

An Action Agenda to End AIDS

Critical Actions to Begin to End the HIV/AIDS Pandemic

An Action Agenda to End AIDS Quarterly Monitoring Report March 2013

At the 2012 International AIDS Conference, [amfAR](#) and [AVAC](#) issued an [Action Agenda to End AIDS](#). The unifying theme of the Action Agenda is greater accountability in the global response.

This is our [second quarterly monitoring update](#). It describes key developments in the past three months, highlighting progress and shortcomings in the effort to begin to end AIDS. We invite readers to offer suggestions of data sources we've missed and about how we might improve the usefulness of this tool.

Over the past three months, important gains were made, including release of a new PEPFAR [Blueprint for an AIDS-Free Generation](#); announcement of [new leadership for the Global Fund](#); signs that developing countries [are increasing domestic investments in HIV programs](#); [new data from KwaZulu-Natal, South Africa](#) and [from China](#) that provided real-world evidence of the possibility of treatment as prevention; release of the [Institute of Medicine's review of PEPFAR](#); and groundbreaking findings from [cure research](#).

Yet we still fail to see the seriousness of purpose requisite to lay the groundwork for an end to AIDS. The future of PEPFAR remains highly vulnerable due to U.S. funding pressures; key populations remain least likely to receive essential treatment and prevention services; and there is lack of clear evidence that countries are reconfiguring their spending and programmatic priorities to pursue a strategic "investment approach." In addition, we continue to have concerns about the timeliness and reliability of publicly available HIV strategic information – a critical question mark in efforts to promote greater accountability and evidence-based action on AIDS.

We are interested in your input and feedback, and invite you to suggest data sources we may have missed and ways in which we can improve the usefulness of this report. Write us at info@endingaids.org.

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Results for People: The Ultimate Test

This section is designed to track key indicators of progress in treatment and prevention coverage, rates of new infection, and AIDS deaths. No new global or regional data were released in the last quarter, though some documents, like the UNAIDS World AIDS Day Report, re-stated previously released epidemiological data.

Obtaining up-to-date data on coverage of services and epidemiology is a challenge. Data are often more than a year old before they become available. Holders of strategic HIV information – including PEPFAR, the Global Fund, UNAIDS, WHO, USAID and CDC – need to collaborate to develop strategies to provide more timely strategic information. (For one view on this, see [Bill Gates in a recent column](#) in the *Wall Street Journal*).

Scale Up High-Impact Strategies

Progress in Countries

- *PEPFAR Has Improved Health and Strengthened Health Systems: A [comprehensive review](#) of health data in countries receiving PEPFAR support found that the program has improved life expectancy, and lowered TB incidence, prevalence and mortality; and that PEPFAR support was associated with improvements in national health systems. In 2012, PEPFAR prevented 1 million deaths, kept 2 million children from becoming orphaned, and saved more than 9.6 million life years.*
- *PEPFAR on Track to Reach 2013 Treatment Target: According to information released in November 2012, PEPFAR is on track to reach its goal of supporting antiretroviral therapy for at least [6 million people by December 2013](#), having reached 5.1 million people with HIV treatment as of September 2012. [PEPFAR reports](#) having prevented 230,000 children from becoming infected in the first nine months of 2012 and has supported 2 million voluntary medical male circumcisions. A special session at CROI in March, provided [updates on progress in VMMC scale-up](#).*

- *Antiretroviral Treatment Is Effective Prevention in the Real World:* Following up on results from the HPTN 052 clinical trial, [researchers in China documented](#) population-level prevention benefits in the real world from initiating antiretroviral therapy in serodiscordant couples. Antiretroviral therapy was associated with a 26% relative reduction in HIV incidence among the couples studied. In February 2013, [researchers from the Africa Centre for Health and Population Studies in KwaZulu-Natal in South Africa](#) reported study data finding that widespread antiretroviral use reduces the spread of HIV in the real world. [Scale-up of antiretroviral therapy in KwaZulu-Natal is expected to raise adult life expectancy](#) in populations with high HIV prevalence.
- *Malawi achieves seven-fold increase in ART for pregnant and breastfeeding women by adopting Option B+:* Data was presented at CROI in March showing that eighteen months after implementation of [‘Option B+’ in Malawi – ART for life for all pregnant or breastfeeding women living with HIV regardless of CD4 count or disease stage – the number of pregnant women with HIV on ART increased dramatically \(763%\)](#), with retention rates at twelve months (78%) comparable to that in other adults (81%).

Action to Increase Strategic Focus in Countries

- *Countries Grapple with an Investment Approach to AIDS:* UNAIDS is taking on the important job of working with 49 countries on investment approaches for their national AIDS responses, and PEPFAR is asking for more strategic approaches in its country operational plans. What is needed now is clear evidence that countries have actually begun to alter their spending and programmatic priorities to increase strategic impact.

Donor Support for Scaling-Up of Core Interventions

- *PEPFAR Outlines Its Vision for an AIDS-Free Generation:* The U.S. government released its [Blueprint to Achieve an AIDS-free Generation](#), calling for rapid scale-up of effective interventions to expedite the decline in new infections. [Mead Over of the Center for Global Development lauded PEPFAR](#) for its clear vision for moving forward but suggested that the program should more straightforwardly articulate its long-term commitment to ensure global access to lifelong antiretroviral treatment. In a separate blog post, [Over also urged greater rigor and transparency](#) with respect to PEPFAR data collection and dissemination.
- *The Global Fund Has New Leadership and a New Funding Approach:* In November 2012, former U.S. Global AIDS Coordinator Mark [Dybul was named Executive Director of the Global Fund](#), pledging to redouble efforts to mobilize sufficient resources and focus the Global Fund’s potential to capitalize on “scientific advances [that] allow us to completely control” AIDS, TB and malaria. On February 28, the [Global Fund launched its new funding model](#), which will dedicate up to \$1.9 billion to programs for the three diseases before the end of 2014.

Aligning Scale-Up with Human Rights

- *Countries Show Limited Interest in Programs for Key Populations:* [Recent research](#) has shown that only a small subset of countries in Sub-Saharan Africa request funding for programs serving key populations from PEPFAR and the Global Fund. Despite increased efforts to collect epidemiological information on these groups, data rarely informs programs in the region.
- *Anti-Gay Legislation Advances in sub-Saharan Africa:* [Parliamentarians in Uganda adjourned in December without taking up a vicious anti-gay bill](#) that parliamentary leaders had vowed to enact before the session's end. Among other provisions, the bill would authorize life imprisonment for persons convicted of homosexual-related offenses. The Ugandan Parliament is now back in session, but a group of parliamentarians has formally opposed the anti-gay bill. Meanwhile, [in Nigeria, legislators are also considering a bill](#) that would virtually eliminate LGBT rights.
- *Countries Pay Limited Attention to Women's Needs:* [UNAIDS reported](#) in November that approximately one-third of UNAIDS priority countries report having no budgeted activities to address the HIV-related needs of women and that [70% of women-focused HIV spending addresses efforts to prevent new infections in children](#), potentially under-prioritizing services that women need for their own health.
- *40% of Countries Don't Bar HIV-Related Discrimination:* The [November 2012 UNAIDS Report](#) also found that 40% of countries have no law in place to prohibit HIV-related discrimination, and 45% of countries have no mechanism to provide legal services to people who experience HIV-related discrimination.

Mobilize Sufficient Resources to Scale Up Core Interventions

Donor Funding

- *International Health Assistance Appears to Be In a "No-Growth" Phase:* A January report issued by the Henry J. Kaiser Family Foundation indicates that [health-related donor assistance to low and middle-income countries has declined every year since 2007](#). A separate report by the University of Washington's [Institute of Health Metrics and Evaluation found that international health aid rose slightly in 2012](#), but concluded that global health assistance for health appears to have entered a "no-growth" phase, leading researchers to ask whether we are now witnessing the "end of the golden age" of global health. These trends in donor engagement on global health issues raise profound concerns about the world's ability to build on and sustain the global health gains of recent years. With [the global economy showing signs of growth after years of financial crisis](#) donors need to re-invest in proven strategies to improve health outcomes in developing countries and strengthen fragile health systems.
- *Budget Sequestration Undermines PEPFAR:* U.S. support to address global AIDS is threatened, with budget sequestration now implemented. There are concerns that

President Obama's fiscal year 2014 budget request will maintain the sequestration cuts to PEPFAR and the Global Fund. By one estimate, [budget sequestration could result in 162,200 people fewer people on HIV treatment during the year](#).

- **Germany Pledges Important New Funding for the Global Fund:** In January 2013, at the World Economic Forum in Davos, [Germany formally announced a continuation of its financial support for the Global Fund](#), pledging €1 billion over five years. Germany's steadfastness as a Global Fund supporter is an important positive sign as the Fund's upcoming September replenishment meeting approaches.

Country Financing

- *Countries Leave It to International Donors to Address Key Populations:* Although middle-income countries are increasingly stepping up to finance a larger share of their AIDS response, [HIV programs for men who have sex with men \(92% internationally funded\), people who inject drugs \(92%\), and sex workers \(91%\) continue to be overwhelmingly financed by international donors](#).

Innovative Financing Mechanisms

- *European Financial Tax Moves Ahead – But Will it Help the AIDS Response?:* Euro zone countries made plans in January 2013 to move ahead with [implementation of a financial transaction tax \(FTT\)](#). Although [some have argued](#) that such a tax could generate substantial funding for international health and development assistance, governmental proponents within the euro zone appear to see the FTT more as a way to rein in the financial sector and to help European governments reduce their budget deficits.

Be Accountable for Results

Setting Targets

- *Advocacy Intensifies to Prioritize AIDS in the Post-2015 Development Agenda:* With the Millennium Development Goals expiring in 2015, efforts are underway to develop a new set of post-2015 international development targets. The [International AIDS Alliance released a discussion paper](#) analyzing how AIDS advocates can affect these negotiations and ensure that HIV is specifically included in international development targets in coming years. WHO, UNICEF, the Lancet and others are also launching a [global discussion about the role of health in the post-2015 world](#).

Monitoring Results

- *Countries to Report Annually on Global Progress:* UNAIDS is moving to an annual reporting scheme for national progress against core HIV indicators, replacing the prior biennial reporting scheme. The first of these now-annual reports will occur in 2013.

- *External Review Gives PEPFAR Glowing Grades:* In an evaluation of [PEPFAR's performance to date, the prestigious Institute of Medicine](#) termed the program's impact as "globally transformative" and a "lifeline" for people living with HIV in low-income countries, while also pointing to the ongoing evolution of the program.

Build the Evidence Base to End AIDS

The Next Phase for HIV Treatment

- *Treatment During Acute Infection Improves Virologic and Immunologic Results:* In January, [data from the SPARTAC trial](#) of short-course antiretroviral therapy during acute infection showed a modest impact on viral load and CD4 cell count among individuals who had a 48-week course of antiretroviral therapy during acute infection versus those who had 12 weeks or no immediate treatment. A [related commentary argued](#) that it is no longer ethical to conduct early treatment trials with a "no treatment" arm.

Toward a Cure

- *First documented case of a child being cured of HIV:* At the [Conference on Retroviruses and Opportunistic Infections \(CROI\)](#), Dr. Deborah Persaud [presented the case of a two-year-old child](#) diagnosed with HIV at birth and immediately put on antiretroviral therapy. At 23 months, despite having been off treatment for months, the child was found to have an undetectable viral load. The case provides fresh hope for cure research and may eventually have important implications for pediatric treatment.

New Prevention Technologies

- *New Non-Surgical Devices for Male Circumcision May Be on the Horizon:* Cumulative data on the number of voluntary medical male circumcision procedures funded by PEPFAR are not expected until late March 2013. Six field trials are either planned or underway to evaluate the PrePex device for voluntary medical male circumcision. This is a non-surgical device involving a ring that is worn for seven days. The World Health Organization is expected to make a decision on prequalification of PrePex and the Shang Ring, another non-surgical device, in 2013.
- *Pilot Trials Now Underway for Pre-Exposure Prophylaxis:* In December, the Kenyan sites of the Partners PrEP demonstration project began enrolling volunteers. Site initiation for the Ugandan sites of the same project began in late January 2013. While additional demonstration projects are under discussion, these tend to be rather ad hoc and are not necessarily calculated to generate reliable strategic information on acceptability, optimal targeting and implementation strategies. [An implementation science agenda for PrEP must be defined](#), so that a core set of demonstration projects is underway by the end of 2013.

- *VOICE Study Highlights Need to Develop Additional HIV Prevention Options for Women:* At CROI on March 4, the NIH-funded [Microbicide Trials Network presented results from their Vaginal and Oral Interventions to Control the Epidemic \(VOICE\) Study](#). Results from the study showed that none of the three daily topical or oral pre-exposure prophylaxis interventions tested in the study provided additional protection against HIV, [likely because few of the women in the trial adhered to the product as prescribed by researchers](#).

Use Resources as Effectively as Possible

Improving Service Efficiency

- *Studies Aim to Improve Programmatic Efficiency and Effectiveness:* The Bill & Melinda Gates Foundation is sponsoring research in five countries to identify [strategies to improve the efficiency and effectiveness of HIV programs](#). The project, known as Optimizing the Response of HIV/AIDS Prevention in Africa (ORPHEA), seeks to assign unit costs for essential HIV programs and study ways to improve cost-effectiveness.

What We Said We'd be Looking for in this Quarter, and How We Rate Results

- *Does the new PEPFAR blueprint lay out a clear plan of action to move steadily toward an AIDS-Free Generation?*
Yes. The Blueprint provides a strong, strategic, evidence-based plan of action for PEPFAR. The White House and Congress will need to follow through with robust funding if the Blueprint's vision is to be achieved.
- *Does the new UNAIDS Global Report indicate that countries and their international partners are implementing more strategic national programs? Are the data in the new Global Report timely and reliable?*
No. UNAIDS is beginning to track spending patterns for basic programmatic activities, but no data currently indicate that large numbers of countries are currently reorienting their spending priorities to focus on high-impact, high-value approaches. As previously noted, UNAIDS data are impressive, but they are already out of date by the time they are released.
- *Is the U.S. Congress on the right path to maintain vital support for PEPFAR and the Global Fund? What do the November election results say about the future of PEPFAR, including its reauthorization?*
No. Sequestration, which took effect March 1, cut 5% from U.S. non-defense discretionary programs. Applying this cut to U.S. government global health programming will have minimal impact on deficit reduction, but will be devastating to the lives of many thousands of people globally. [As a result of sequestration of U.S. government bilateral support, HIV/AIDS treatment for 162,200 people will not be available, potentially leading to 37,000 more AIDS-related deaths and 72,800 children becoming orphans](#). U.S. politicians in Washington need to reverse these detrimental sequestration

cuts to protect those who heavily rely on support from both the Global Fund and PEPFAR.

- *Is the Global Fund effectively implementing its new five-year strategy?*
Yes. The Global Fund's choice of Mark Dybul as its new leader has been widely applauded in the AIDS community, and we hope it increases the likelihood that the Fund will follow through on its new approach that prioritizes "high-impact strategies" for the most heavily affected countries. Just what these high-impact strategies will be remains to be defined—a major concern when it comes to clarity for countries seeking to align plans with the new funding mechanism.

What We'll be Looking for in the Upcoming Quarter

Here are some of the things we'll be keeping an eye on in the coming months:

- *Will the results from VOICE spur new development of new preventive options for women and new approaches to conducting research? Will President Obama's budget reflect this need?*
- *Now that a new funding model has been adopted, will international donors step forward to ensure robust funding for the Global Fund?*
- President Obama's budget for Fiscal Year 2014 has been delayed until April, due to the ongoing feud between the two American political parties on how best to address the federal government's budget deficit. We'll be watching to see what funding the President proposes in his FY2014 budget for PEPFAR and the Global Fund, and specifically if he will include the cuts imposed to the two programs by sequestration. *With a time-limited opportunity to make historic gains against the epidemic, will the U.S. step up to fulfill its global AIDS leadership role?*
- Although the UNAIDS Investment Framework made a big splash when it was released in 2011, charting a sound course toward a more strategic and accelerated response, we've yet to see clear signs that countries are moving to align their national spending priorities with recommended investment approaches. A timely, reliable source of information on how countries are responding to investment priorities is urgently needed. *Going forward, will countries make a concerted effort to align their AIDS portfolios with investment principles outlined in the Framework?*

For more information, questions or comments, email us at info@endingaids.org.

