

# John M. Lloyd Foundation

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## **INTERIM PROGRESS REPORT FORM** **John M. Lloyd AIDS Project at Stony Point Center**

### *Not If, But How 2011: Optimizing the Potential of ARV-based Prevention*

10<sup>th</sup> Annual John M. Lloyd AIDS Project

Annual Strategic Planning Conference at Stony Point Center

Convened by AIDS Vaccine Advocacy Coalition (AVAC), with support from the John  
M. Lloyd Foundation

May 13-15, 2011

Stony Point Center in Stony Point, New York

#### *1) Were the conference goals achieved?*

In order to optimize the potential of ARV-based prevention, advocates, researchers and policy makers need a shared platform of demands and priorities. The think tank set out to create a platform for discussions around and prioritization of ARV-based microbicides and PrEP research, the need for expanded treatment rollout, and the need to be part of a unified conversation and agenda for action.

At the outset, our hope was that this meeting would integrate the many ongoing conversations into a single dialogue that generates priority actions, key questions and areas of overlap and difference concerning ARVs for prevention in HIV-positive and HIV-negative people. We had previously defined success as a meeting that would generate a core set of priorities, an invigorated, multidisciplinary stakeholder group ready to engage in joint advocacy efforts and a set of milestones that had, to-date, been missing in efforts to set and realize goals regarding treatment as prevention.

We were able to bring together critical thinkers from across the fields of AIDS treatment, prevention, human rights, research, program design, advocacy and activism for a very well timed conversation that generated the beginning of an agenda and recommendations for moving collective work forward around treatment and ARV-based prevention. In the span of two days we were able to establish priority action items (outlined below)—and, perhaps most importantly, a shared sense of solidarity among a group of advocates and activists committed to making it all happen.

#### *2) Who attended the conference?*

- Amanda Lugg, Director of Advocacy/Mobilization, African Services Committee
- Charlie Baran, Director of Programs, Black AIDS Institute
- Connie Celum, Professor of Global Health and Partners' PrEP Principal Investigator, University of Washington
- Dana van Gorder, Executive Director, Project Inform

- David Barr, US advocate, International Treatment Preparedness Coalition (ITPC) and the Fremont Center
- Debbi Birx, Director, CDC Global AIDS Program
- Deirdre Grant, Senior Program Manager, AVAC
- Edwin Bernard, advocate, Global Network of People Living with HIV/AIDS (GNP+)
- Elizabeth Bukusi, Deputy Director Research and Training, Kenya Medical Research Institute
- Emily Bass, Program Director, AVAC
- Fatima Hassan, Co-Director, Ndifuna Ukwazi, South Africa
- Gregg Gonsalves, US advocate
- Gus Cairns, Editor of HIV Treatment Update, AIDSMAP/NAM
- Jonathan Cohen, Project Director/Senior Human Rights Advisor of the Public Health Program, Open Society Foundations
- Jorge Beloqui, GIV/Brazil
- Kali Lindsey, Senior Director for Federal Policy, Harlem United
- Karyn Kaplan, Policy and Development Director, Thai Treatment Action Group
- Ken Mayer, Medical Research Director and co-chair of The Fenway Institute, Fenway Community Health
- Maureen Baehr, advocate, ITPC and AVAC board member
- Melanie Havelin, Executive Director, Lloyd Foundation
- Mitchell Warren, Executive Director, AVAC
- Nono Eland, National Coordinator for the Women's Rights Campaign, Treatment Action Campaign
- Regina Osih, Director of Health Programmes, Wits Institute for Reproductive Health & HIV Institute
- Sam Avrett, US advocate and the Fremont Center
- Sharonann Lynch, HIV/AIDS Policy Advisor, Doctors Without Borders/Médecins Sans Frontières (MSF)
- Roy (Trip) Gulick, Chief of Division of Infectious Diseases, Cornell University

3) *Please attach any pertinent conference materials.*

Please find attached a PDF document entitled *May 13-15, 2011 AVAC - Stony Point Agenda and Reading Materials* that includes the background to the meeting, the agenda and a reading list that was prepared in advance of the meeting for participants.

4) *What unanticipated issues/challenges/successes were raised at the conference? And how do you plan to follow up on them?*

This conference was, unknowingly, impeccably timed to discuss optimizing ARVs for treatment and prevention. Just days before gathering at the Stony Point Center, some unexpected and exciting news came out of the HIV prevention field. On May 12, the research team that is leading the HPTN 052 study (a randomized trial in serodiscordant couples that looked at the effect of treatment initiation on transmission rates within the couple) announced that it would be ending randomization four years early given evidence of overwhelming benefit seen in an pre-scheduled interim data review. These data showed that early treatment initiation in the HIV-positive partner (with a CD4 count between 350 and 550) reduced the risk of transmitting to the HIV-negative partner by approximately 96 percent. This news was met with much excitement across the field and was perfectly timed for our discussion at the Stony Point Center.

The HPTN 052 data solidified what many have thought/known for years—that treatment and care is prevention. We can treat people and improve their individual health outcomes, and at the same time help protect their partners from infection. Supporting treatment rollout provides a prevention benefit at no additional cost. This was viewed as an inflection point and paradigm shift in how we look at the role of treatment in battling the epidemic and served as a catalyst for much of our conversation and post-meeting action plans (see below).

While this enthusiasm provided a terrific back-drop for the meeting, it is important to note that these results – as well as previous ARV-based PrEP and microbicide results raise enormous feasibility issues. The discussions and Stony Point further surfaced the inevitable tensions between what science tells us is possible and what politically, economically and socially we can deliver.

5) *Were any conference proceedings or papers generated as a result of the conference? If yes, how will they be distributed and to whom?*

There was extensive discussion on the second day regarding what the short-, medium- and longer-term post-meeting activities should be for attendees at the meeting, as well as the group as a collective. There was agreement that the UN High-Level Meeting (HLM) on HIV/AIDS (June 8-10 in New York) would serve as an opportunity to advocate for ambitious treatment targets, funding and advocacy at this critical time in the response to the epidemic. We have the tools to end the epidemic and need to political will and support to help us to accomplish our collective goal to end the epidemic.

In the days and weeks after the conference, the group collaborated in drafting a sign-on statement, *We CAN End the AIDS Epidemic* (available at [www.endtheepidemic.org](http://www.endtheepidemic.org)), which was signed by a number of key groups and individuals and launched on the eve of the HLM. The letter reflects much of the conversation at Stony Point, including the notion that we are at the turning point in the epidemic and that a number of things need to take place at all levels to capitalize on the results of HPTN 052 and move an evidence-based treatment and prevention agenda forward. The statement has since been signed by nearly 350 organizations and individuals and continues to garner additional signatories. The final statement will be presented in a special satellite session—“Can We End the AIDS Epidemic?”—that AVAC is organizing at the upcoming IAS Conference in Rome, July 17-20.

In addition to the sign-on letter, AVAC worked with meeting participants and other partners in the US and Africa on key actions in advance of the HLM. This process was instrumental in building capacity both within AVAC and its partners in an advocacy area (treatment scale-up and rollout) that has traditionally not been a main focus.

There is also a plan to prepare a “white paper” on this topic for submission to a journal to reach additional stakeholders with the conclusions of the meeting and to catalyze strategic action. Over the longer-term, action will need to be led by other stakeholder groups, and we will work to support advocacy, linkages and communication between various groups and individuals working to implement the recommendations from this meeting.

6) *What are the next steps?*

As described above, we are focusing on expanding and disseminating the call to action “to end the epidemic”, convening a summary session on the same topic at the upcoming IAS Conference, and publishing an expanded white paper based on the Stony Point think tank.

In addition, there were a number of key upcoming events at which specific advocacy around the priorities out of the meeting would be important. We also discussed some specific follow-on work needed based on the results of the three landmark ARV-based prevention research results in 2010-2011: CAPRISA 004; iPrEx and HPTN 052:

- Campaign for evidence-based prevention and consider reconvening the Caucus for Evidence-based Prevention – to spearhead advocacy to follow the evidence and reprogram as needed and as outlined in the new UNAIDS investment framework, which was published in *The Lancet* in early June.
- Increased advocacy for demonstration projects among MSM in all iPrEx countries and in other settings where MSM might want PrEP.
- Publish an update on what’s happening in the follow-up to CAPRISA 004 and the future access to tenofovir gel.
- Co-convene the Microbicide Access Forum in July (prior to start of IAS Conference) in an effort to develop consensus post-results planning and access for effective prevention options.

**Stony Point Conference Budget and Expenses**  
As of June 2011

<i>Expense Line Items</i>	<i>Proposed Budget</i>	<i>Expenses to date</i>
Personnel for planning	5,000	5,623
Travel	18,000	20,122
Background materials	2,000	1,874
Report writing/journal submission	5,000	
<b>Total Expense</b>	<b>\$30,000</b>	<b>\$27,619</b>

AVAC has raised additional funds from the MAC AIDS Fund and the Bill & Melinda Gates Foundation to support the follow-up activities from the Stony Point Conference.

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## **FINAL REPORT FORM** **John M. Lloyd AIDS Project at Stony Point Center**

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M. Lloyd Foundation

May 13-15, 2011

Stony Point Center in Stony Point, New York

#### *7) Have the goals established at the conference been achieved?*

In order to optimize the potential of ARV-based prevention, advocates, researchers and policy makers need a shared platform of demands and priorities. The think tank set out to create a platform for discussions around and prioritization of ARV-based microbicides and PrEP research, the need for expanded treatment rollout, and the need to be part of a unified conversation and agenda for action.

At the outset, our hope was that this meeting would integrate the many ongoing conversations into a single dialogue that generates priority actions, key questions and areas of overlap and difference concerning ARVs for prevention in HIV-positive and HIV-negative people. We had previously defined success as a meeting that would generate a core set of priorities, an invigorated, multidisciplinary stakeholder group ready to engage in joint advocacy efforts and a set of milestones that had, to-date, been missing in efforts to set and realize goals regarding treatment as prevention.

We were able to bring together critical thinkers from across the fields of AIDS treatment, prevention, human rights, research, program design, advocacy and activism for a very well timed conversation that generated the beginning of an agenda and recommendations for moving collective work forward around treatment and ARV-based prevention. In the span of two days we were able to establish priority action items (outlined below)—and, perhaps most importantly, a shared sense of solidarity among a group of advocates and activists committed to making it all happen.

In November, we launched [\*AVAC Report 2011: The End?\*](#) which was a direct result of the early discussions at Stony Point Center. This report built on the think tank discussions and provides a three-part, science-based agenda for ending the AIDS epidemic within our lifetimes. The new report is a unique strategic vision encompassing key steps to accelerate impact with existing HIV prevention tools, emerging strategies and longer-term research. It identifies critical priorities in each of these areas and advances specific recommendations for both 2012 and for the next decade.

8) *What unanticipated issues/challenges/successes were raised at the conference? And how have you dealt with them?*

This conference was, unknowingly, impeccably timed to discuss optimizing ARVs for treatment and prevention. Just days before gathering at the Stony Point Center, some unexpected and exciting news came out of the HIV prevention field. On May 12, the research team that is leading the HPTN 052 study (a randomized trial in serodiscordant couples that looked at the effect of treatment initiation on transmission rates within the couple) announced that it would be ending randomization four years early given evidence of overwhelming benefit seen in an pre-scheduled interim data review. These data showed that early treatment initiation in the HIV-positive partner (with a CD4 count between 350 and 550) reduced the risk of transmitting to the HIV-negative partner by approximately 96 percent. This news was met with much excitement across the field and was perfectly timed for our discussion at the Stony Point Center.

The HPTN 052 data solidified what many have thought/known for years—that treatment and care is prevention. We can treat people and improve their individual health outcomes, and at the same time help protect their partners from infection. Supporting treatment rollout provides a prevention benefit at no additional cost. This was viewed as an inflection point and paradigm shift in how we look at the role of treatment in battling the epidemic and served as a catalyst for much of our conversation and post-meeting action plans.

As mentioned above, the *AVAC Report 2011* provided the ideal opportunity to highlight these ongoing issues and create a platform for dialogue and action based on a new “ending AIDS” agenda.

9) *What are the ongoing challenges facing the success of your project?*

While the enthusiasm of HPTN 052 and the scientific promise provides a terrific backdrop for the momentum to “end AIDS”, it is important to note that these results – as well as previous ARV-based PrEP and microbicide results raise enormous feasibility issues. The discussions and Stony Point further surfaced the inevitable tensions between what science tells us is possible and what politically, economically and socially we can deliver.

The burgeoning “ending AIDS” movement is challenged by some who believe the end of the epidemic is just an easy fix that come quickly, is just a matter of money and/or is just about treatment. At the same time, there are others who believe the “end” is just an aspirational goal, is not feasible and/or that expanded treatment access is not possible.

Clearly, there are no easy answers, as much as everyone wants an easy one, and the attempt to bridge treatment and prevention advocates and implementers remains tenuous.

These are real challenges for our work going forward, but also highlight how critical this work is.

10) *Are there any additional papers, reports or publications generated as a result of the conference (that you have not submitted with the interim report)? If yes, how have they been distributed and to whom?*

[AVAC Report 2011: The End?](http://www.avac.org/report2011) is available on the web (at [www.avac.org/report2011](http://www.avac.org/report2011)) and includes the full report as well as a variety of multi-media component. A printed version of the report is also available.

There is also a plan to prepare a “white paper” on this topic for submission to a journal to reach additional stakeholders with the conclusions of the meeting and to catalyze strategic action. It is hoped that a paper will be published in advance of the AIDS 2012 conference in July in Washington. Over the longer-term, action will need to be led by other stakeholder groups, and we will work to support advocacy, linkages and communication between various groups and individuals working to implement the recommendations from this meeting.

*11) What are the next steps for your project? Please include plans for funding this project in the future.*

As described in the interim report, we are focusing on expanding and disseminating the call to action “to end the epidemic”, convening a session on the same topic at the International AIDS Conference in July, and publishing an expanded white paper based on the Stony Point think tank in advance of the conference.

In addition, the *AVAC Report 2011* also includes a new [Playbook 2012](#) that includes our analysis of what top strategic goals should be at a global level, and particularly in hard-hit countries, over the coming year. It also includes our own organizational priorities for contributing to these goals.

We will rely on some of our existing grants from the Gates Foundation and MAC AIDS Fund to sustain this work, and we are also hoping to secure additional, specific funds for expanding this work more comprehensively and globally with partners.

### **Stony Point Conference Budget and Expenses**

As of December 2011

<i>Expense Line Items</i>	<i>Proposed Budget</i>	<i>Actual Expenses</i>
Personnel for planning	5,000	7,160
Travel	18,000	20,754
Background materials	2,000	1,874
Report writing/journal submission	5,000	5,000
<b>Total Expense</b>	<b>\$30,000</b>	<b>\$34,788</b>

AVAC raised additional funds from the MAC AIDS Fund and the Bill & Melinda Gates Foundation to support the follow-up activities from the Stony Point Conference.