

AVAC's Take

Here at the AVAC office in New York City, there's a poster from a march for AIDS treatment access that took place in Durban, South Africa, on July 9, 2000. It was just hours before the opening ceremony of the International AIDS Conference, the first such meeting to be held in sub-Saharan Africa. The poster shows a young child holding a sign—"One AIDS Death Every 10 Minutes. Affordable Drugs Now!"

Durban was an historic conference. Though the world was still four years away from anything resembling global antiretroviral treatment (ART) access, the agreement that ART was a human right for all people living with HIV started there and then. And since Durban, there's been remarkable scale-up and innovation in the use of ARVs as both treatment for people living with HIV and as prevention in HIV-negative people.

When we look at the poster we also remember that, in the intervening years, there have been more than two million new cases of HIV in young people who in 2000 were not much older than the child in the poster.

As we describe below, data from the START trial, which looks at the effect of early treatment on individual health, have amplified the call to expand ART access to all who need it. It is a welcome call that needs to be balanced with comprehensive prevention. This includes PrEP, voluntary medical male circumcision (VMMC), harm reduction and other evidence-based interventions that still receive short shrift compared to broader education campaigns, which spread slogans but do not put effective options into the hands of people who need them the most.

That's why, as the AVAC team looks ahead to the international conferences coming up in 2015 and 2016 (see centerspread), we feel that prevention must be the focus of the next mass mobilization, not just in Durban 2016 but right now. Today.

We hope you agree and that, whether you marched that day in Durban or heard about it as part of your introduction to the history of AIDS, you'll join us for the next leg of the journey. – AVAC

Data Dispatch

The world according to ART

June and July are summertime in the Northern Hemisphere—and conference season in the world of AIDS. This season the focus is, first and foremost, on antiretrovirals—where do they fit into the epidemic response? Are they overhyped, underutilized, excessively biomedical or a human right? The answers to each of these questions depend, as so much else does, on context. But here are a few updates and observations to consider this “season”.

▶ *PrEP demand is growing*

The South African AIDS Conference (SA AIDS) in June featured a robust, spontaneous show of support for daily oral PrEP as a prevention option for all people at risk, including gay men and other MSM, transgender women, sex workers, and young women and adolescent girls. The statement (www.avac.org/blog/activists-demand-prep-now) highlighted growing demand from a range of advocates and activists. They refuse to see PrEP as a tool for rich people or people in rich countries, while Africans are left with a limited range of options—options that have not, over 20 years, been able to fully help all people protect themselves across the lifecycle and in all their diversities. The South African advocates who penned the statement are joined by individuals and organizations who are seeking to ensure that PrEP is included in PEPFAR Country Operating Plans and national plans (see article on back page) and pushing for action to answer the question: Can this strategy work for the people who need it the most?

▶ *START is in the spotlight*

The International AIDS Society meeting in Vancouver features a special session on the implications of the START trial, which found that initiation of ART in people living with HIV significantly reduced serious clinical events and death, compared to people who initiated ART based on the guidelines in their countries. START complements HPTN 052, which found immediate initiation of ART reduces the risk of onward transmission.

AIDS Conferences That Made History—And Must Again

AIDS conferences have made history for better and for worse. Some meetings, like those in 1996 and 2000, are remembered for radical, positive shifts. Others for inaction and inertia.

What will the conferences in 2015 and 2016 bring? Now is the time to ensure they contribute to lasting change.

Vancouver 1996

11th International AIDS Conference

“Common sense and experience in infectious diseases dictate that treatment should hit hard and early.” – Joep Lange, 1995



- ✓ Scientific evidence proves that combination antiretroviral medicine can reverse the escalating number of AIDS deaths and save lives.
- ✓ Within one week of the Vancouver AIDS conference, 75,000 patients begin HAART.

Durban 2000

13th International AIDS Conference



- ✓ South Africa is at a boiling point with staggering HIV rates and little government action.
- ✓ Years of fighting inaction on AIDS culminate in massive protests. Durban 2000 becomes a forum for anger about the world's inaction on AIDS in Africa—and a turning point in the global AIDS response.

Vancouver 2015

8th IAS Conference

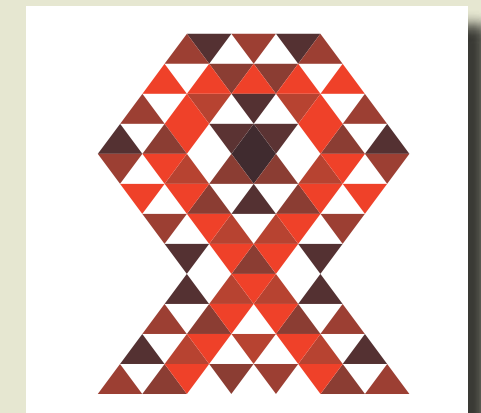
“We wouldn't have the drugs if there hadn't been enormous activism. If you look at Africa, the situation there with MSM is just horrible. That's something where I think our voice should have been much stronger.” – Joep Lange, 2014



- > Scientific evidence—from the START trial and HPTN 052—shows expanded coverage of ART can benefit individual and public health.
- ? But programs are struggling to deliver comprehensive, rights-based services and non-ART prevention is often missing—and why are VMMC, PrEP, harm reduction and human rights for all on the margins of global targets and discourse?
- ? Will this meeting do more than take stock of START? Will it keep prevention on track? What will advocates demand?
- ? Will this be the meeting where science, rights and action get in sync and revolutionize the epidemic—once again?

Durban 2016

21st International AIDS Conference



- ? Durban 2000 was a high point of global solidarity. In 2016, will AIDS activism be rekindled and reinvigorated leading to massive mobilization for decisive action on ending the epidemic?
- ? Is the world on track to 90-90-90 and fewer than 500,000 new infections by 2020?
- ? The 2000 conference saw the first meeting by and for women living with HIV—*Women at Durban*—which became the Women's Networking Zone. Will 2016 bring breakthroughs in effective, comprehensive women-centered services for HIV prevention, treatment and reproductive health?
- ? In 2000, the question regarding ART became “not if, but how” would treatment reach people in low-income countries. Will 2016 be the year that this question is answered for comprehensive prevention?

> Continued from front



The 8th IAS Conference on HIV Pathogenesis, Treatment & Prevention is being held in

Vancouver, July 19-22. Information to help you follow along on-site or from afar is available at www.avac.org/ias2015.

The final results of HPTN 052 will also be presented in Vancouver. So it's good news all around: ART should be available to everyone living with HIV when he or she wants it and is able to start. AVAC will be working with partners in Vancouver and around the world to help ensure that the call for expanded, accelerated access to ART is one piece of a comprehensive response to HIV, and that there is robust conversation and action about the kinds of programs that are needed to not only start but sustain people on ART.

▶ **Global guidance and targets are on the way... if not on time**

The START data have accelerated the conversation about using ART to end the epidemic, and the existing WHO consolidated guidance on ARVs for treatment and prevention already recommends initiation regardless of CD4 cell count for several groups. The new data from START will be considered in the update of this guidance, which is due out later this year. It's expected that this consolidated guidance will also have more specific language on the role of daily oral PrEP as an additional prevention option for all people at risk of HIV. With the START data generating so much buzz, it's possible that WHO and UNAIDS could give an indication about PrEP as an additional option of relevance for all groups even before the end of 2015—and it's a space to watch in Vancouver.

What's still unclear is if or when UNAIDS will release the prevention and non-discrimination targets that are part of the "Fast Track" model for achieving epidemic control by 2030. The UNAIDS Programme Coordinating Board reviewed the targets at its meeting at the beginning of July (as this issue went to press). At a UNAIDS civil society consultation in Bangkok in May, participants were told that the existing targets were "ours to use" in advocacy at the country and community level. It's a good start. However, a public launch with UNAIDS leadership and specific messaging that emphasizes the fundamental importance of a comprehensive, rights-based approach is overdue and will be welcome when it comes.

Civil society helps redefine engagement in PEPFAR COPs

This year the US PEPFAR program implemented a new approach to developing the Country Operating Plans (COPs) that guide targets, geography, interventions and budget levels on an annual basis. As recently as three years ago, the COP development process took place largely behind closed doors. Civil society input and opportunities to review were ad hoc and depended on the leadership and cooperation of in-country staff. Times have changed and now civil society engagement is mandated, with a detailed checklist of activities that countries have to report back on as part of their "strategic direction summary" (SDS), a hefty document that details the contents of what will ultimately end up in the COP.

As a further innovation, PEPFAR invited civil society and other external stakeholders, like UNAIDS and ministry of health officials, to participate in portions of each week-long regional COP review meeting. (The term "regional" may have felt like a stretch to Kenyans in Frankfurt or Ukrainians in Atlanta, but the concept was groupings of countries meeting together, along with staff and advisors from PEPFAR headquarters.)

AVAC and several of our global and national partners participated in these regional meetings and in intensive preparatory activities focused on reviewing the contents of the SDS documents, consolidating written feedback and then following up during the in-person sessions to ensure that their voices were heard. We will be working with partners to document some of the lessons learned about this engagement and to plan for the upcoming "quarterly reviews", another new feature which will allow better real-time tracking against the goals and targets laid out in the COPs.

About AVAC



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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423 West 127th St., 4th Floor • New York, NY 10027 USA
Telephone +1 212 796 6423 • www.avac.org