

# An Action Agenda to End AIDS

Critical Actions to Begin to End the HIV/AIDS Pandemic

## Quarterly Monitoring Report November 2012

At the 2012 International AIDS Conference, amfAR and AVAC issued an Action Agenda to End AIDS (<http://endingaids.org/>). This agenda calls for specific actions from now through 2016 to lay the foundations for ending the epidemic. It speaks to diverse stakeholders in the AIDS response – national governments, donors, multilateral organizations, program implementers, researchers, and civil society.

The unifying theme of the Action Agenda is greater *accountability* in the global response. Each of us committed to the end of AIDS has a critical role to play, and each of us needs to be accountable for results.

To promote greater accountability in the fight to end AIDS, amfAR and AVAC will issue quarterly monitoring updates that describe important developments over the previous three months. This report is our first such quarterly update. Our hope is that these updates will enable all of us to assess on an ongoing basis how we're doing in our efforts to begin to end AIDS. The updates, along with the Action Agenda, will be available at <http://endingaids.org>.

It is our hope and expectation that the quality and magnitude of evidence available to monitor results will improve over time, as one of our key recommendations in the Action Agenda is to provide more “real-time” information on trends in service coverage, HIV incidence, and AIDS deaths. We also invite readers of this quarterly update to suggest data sources we may have missed and ways in which we might improve the usefulness of the update.

### Results for People: The Ultimate Test

- *New Infections in Adolescents and Adults:* An estimated 2.2 million adolescents and adults were newly infected in 2011 – 500,000 fewer than in 2001 – but, with current trends, the world is not on track to achieve the global goal of cutting new infections in half by 2015 ([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718\\_togetherwewillendaids\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf)).
- *New Infections in Children:* An estimated 330,000 children were newly infected with HIV in 2011, compared to 570,000 in 2003 ([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718\\_togetherwewillendaids\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf)). Although this progress is heartening, the world is not on track to eliminate new infections in children by 2015.
- *Antiretroviral Therapy:* An estimated 8 million treatment-eligible individuals were receiving antiretroviral therapy as of December 2011 – an increase of 1.4 million over 2010. Global coverage reached 54% – the first time a majority of people in need of treatment have received it ([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718\\_togetherwewillendaids\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf)).

## Scale Up High-Impact Strategies

*Make hard choices by prioritizing the rapid and comprehensive scale-up of core interventions (i.e., HIV testing and treatment, voluntary medical male circumcision, prevention of vertical transmission, and evidence-based programs for key populations) along with specific, rights-based approaches to reach populations at greatest risk.*

### Progress in Countries

- Antiretroviral treatment reached 8 million people in 2011 – an increase of 20% in a single year  
([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/2012\\_07\\_FactSheet\\_Global\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/2012_07_FactSheet_Global_en.pdf)).
- 57% of HIV-positive pregnant women received effective antiretroviral prophylaxis in 2011 – a record number but only a modest 10% increase over 2010  
([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/2012\\_07\\_FactSheet\\_Global\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/2012_07_FactSheet_Global_en.pdf)).
- As of November 2012, about 2 million men in priority countries in sub-Saharan Africa had undergone voluntary medical male circumcision, representing about 10% of all adult men (ages 15–49) who need the service. Important progress is being made, with more circumcisions performed in 2011 than all previous years combined. Especially encouraging are signs that many priority countries are now enthusiastically embracing circumcision for HIV prevention and leading efforts to bring it to scale (Information provided by PEPFAR, 2012.)

### Action to Increase Strategic Focus in Countries

- UNAIDS experts analyzed HIV spending data from 69 low- and middle-income countries and concluded that “countries are not allocating resources in ways that are likely to achieve the greatest impact.” Although released in 2012, the analysis concerned spending patterns in 2008, so findings may be somewhat dated.  
(<http://www.biomedcentral.com/content/pdf/1471-2458-12-221.pdf>).
- As of July 2012, UNAIDS reported that at least 13 countries (including nine in sub-Saharan Africa) were moving forward with implementation of national AIDS portfolios in line with the UNAIDS Investment Framework (which calls for more strategic prioritization of AIDS programs).

### Donor Support for Scaling-Up of Core Interventions

- Secretary of State Hillary Rodham Clinton told the 2012 International AIDS Conference that PEPFAR will by World AIDS Day 2012 launch a blueprint to achieve an AIDS-Free Generation.
- The Global Fund announced plans to accelerate implementation of its new five-year strategy, which is designed to enhance the strategic impact of Global Fund grants  
([http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-05-09\\_Board\\_of\\_Global\\_Fund\\_Speeds\\_Up\\_Implementation\\_of\\_its\\_Strategy/](http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-05-09_Board_of_Global_Fund_Speeds_Up_Implementation_of_its_Strategy/)).

### Aligning Scale-Up with Human Rights

- In 2012, PEPFAR committed an additional \$35 million to support service scale-up and programmatic research for key populations at greatest risk.
- As of May 2012, 78 of 193 countries – roughly 40% of UN member states – had laws in place criminalizing consensual sexual relations between adults of the same sex (<http://ilga.org/ilga/en/article/nxKFCD1iE>). At a day-long symposium prior to the International AIDS Conference co-sponsored by amfAR and the International AIDS Society, experts and affected community representatives from around the world focused on the degree to which punitive laws and unhelpful law enforcement practices undermine efforts to address HIV among people who use drugs.
- In June 2012, Moldova lifted its travel restrictions on people with HIV, continuing an international trend toward removal of such restrictions (<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/june/20120622prmoldova/>).

### **Mobilize Sufficient Resources to Scale Up Core Interventions**

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| <i>Mobilize sufficient, sustainable resources to ensure the rapid and comprehensive scale-up of core interventions.</i> |
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#### Donor Funding

- HIV-related disbursements from donor governments amounted to \$7.6 billion in 2011 (<http://www.kff.org/hivaids/upload/7347-08.pdf>). Although this amount represents an increase over the \$6.9 billion disbursed in 2010, it is roughly equivalent to amounts contributed annually by donor governments prior to the global financial and economic downturn.
- The Global Fund approved \$111.7 million in transitional, two-year funding for HIV programs in 16 countries in August 2012 (<http://www.theglobalfund.org/en/fundingdecisions/>). The transitional funding mechanism aims to ensure continuation of essential programming as the Global Fund recovers from its funding crisis.
- PEPFAR funding for the fiscal year that begins in October 2012 remains uncertain. President Obama's budget proposed an 11% reduction in bilateral HIV funding and a 27% increase in support for the Global Fund. Neither the House nor the Senate has yet acted on the key global HIV accounts for Fiscal Year 2013; a Senate committee endorsed the President's requested hike in funding for the Global Fund, but the corresponding House committee called for U.S. support for the Global Fund to remain flat in FY13 ([http://www.kff.org/globalhealth/upload/8045\\_FY2013.pdf](http://www.kff.org/globalhealth/upload/8045_FY2013.pdf)). Like funding for most other U.S. government programs, the global HIV account for FY13 may not be resolved for months, as Congress has approved continued funding for U.S. government programs at current levels through March 2013.

#### Country Financing

- For the first time, domestic contributions by low- and middle-income countries accounted for a majority of resources available for HIV activities worldwide in 2011 ([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718\\_togetherwewillendaids\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf)).

### Innovative Financing Mechanisms

- At a major euro zone summit meeting in July 2012, leaders of France, Germany, Italy, and Spain agreed to move forward in the development of a financial transaction tax (FTT) in Europe (<http://truth-out.org/news/item/10004-the-financial-transactions-tax-robin-hood-or-sheriff-of-nottingham>). Numerous scholars and advocates regard the FTT as a leading candidate to generate substantial, renewable funding for health and development programs.
- UNAID reports that 60% of its funding in 2011 came from levies on airline tickets, an innovative mechanism that has become an important element of global AIDS financing ([http://www.unitaid.eu/media/annual\\_report\\_2011/index.html#fragment-4](http://www.unitaid.eu/media/annual_report_2011/index.html#fragment-4)).

### **Be Accountable for Results**

*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.*

### Setting Targets

- South Africa, which has the world's largest number of adult men in need of voluntary medical male circumcision, has pledged to reach 500,000 men with medical circumcision services in the next 12 months.
- Even as work continues to maximize progress toward the Millennium Development Goals for 2015, the UN has initiated a process to begin planning for the post-2015 development agenda (<http://www.un.org/en/ecosoc/about/mdg.shtml>). The Action Agenda to End AIDS calls for work to begin now to ensure that ambitious but achievable HIV targets are included in the post-2015 development framework.

### Monitoring Results

- AIDS Accountability International is an independent global enterprise that provides transparent monitoring of the degree to which national and global leaders follow through on the pledges they have made in the fight against AIDS. AAI has already generated accountability reports on issues such as workplace policies and AIDS responses for women and for lesbian, gay, bisexual, and transgender people, and it is currently undertaking an accountability survey regarding commitments on sexual and reproductive health services and rights (<http://aidsaccountability.org/>).
- As of mid-September 2012, more than 180 countries had submitted reports to UNAIDS on progress in reaching the targets set forth in the 2011 Political Declaration on HIV/AIDS. (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>). A complete analysis of results from these reports will be presented by UNAIDS in its *2012 Global report on the AIDS epidemic*, which will be released in November 2012.

## Build the Evidence Base to End AIDS

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

### The Next Phase for HIV Treatment

- Important gains are being made in developing simpler, affordable, point-of-care diagnostic tools for CD4 and viral load monitoring in resource-limited settings ([http://www.unitaid.eu/images/marketdynamics/publications/UNITAID-HIV\\_Diagnostics\\_Landscape-2nd\\_edition.pdf](http://www.unitaid.eu/images/marketdynamics/publications/UNITAID-HIV_Diagnostics_Landscape-2nd_edition.pdf)). UNITAID in July 2012 announced the largest investment yet – \$140 million – to support roll-out of point-of-care CD4, viral load, and early infant diagnostics in resource-limited settings, with particular support for programs by MSF and the Clinton Health Access Initiative (<http://www.unitaid.eu/resources/news/releases>). According to studies, point-of-care CD4 diagnostics not only improves the quality of HIV treatment but also nearly triples rates of patient retention in resource-limited settings ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61052-0/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61052-0/abstract)).
- Study results published in September 2012 found that initiation of “universal antiretroviral treatment” in a major San Francisco clinic resulted in a six-fold increase in the rate of patients’ achieving viral suppression within six months of clinic entry (<http://cid.oxfordjournals.org/content/early/2012/09/07/cid.cis750.abstract>). The U.S. government in 2012 changed its antiretroviral treatment guidelines to recommend that all patients with diagnosed HIV be offered antiretroviral therapy, regardless of their CD4 count. WHO is reviewing its antiretroviral treatment guidelines, including recommendations on when to start, with updated guidelines anticipated in 2013.

### Implementation Research

- PEPFAR has awarded research grants totaling \$60 million to build the evidence base for effective implementation of HIV programs in developing countries. These include studies of combination strategies to improve antiretroviral treatment uptake and retention (<http://www.usaid.gov/news-information/fact-sheets/usaid-implementation-science-investment>).

### Toward a Cure

- A major focus at the 2012 International AIDS Conference was growing optimism about the possibility of eventually finding a functional cure for HIV (<http://www.cnn.com/2012/07/23/health/hiv-aids-conference/index.html>).

### Toward a Preventive Vaccine

- After slow progress in prior years, strategic investments in HIV vaccine research are paying dividends and generating renewed optimism. (<http://www.sciencemag.org/content/337/6101/1446.summary>). This newfound optimism was especially apparent at the AIDS Vaccine 2012 conference.
- Follow-up analysis from the RV144 prime-boost trial (the first trial to detect even modest efficacy in an experimental vaccine candidate) found that among trial participants who became HIV-infected during the trial, those who received the candidate vaccine had vaccine-induced immune responses that blocked certain kinds of viruses

(<http://globalhealth.kff.org/Daily-Reports/2012/September/11/GH-091112-AIDS-Vaccine.aspx>). It is hoped that the findings will offer important clues to improve future vaccine approaches. Meanwhile, in more disappointing news, launch of the planned “P5” trial to confirm and improve the effect seen in the earlier RV144 trial in Thailand has been delayed from 2014 to 2016.

### New Prevention Technologies

- In July 2012, the Food and Drug Administration approved a daily combination of tenofovir and emtricitabine for pre-exposure prophylaxis (PrEP) (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm312210.htm>). Five demonstration projects are under way to build the evidence base for PrEP roll-out (<http://www.avac.org/ht/a/GetImageAction/I/44922>). WHO issues guidance for developing countries considering PrEP demonstration projects.
- The ASPIRE trial, one of two large-scale trials evaluating a vaginal microbicide ring containing the antiretroviral dapivirine, was launched in July 2012. (The International Partnership for Microbicides is sponsoring a separate trial of a vaginal microbicide ring.) In September 2012, the Population Council announced that a microbicide ring containing a different antiretroviral compound, MIV-150, conferred protection against SHIV, a simian equivalent of HIV, in a non-human primate trial (<http://www.sciencedaily.com/releases/2012/09/120905141912.htm>). FACT 001, a trial aiming to confirm favorable results from the CAPRISA 004 trial (which demonstrated that a 1% vaginal tenofovir gel was efficacious in preventing HIV transmission), is enrolling participants in South Africa. Regulatory authorities in South Africa have approved implementation of CAPRISA 008, which will study tenofovir gel in an open-label study among participants from CAPRISA 004.
- It is urgently hoped that non-surgical male circumcision devices that avoid the need for scalpels or sutures, will reduce costs, improve efficiency, and relieve patient disincentives for circumcision scale-up. Field trials are now under way in four countries – in Rwanda and Zimbabwe for the PrePex device, and in Kenya and Zambia for the Shang Ring – with pilot implementation studies either under way or planned in five countries. It is anticipated that WHO will review evidence from these studies and issue a decision on global approval of the devices in 2013.

### **Use Resources as Effectively as Possible**

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

### Improving Service Efficiency

- The cost of providing ART continues to fall. A multi-country study by the Clinton Health Access Initiative found that antiretroviral therapy in sub-Saharan Africa is substantially less costly than previously believed. (<http://www.clintonfoundation.org/main/news-and-media/press-releases-and-statements/press-release-agreement-with-generic-drug-makers-will-bring-prices-down-even-further.html>).
- Undertaking modeling based on the results of HPTN 052, Dr. Rochelle Walensky and colleagues reported at the 2012 International AIDS Conference that early initiation of

antiretroviral therapy would result in substantial long-term reductions in HIV-related treatment costs by maximizing the number of new infections averted (<http://pag.aids2012.org/abstracts.aspx?aid=21242>).

- Per-patient costs for PEPFAR-supported antiretroviral therapy have fallen by more than two-thirds since 2004 (<http://www.avac.org/ht/a/GetDocumentAction/i/41810>). For the Global Fund, annual drug costs for a patient on antiretroviral therapy have fallen to less than \$100 ([http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-07-23\\_Global\\_Fund\\_Results\\_show\\_broad\\_Gains\\_against\\_HIV/](http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-07-23_Global_Fund_Results_show_broad_Gains_against_HIV/)). According to modeling by CDC's Center for Global Health, continued reductions in unit costs for core services would substantially reduce HIV incidence in future years.
- Part of using every dollar as effectively as possible means looking critically at all HIV-related outlays. In 2012 – the same year that nearly 25,000 delegates traveled to Washington for the biennial International AIDS Conference – separate conferences were held specifically for microbicides and vaccines, respectively. It is, therefore, exciting to note that leading researchers, advocates and donors are now engaged in a process to combine these technology-specific conferences into a more integrated gathering from 2014 that would review evidence, strategize and consider each tool's place within the broader “prevention revolution”.

#### Aligning International Trade with HIV Goals

- AIDS and global health advocates have argued vociferously that high-income countries (notably the U.S. and the European Union) should refrain from pursuing international trade agreements that undermine the ability of South-based generic pharmaceutical companies to continue to supply essential drugs to resource-limited countries. *The Economist* – one of the most respected publications among international decision-makers – agrees. In September 2012, it chastised both donor governments and industry for pushing trade policies that threaten future access to life-saving medications (<http://www.economist.com/node/21562204>).
- Negotiations are resuming on the Trans-Pacific Partnership, which health advocates have criticized for its lack of transparency, insufficient engagement of civil society, and potential negative effect on the ability of Asian countries (such as India, China, and Thailand) to supply generic medications for developing countries. As International Policy Watch reports, Congressional members are pressuring the Obama administration to disclose precisely what it is seeking to achieve in the TPP negotiations (<http://www.ip-watch.org/2012/09/06/us-congressional-push-for-release-of-tpp-text-us-pressuring-nations-bilaterally/>).

