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## AVAC's Take

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Welcome to the first issue of *Px Wire* in 2013. Late 2012 brought new commitments from global leadership, including the US PEPFAR *Blueprint for an AIDS-Free Generation* (see below) and the appointment of a new leader for the Global Fund. This quarter, the World Health Organization will get even closer to finalizing its much-anticipated comprehensive guidance on the use of ARVs for treatment and prevention. At the same time, acceptability trials of non-surgical voluntary medical male circumcision (VMMC) devices are getting underway, and final results from the VOICE trial, including results of the oral TDF/FTC arm of the trial, are expected in March. It will be another busy and important year—and this issue includes some key advocacy areas and resources to help us prioritize and focus in the coming months.

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## At a Glance

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### ***Laying the Groundwork for Action in 2013: AVAC Advocacy Partners' Forum***

In early December, AVAC and partners met in Johannesburg, South Africa, for the third annual AVAC Advocacy Partners' Forum. The meeting brought together over 70 participants from 10 countries across sub-Saharan Africa (and beyond), including advocates, researchers, service providers, journalists and policy makers. A primary goal of the yearly gathering is discussing and setting common advocacy priorities for the coming year.

The discussions in Johannesburg were notable for the sense of urgency around the feasibility of beginning to end the epidemic—now a widely stated goal. For all the enthusiasm there are many practical issues at the country level, ranging from gaps in treatment coverage based on current guidelines, to the impact of stigma and homophobia on service delivery and uptake to key populations, to the challenges of understanding the complex new Global Fund structure.

Here are a handful of the top priorities that emerged:

#### *Voluntary Medical Male Circumcision*

In the second half of 2013 WHO pre-qualification is expected for new non-surgical VMMC devices. Advocates expressed the need for simple resources explaining the uses of non-surgical devices and for immediate country-level preparedness activities—led

by governments—to assess the appropriateness of new devices.

#### *Hormonal Contraceptive Use and HIV Risk*

Advocacy is still needed to get clear guidance from WHO on hormonal contraceptive use and potential HIV risk. The advocates and researchers who met at the Partners' Forum all agreed that now is the time to push for expanded method mix and development of new and better contraceptive options.

#### *Pre-Exposure Prophylaxis (PrEP)*

Demonstration projects are planned for a few countries in the region, but advocacy is needed to ensure that there is a well-defined suite of demonstration projects addressing the full range of open questions. It is also key to ensure that emerging data guide national-level implementation. Advocacy for TDF/FTC access for participants at the end of open-label extension studies is also critical.

#### *Vaccines and Microbicides*

Positive results from the RV144 vaccine trial in 2009 and the CAPRISA 004 microbicide trial of 1% tenofovir gel in 2010 are still reasons to celebrate important proofs of concept, but there were increasing discussions at the Partners' Forum about “what next” and “when” after positive efficacy results. While some timelines might not ever get shorter, clarity and transparency are key.

A more comprehensive look at the meeting outcomes and what AVAC and its partners are focusing on can be found at [www.avac.org/pf2012](http://www.avac.org/pf2012) (see Closing Session: Advocacy for 2013 – Activities and Goals). Track news and progress via our *Advocates' Network* and *P-Values* digital newsletters. Sign up at [www.avac.org/maillinglists](http://www.avac.org/maillinglists).

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## **A Closer Look at the PEPFAR Blueprint for an AIDS-Free Generation**

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December 2012 brought the launch, by US Secretary of State Hillary Clinton, of the PEPFAR *Blueprint for an AIDS-Free Generation*. As advocates discussed at the AVAC Partners' Forum, this document is an important advocacy tool for civil society working with PEPFAR country teams, national governments and other donors. The content of the Blueprint can be used to evaluate PEPFAR Country Operating Plans (COPs)—ensuring that the US-strategy in PEPFAR

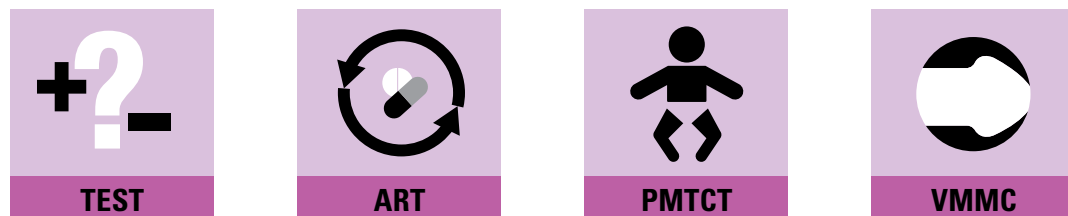


AVAC first printed its Playbook of global goals for ending AIDS in late 2011. These objectives still stand today. But to reach them, we have to get more specific in the short-term. In AVAC Report 2012, *Achieving the End: One Year and Counting* we've identified five priorities for action. These are by no means the only steps that need to be taken in the coming year. It is critical to sustain the full range of treatment and prevention efforts currently underway. But we think that success in these five areas is essential if we're to get on pace in one year's time. No action on the priority items is possible without action on one fundamental obstacle: We must fill the leadership gap. Action on the five priorities depends on true leadership at global and country levels through word, dollar (and euro, shilling, rand and pound ...) and deed. Progress has been made in global leadership in guidance and blueprints for action, but there are many areas in which more concrete action is needed. This includes a true expansion of ownership, leadership and financial commitment from the governments of low- and middle-income countries.

**PRIORITY**

## 1. END CONFUSION ABOUT "COMBINATION PREVENTION"

Define and scale-up a core group of high-impact activities.



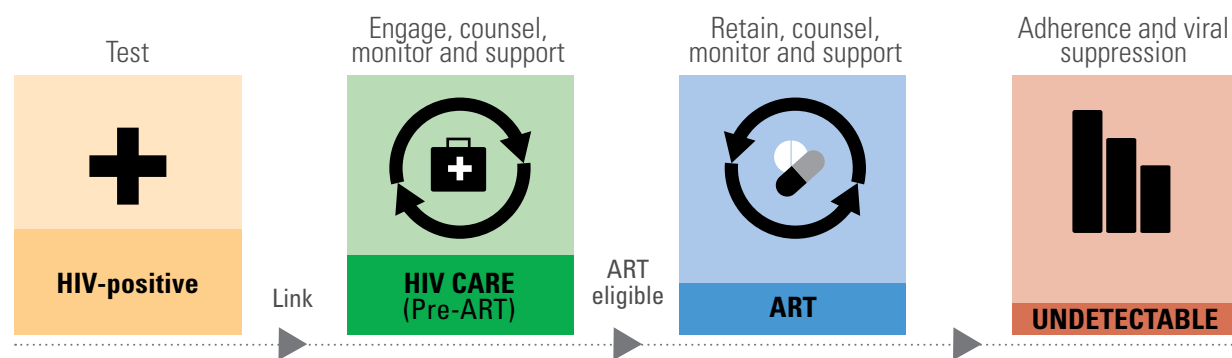
*Male and female condoms and targeted prevention for key populations are also key.*

Right now, combination prevention is used to mean many different things. Global consensus and leadership is needed to define and implement a core set of high-impact strategies tailored to different contexts. Making tough choices about what we do—and what not to do—is essential.

**PRIORITY**

## 2. NARROW THE GAPS IN THE TREATMENT CASCADE

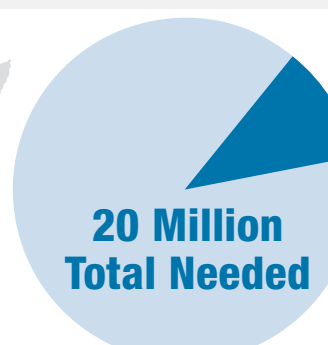
Key strategies for closing gaps in the treatment cascade.



In order to make use of treatment as prevention as a tool for ending the epidemic articulating and funding a retention science agenda that narrows the gaps in the treatment cascade needs to be a priority.

**PRIORITY**

## 3. PREPARE FOR NEW NON-SURGICAL MALE CIRCUMCISION DEVICES

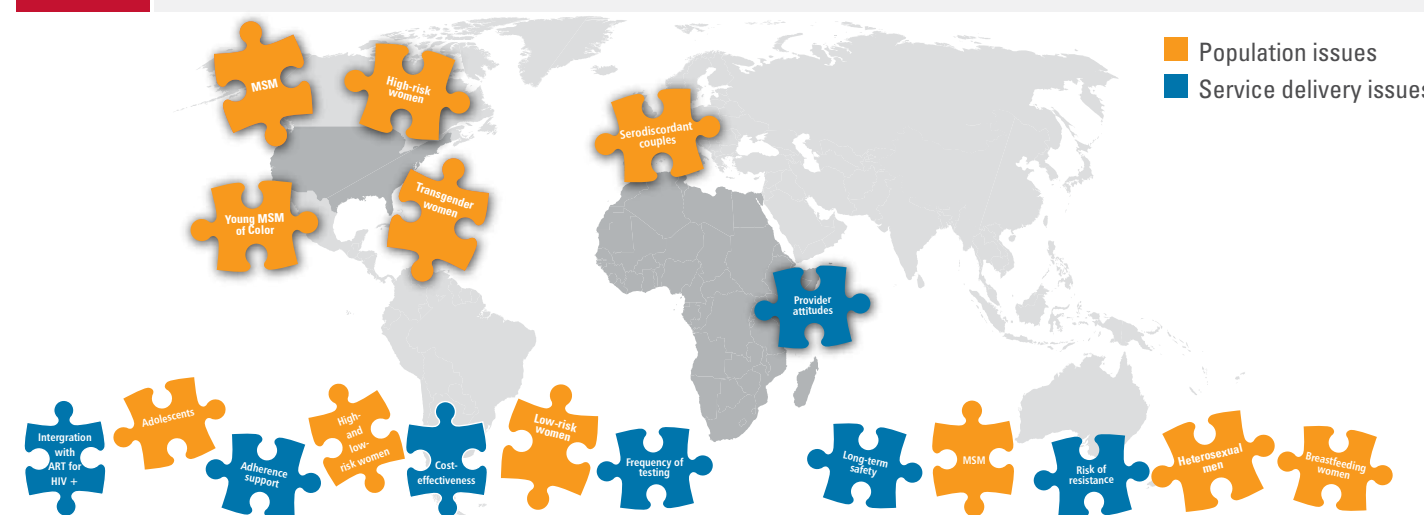


— **1,535,577** total circumcisions completed (as of March 2012)

In 2013, the World Health Organization is expected to pre-qualify new nonsurgical devices for VMMC. This step paves the way for introduction in key countries. These new devices could help reach global targets in some settings, but only if they are introduced with clear communication and strong preparatory work. This must start now.

**PRIORITY**

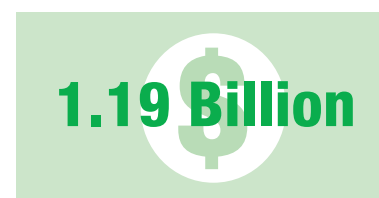
## 4. DEFINE AND LAUNCH A CORE PACKAGE OF PREP DEMONSTRATION PROJECTS



It is critical to identify the situations in which the first-generation PrEP strategy can be used with greatest impact. The top priority for PrEP is to define what needs to happen, and where, in order to pave the way for optimal use across a diversity of settings.

**PRIORITY**

## 5. SAFEGUARD HIV PREVENTION RESEARCH FUNDING



\$1.19 billion was spent on HIV prevention research and development in 2011 (the most recent available data). Competing priorities and the tightening of budgets may have a significant effect on funding in the future.



*Continued from front*

countries aligns with Blueprint commitments. Several country-led coalitions worked on COP-related advocacy in 2012 and are focusing on new campaigns for 2013.

The Blueprint can also be used as a reference point in negotiations with national governments in countries receiving PEPFAR funds, since the document specifies some of the ways that the US hopes to work in partnership with countries. AVAC and partners are available and keen to collaborate with any group or coalition seeking to learn more about how to use the PEPFAR Blueprint as an advocacy tool.

Here's a quick look at some of the key Blueprint content and messages:

#### **Overall**

- A strong emphasis on “combination prevention” as key to ending the epidemic. PEPFAR defines combination prevention as VMMC, expanded AIDS treatment including prevention of vertical transmission, HIV counseling and testing, condom distribution and targeted programs for key populations including MSM, sex workers and others.
- It is possible to begin to end the epidemic using current tools—with key graphics showing the relative impact of scaling up combination prevention versus maintaining current levels of coverage.
- The Blueprint projects that upfront costs of accelerated scale-up will be reduced by averted expenses and reduced costs. Over the long-term this will reduce the costs for governments and donors.

#### **Country Highlights**

- The Blueprint shows that Kenya can get its epidemic under control in five years with an accelerated ART scale-up scenario that requires updated HIV treatment guidelines. PEPFAR has now committed to supporting countries that agree to start ART earlier and make more people eligible for treatment at 550 CD4, extend ART to all pregnant women for life (Option B+), offer ART to all serodiscordant couples and all patients with active TB.
- PEPFAR is also looking to “provide incentives for progressive annual increases in domestic financing,” like Kenya has already started to do. Advocates cite this approach as part of efforts to secure increased commitments from national governments.
- The Blueprint says that PEPFAR will make small grants to community-based organizations to support demand creation and the reduction of legal, policy and structural barriers to an effective HIV response—with the goal of ensuring that key populations are

involved in planning and implementation of programs that affect their lives.

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## **Recently Released**

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***Achieving the End: One Year and Counting*** – AVAC’s annual report on the state of biomedical HIV prevention research and implementation, [www.avac.org/report2012](http://www.avac.org/report2012).

***PEPFAR Blueprint: Creating an AIDS-Free Generation*** – A roadmap for how the US government will work to help achieve an AIDS-free generation, [www.pepfar.gov](http://www.pepfar.gov).

***The Beginning of the End? Tracking Global Commitments on AIDS*** – The ONE Campaign’s report on three key targets for ending the epidemic, [www.one.org/international/actnow/beginning](http://www.one.org/international/actnow/beginning).

***Quarterly Monitoring Report on An Action Agenda to End AIDS*** – A joint effort by AVAC and amfAR to track progress toward ending the epidemic, [www.endingaids.org](http://www.endingaids.org).

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## **Not to be Missed**

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**January 24:** IAS 2013 abstract submission deadline, [www.ias2013.org](http://www.ias2013.org)

**February 10-15:** Keystone Symposium on HIV vaccines, *Keystone, CO*

**February 10-13:** MTN 2013 Annual Meeting, *North Bethesda, MD*

**March 3-6:** Conference on Retroviruses and Opportunistic Infections (CROI), *Atlanta, GA*

**April 22-25:** 2013 Treatment as Prevention Workshop, *Vancouver, Canada*

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## **About AVAC**



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

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