governments** identify operational research and/or modeling questions of greatest relevance and collaborate with researchers to initiate studies to obtain answers
- **Research agencies** and **private industry** increase investments in R&D toward a preventive vaccine and a cure
- **Research agencies** validate incidence assay for use in evaluating HIV programs

2013

- **Researchers** share first evidence of combination prevention impact studies to help set cross-checking with goals at national and international levels
- **Researchers** and **program implementers** validate point-of-care CD4 diagnostics

2014

- **Multilateral agencies**, **national governments** and **research agencies** develop models that use advances from 2012-2013 to recalibrate needs and expectations to accelerate progress toward ending AIDS
- **Researchers** analyze and disseminate final results from HPTN 052 results, and **technical agencies** swiftly translate findings into actionable guidance to strengthen programs

2015

- **Researchers** and **technical agencies** use accumulated data to develop more specific definition of combination prevention packages with optimum impact in different epidemic settings
- **Researchers** launch comprehensive operational research agenda for introduction of 1% tenofovir gel for rectal and vaginal use—as appropriate—looking ahead to introduction of ARV-containing rings
- **Technical agencies** use data from START trial and other evidence to provide refined, clear information about optimal time for initiating ART for individual clinical benefit
- **Researchers** on track for 2016 launch of vaccine trials to confirm and expand on the Thai RV144 "prime boost" trial (with comprehensive stakeholder engagement buy-in)

Use every resource as effectively as possible by lowering the unit costs of core interventions, improving program management, and strategically targeting services.

2012

- **Donor governments** agree to forego new trade agreements that interfere with ability to lower drug costs
- **Implementers** and **donors** coordinate to define efficiency gains needed to make further scale-up affordable

2013

- **Donors**, **national governments** and **international technical agencies** collaborate to roll out new expanded, high-efficiency VMMC programs, including non-surgical devices and task shifting where indicated

2014

- **International stakeholders** agree on international trade policies that allow widespread production of and access to generic versions of lifesaving medications and commodities in low-and middle-income countries

2015

- **Operational researchers** and **program implementers** have fully implemented program management strategies and efficiency-promoting methods to ensure comparable unit costs among countries with similar epidemic and economic profiles

RESULTS

2012

- 9 million people on ART
- No more than 1.9 million new HIV infections
- No more than 280,000 new infections in children and 65% PMTCT coverage
- 20% of African countries achieve Abuja Declaration
- At least 10 countries pledge to increase funding to Global Fund
- 40% of people with TB and HIV receive ART
- No more than 1.6 million AIDS deaths and 20% fewer TB deaths than in 2010

2013

- 11 million people on ART
- No more than 1.6 million new HIV infections
- No more than 200,000 new infections in children and 75% PMTCT coverage
- 40% of African countries achieve Abuja Declaration
- At least 4.7 million voluntary medical male circumcisions (VMMC) in 2012 and 2013 supported by PEPFAR
- At least $18 billion available for HIV programs, with at least 10 additional countries pledging to increase funding to Global Fund
- 60% of people with TB and HIV receive ART
- No more than 1.5 million AIDS deaths and 30% fewer TB deaths than in 2010

2014

- At least 13 million people on ART
- No more than 1.3 million new HIV infections – a tipping point, as the number of new ART slots surpasses the number of new infections for the first time
- No more than 100,000 new infections in children and 85% PMTCT coverage
- 60% of African countries achieve Abuja Declaration
- At least 60% coverage of VMMC
- At least $20 billion available for HIV programs
- 80% of people with TB and HIV receive ART
- No more than 1.4 million AIDS deaths and 40% fewer TB deaths than in 2010

2015

- At least 15 million people on ART
- No more than 1.0 million new HIV infections worldwide
- 90% PMTCT coverage and virtual elimination of pediatric infection
- 80% coverage of male VMMC in priority countries (i.e., at least 20 million adult men circumcised for HIV prevention over 5 years)
- At least $24 billion available for HIV programs, including $4.7 billion from the domestic public sector in sub-Saharan Africa
- 100% of African countries achieve Abuja Declaration
- 90% of people with TB and HIV receive ART
- No more than 1.2 million AIDS deaths and 50% fewer TB deaths than in 2010

2000

- Durban International AIDS Conference generates new energy to expand ART in developing countries
- UN Security Council declares HIV a security threat
- Millennium Development Goals call for action to halt and begin to reverse HIV by 2015
- Five major pharmaceuticals companies agree to lower prices for AIDS drugs

RESULTS

- More than 3 million new infections
- More than 1.5 million AIDS deaths
- About 200,000 on ART
- $1.4 billion available for AIDS

2001

- UN General Assembly Special Session on HIV/AIDS (UNGASS) results in unanimous agreement on targets in the global response
- Doha agreement formally permits developing countries to use generic drugs and other trade flexibilities to address AIDS and other health crises
- Generic drug manufacturers commit to produce low-cost drugs

RESULTS

- About 3.1 million new infections
- 1.7 million AIDS deaths
- About 200,000 on ART
- $1.6 billion available for AIDS

2002

- The Global Fund launched and issues first grants
- Botswana becomes first African country to provide free ARVs through the public sector

RESULTS

- About 3.1 million new infections
- 1.8 million AIDS deaths
- About 300,000 on ART
- $3.2 billion available for AIDS

2003

- U.S. President George W. Bush creates PEPFAR
- WHO launches "3 by 5" initiative, with the goal of providing ART to at least 3 million people by December 2005
- Clinton Foundation secures major reductions in prices of ARVs

RESULTS

- About 3 million new HIV infections
- More than 2 million AIDS deaths
- About 400,000 on ART (7% coverage)
- $5.0 billion available for AIDS

2004

- U.S. launches expedited review for fixed-dose ART combinations for use by PEPFAR
- PEPFAR launches first round of funding
- More AIDS deaths (2+ million) occur than in any prior year
- HIV prevalence in Uganda is observed to have dropped 70% in 10 years

RESULTS

- Fewer than 3 million new infections for first time since 1993
- More than 2 million AIDS deaths
- 700,000 on ART (12% coverage)
- 10% PMTCT coverage
- $6.1 billion available for AIDS

2005

- First FDA approval of a generic ARV
- First clinical trial finds that voluntary medical male circumcision (VMMC) provides significant protection against female-to-male HIV transmission
- G8 countries commit to new debt relief measures and substantial increase in aid to Africa

RESULTS

- About 2.9 million new infections
- AIDS deaths peak at 2.2 million
- 1.3 million on ART (20% coverage)
- 12% PMTCT coverage
- $8.3 billion available for AIDS

2006

- Global community endorses universal access to HIV prevention, treatment, care and support
- Product (RED) launched
- U.S. CDC recommends routine testing for all adults
- VMMC shown to be effective in two additional clinical trials

RESULTS

- About 2.9 million new infections
- Slightly less than 2.2 million AIDS deaths
- 2.0 million people on ART (28% coverage)
- 15% PMTCT coverage
- $10.0 billion available for AIDS

2007

- WHO formally recommends scale-up of VMMC for HIV prevention
- WHO issues guidance recommending provider-initiated HIV testing
- Botswana's vertical transmission rate drops to 4%

RESULTS

- About 2.8 million new infections
- 2.0 million AIDS deaths
- 3.0 million people on ART (33% ART coverage)
- 33% PMTCT coverage
- $11.3 billion available for AIDS

2008

- Coverage of services to prevent vertical transmission exceeds 40% for the first time
- PEPFAR is reauthorized at $48 billion

RESULTS

- 2.7 million new infections
- 2.0 million AIDS deaths
- 4.0 million on ART (42% coverage)
- 45% PMTCT coverage
- $13.7 billion available for AIDS

2009

- For first time, a clinical trial finds experimental vaccine reduces HIV risk
- India overturns penal code criminalizing homosexuality
- UNAIDS and WHO report ARV coverage increased by 36% in one year

RESULTS

- 2.5 million new infections
- 1.8 million AIDS deaths
- 5.25 million on ART (36% coverage based on revised WHO guidelines)
- 48% PMTCT coverage (including single-dose NVP)
- $14 billion available for AIDS

2010

- For first time, clinical trial finds experimental vaginal microbicide reduces HIV risk
- Multi-country trial finds daily oral PrEP using TDF/FTC reduces risk of HIV infection in men who have sex with men and transwomen
- New South African President Jacob Zuma commits to strengthen national response

RESULTS

- 2.5 million new infections
- 1.7 million AIDS deaths
- 6.65 million on ART (47% coverage)
- 48% PMTCT coverage (excluding single-dose NVP)
- $15 billion available for AIDS

2011

- A study finds that ART reduces the risk of HIV transmission in serodiscordant couples by 96%
- Two major clinical trials find that daily oral TDF/FTC or TDF reduce risk of HIV infection in heterosexual men and women
- UNAIDS launches new Investment Framework

RESULTS

- Not yet reported

amfAR

MAKING AIDS HISTORY

amfAR, The Foundation for AIDS Research, is one of the world's leading nonprofit organizations dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of sound AIDS-related public policy. Since 1985, amfAR has invested more than $340 million in its programs and has awarded grants to more than 2,000 research teams worldwide.

amfAR's research investments—made principally through grants and fellowships awarded to leading researchers worldwide—have led to major advances in HIV treatment and prevention. For example, amfAR-funded research has contributed to the development of four of the six main drug classes that are helping people with HIV/ AIDS live longer, healthier lives. And amfAR pioneered the research that led to treatments that prevent mothers from passing HIV onto their newborn children.

For the past decade, amfAR's research investments have been focused squarely on a cure. Through the amfAR Research Consortium on HIV Eradication (ARCHE), the Foundation has brought collaborative teams of researchers together to explore ways to overcome the barriers that stand in the way of eradicating HIV.

Since awarding its first international grant in 1986, amfAR has supported HIV research, prevention, education, and advocacy efforts in regions of world that have been particularly hard hit by AIDS. amfAR's TREAT Asia program is widely regarded as a model of regional collaboration on HIV/AIDS. amfAR's MSM Initiative provides financial and technical support to community organizations in developing countries working to reduce the spread and impact of HIV among gay men, other men who have sex with men (MSM), and transgender individuals.

One of the earliest and most respected advocates for people living with HIV/AIDS, amfAR galvanized national leadership on AIDS and was instrumental in securing the passage of key legislation that has formed the bedrock of the U.S. response to AIDS for more than two decades, including the Ryan White CARE Act. Through its public policy office, amfAR continues to educate policy makers, the media, and the public about evidence-based policies to address HIV in the U.S. and around the world.

For more information, visit ***www.amfar.org***.

AVAC

Global Advocacy for HIV Prevention

Founded in 1995, AVAC is an international non-profit organization that uses education, policy analysis, advocacy and community mobilization to accelerate the ethical development and global delivery of biomedical HIV prevention options as part of a comprehensive response to the pandemic.

AVAC is dedicated to:

- Translating complex scientific ideas to communities and translating community needs and perceptions to the scientific community.
- Managing expectations about the process of product research and development, testing and delivery.
- Holding agencies accountable for accelerating ethical research, development and delivery of HIV prevention options.
- Expanding international partnerships to ensure local relevance and a global movement.
- Ensuring that policy and advocacy are based on evidence.
- Convening coalitions, partnerships, working groups and think tanks for specific issues.
- Developing and widely disseminating high-quality user-friendly materials.

AVAC focuses in four priority areas:

- Develop and advocate for policy options to facilitate the implementation of available biomedical HIV prevention options as well as the expeditious and ethical development and evaluation of new ones.
- Ensure that rights and interests of trial participants, eventual users and communities are fully represented and respected in the scientific, product development, clinical trial and access processes.
- Monitor HIV prevention research and development and mobilize political, financial and community support for sustained research as part of a comprehensive response.
- Build an informed, action-oriented global coalition of civil society and community-based organizations that exchange information and experiences.

For more information on AVAC's work and how to support it, please visit ***www.avac.org***.

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