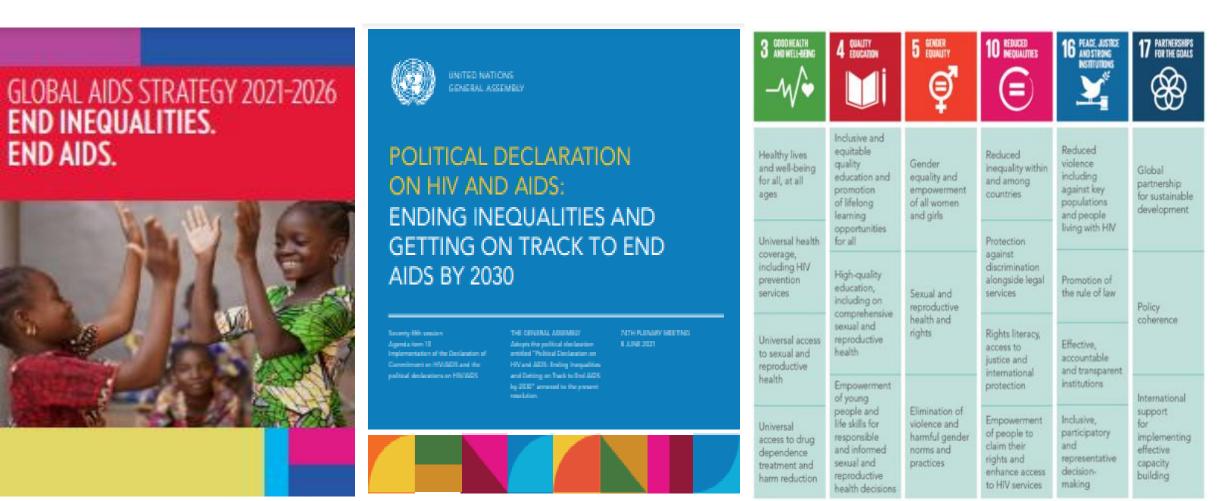
# Overview of the 2025 Prevention Road Map

Targets, key elements and status of prevention



Guiding frameworks for renewed commitment to HIV prevention

- Global AIDS Strategy 2021-2026
  - Programmatic HIV prevention 2025 targets
- 2021 Political Declaration on HIV and AIDS
  - Commitments to HIV prevention
- 2030 Agenda for sustainable development
  - Multisectoral aspects of HIV prevention



## Global AIDS Strategy 2021-26: What's new & different for prevention?

#### Ending inequalities:

Commitment to take urgent and transformative action to end the social, economic, racial and gender inequalities that perpetuate the AIDS pandemic.

#### **Equitable outcomes and granular targets:**

Commitment to achieve HIV combination prevention, testing and treatment targets across relevant demographics, groups and geographic settings.

#### Prioritized combination HIV prevention:

Commitment to prioritize comprehensive packages of HIV prevention services and ensure they are available and used by 95% of people at risk of HIV infection.

#### **Key populations:**

Acknowledgement that key populations—including men who have sex with men, people who inject drugs, female sex workers, transgender people, and people in prisons and other closed settings—are at particular risk of HIV infection.

#### **New HIV cascade:**

Commitment to reach the new **95–95–95** testing, treatment and viral suppression targets within all demographics, groups and geographic settings, ensuring that at least 34 million people living with HIV access treatment.

#### **Undetectable = Untransmittable (U = U):**

Acknowledgement that viral suppression through antiretroviral therapy is a powerful component of combination HIV prevention because people living with HIV with undetectable viral loads will not transmit their infection to others.

#### Elimination of new HIV infections in children:

Commitment to ensure 95% of pregnant and breastfeeding women have access to combination HIV prevention, antenatal testing and re-testing; 95% of women living with HIV achieve and sustain viral suppression before delivery and during breastfeeding; and 95% of HIV-exposed children are tested within two months and, if HIV-positive, are provided with optimized treatment.

#### Fully fund the AIDS response:

Invest US\$ 29 billion annually in low- and middle-income countries, including at least US\$ 3.1 billion towards societal enablers.

#### **10–10–10** targets for societal enablers:

- To reduce to less than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience genderbased inequalities and sexual and gender-based violence.
- To ensure that less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to services.
- To ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination.

#### Sexual and reproductive health:

Commitment to ensure that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met.

# Access to affordable medicines, diagnostics, vaccines and health technologies:

Commitment to ensure global accessibility, availability and affordability of safe, effective and quality-assured medicines, including generics, vaccines, diagnostics and other health technologies to prevent, diagnose and treat HIV infection, its co-infections and comorbidities.

#### Service integration:

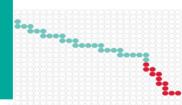
Commitment to invest in systems for health and social protection systems that provide 90% of people living with, at risk of and affected by HIV with people-centred and contextspecific integrated services for HIV and other services.

# Community leadership, service delivery and monitoring:

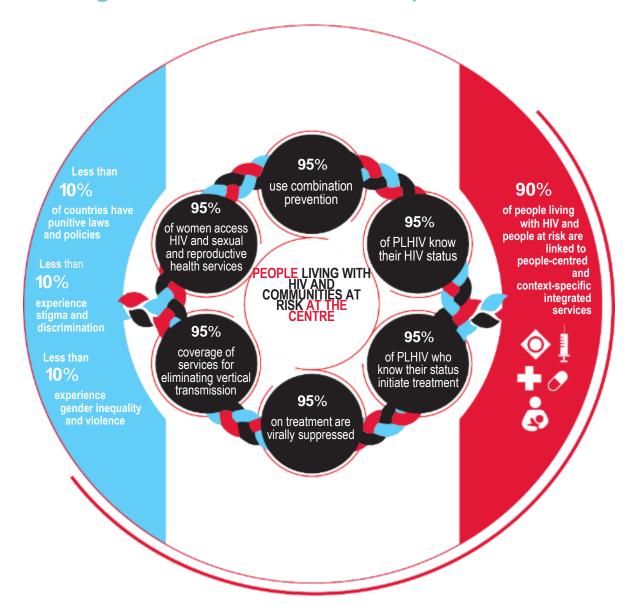
Commitment to increase the proportion of community-led HIV services and ensure relevant networks and communities are sustainably financed, included in HIV response decision-making, and can generate data through community monitoring and research.

#### **GIPA:**

Explicit reference to the Greater Involvement of People Living with HIV, known as the GIPA Principle

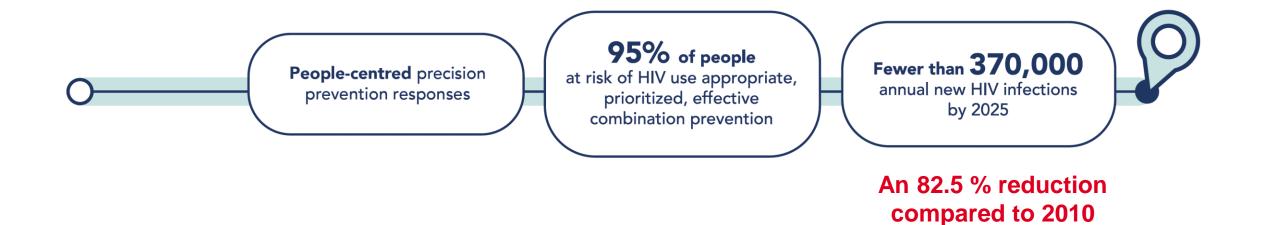


# Global AIDS Strategy 2021-2026 sets out new targets including for combination HIV prevention & SRH



# What Will Success Look Like

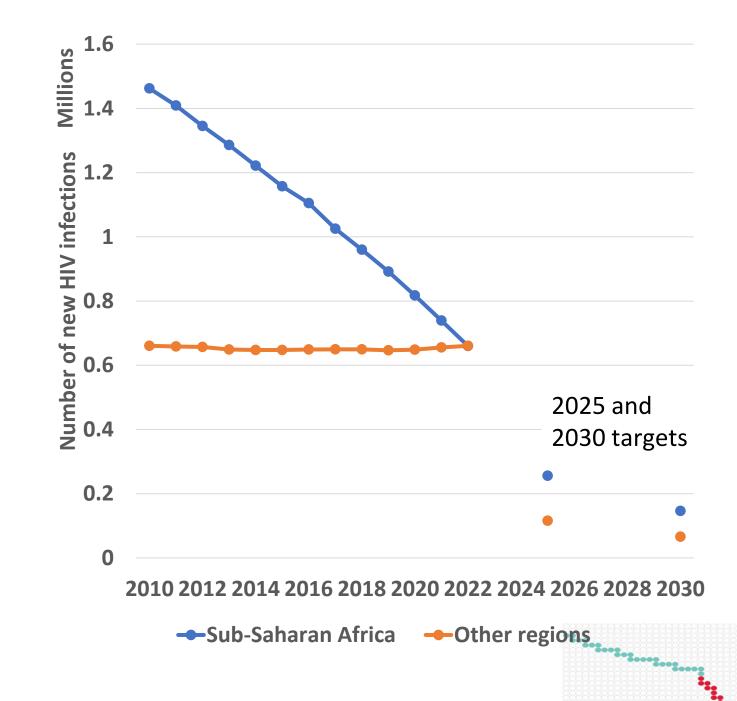
The 2025 high-level HIV prevention targets and commitments





# Progress in sub-Saharan Africa, stagnation in other regions

- Substantial progress in reducing new HIV infections in sub-Saharan Africa (with some variation and exceptions)
- Stagnating trend overall in regions with concentrated epidemics (with huge variation by country)
- 2030 targets
  - in sub-Saharan Africa are within reach, but still need acceleration
  - in epidemics affecting key populations, current approaches and investments are insufficient to achieve 2025 and 2030 targets



# **GPC** member countries by number of new HIV infections in 2022

		2010	2022	% Change
•	<b>.</b> T	-	~	-
South Africa	GPC	376423	161,801	-57%
Mozambique	GPC	163809	97,231	-41%
Uganda	GPC	85832	51,517	-40%
Zambia	GPC	71196	33,361	-53%
United Republic of Tanzania	GPC	98182	31,515	-68%
Philippines	New group 1	4709	24,371	418%
Indonesia	GPC	50185	24,276	-52%
Kenya	GPC	69507	22,155	-68%
Mexico	GPC	17964	20,342	13%
Zimbabwe	GPC	78090	17,337	-78%
Ghana	GPC	22772	16,574	-27%
Democratic Republic of the Congo	GPC	37873	15,888	-58%
Congo	New group 2	8028	15,804	97%
Malawi	GPC	56054	15,720	-72%
Angola	GPC	28221	15,481	-45%
Myanmar	GPC	17071	11,090	-35%
South Sudan	New group 1	16829	10,933	-35%

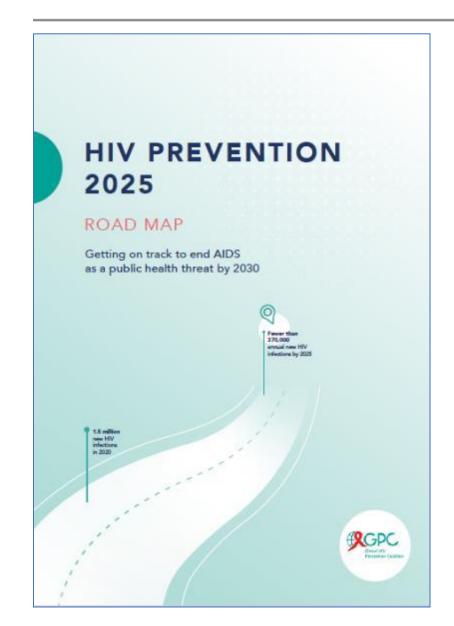
		2010	2022	% Change
₩	<b>T</b>	~	~	~
Cameroon	GPC	32339	9,898	-69%
Central African Republic	New group 2	10817	9,500	-12%
Thailand	New group 2	16688	9,230	-45%
Cote divoire	GPC	26034	8,979	-66%
Madagascar	New group 1	3523	8,855	151%
Colombia	New group 1	9704	8,299	-14%
Ethiopia	GPC	27084	8,256	-70%
Papua New Guinea	New group 2	2819	6,517	131%
Peru	New group 2	3672	5,762	57%
Namibia	GPC	10877	5,614	-48%
Egypt	New group 2	1068	5,116	379%
Lesotho	GPC	18374	4,820	-74%
Botswana	GPC	12857	4,320	-66%
Eswatini	GPC	14322	4,001	-72%
Rwanda	New group 1	11077	3,030	-73%
Iran (Islamic Republic of)	GPC	3697	2,910	-21%

# **But Large Gaps Remain**

- Limited political leadership in HIV prevention
- Policy and structural obstacles to HIV prevention services
- Limited HIV prevention financing
- Limited implementation at scale



# **HIV Prevention 2025 Road Map**



- ☐ Takes account of an evolving context marked by persistent inequities and overlapping pandemics
- Reflects intensified focus on key populations everywhere and adolescent girls and young women and men in sub-Saharan Africa <u>and</u> strengthening the roles of communities in HIV prevention.
- Guides the use of scarce resources in ways that can achieve maximum impact.
- Emphasizes wider access and use of innovative HIV prevention options and approaches
- Highlights importance of sound management <u>and</u>
   <u>accountability</u> processes



# Many interventions, many populations, many platforms: What mix? What focus?

Behaviour change communication, blood safefy, cash transfers, community mobilization, comprehensive sexuality education, community-led prevention services, condom social marketing/market development, couples' HIV prevention, address criminalization and legal change, education (keeping girls in school), early infant circumcision, economic empowerment of young women, HIV prevention in humanitarian settings, income generation for HIV prevention, integrated gender-based violence & HIV prevention, injectable PrEP, intergenerational sex campaigns, life-skills education, male & female condom distribution, mass media programmes, micro-finance for HIV prevention, multiple concurrent partnership campaigns, multi-purpose youth centres, needle & syringe distribution, new media prevention programmes, opioid substitution, overdose prevention, oral pre-exposure prophylaxis, parenting programmes, post-exposure prophylaxis, post-violence care, prevention with positives, prevention among men having sex with men, prevention among mobile populations, prevention among sex workers, prevention with people living with disabilities, prevention for people who inject drugs, prevention among transgender people, prevention with people in prisons, prevention for truck drivers, primary prevention among pregnant women, safe spaces, social asset building, treatment as prevention, STI diagnosis & management, U=U campaigns, vaccine development, vaginal ring, voluntary counselling and testing, voluntary medical male circumcision, work-place based prevention, youth friendly health services, ... ...

# Detailed HIV prevention targets in the new Global AIDS Strategy for young people and adults

Young people and adults 15-49		Risk by prioritization stratum				
		Very high		Moderate	Low	
All ages and genders	Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	95%		70%	50%	
	PrEP use (by risk category)	50%		5%	0%	
	STI screening and treatment	80%		10%	10%	
Adolescents and young people	Comprehensive sexuality education in schools, in line with UN international technical guidance	90% 9		90%	90%	
		Strata based o		geography	alone	
		Very high (>3%)	High (1–3%)	Moderate (0.3–1%)	Low (<0.3%)	
All ages and genders	Access to post-exposure prophylaxis (PEP) (non- occupational exposure) as part of package of risk assessment and support	90%	50%	5%	0%	
	Access to PEP (nosocomial) as part of package of risk assessment and support	90%	80%	70%	50%	
Adolescent girls and young women	Economic empowerment	20%	20%	0%	0%	
Adolescent boys and men	VMMC	909	% in 15 pri	ority countri	es	
People within serodiscordant partnerships	Condoms/lubricant use at last sex by those not taking PrEP with a non- regular partner whose HIV viral load status is not known	95%				
	PrEP until positive partner has suppressed viral load		30%			
	PEP	100	% after hig	h-risk expos	ure	

## Thresholds for the prioritization of HIV prevention methods

	Criterion	High and ve	ery high	Moderate	Low
Adolescent girls and young women	Combination of [national or subnational incidence in women 15–24 years] AND [reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	1–3% incidence AND high-risk reported behaviour	>3% incidence	0.3–<1% incidence and high-risk reported behaviour  OR  1–3% incidence and low-risk reported behaviour	<0.3% incidence OR 0.3–<1% incidence and low- risk reported behaviour
Adolescent boys and young men	Combination of [national or subnational incidence in men 15–24 years] AND [reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	1–3% incidence AND high-risk reported behaviour	>3% incidence	0.3–<1% incidence and high-risk reported behaviour  OR  1–3% incidence and low-risk reported behaviour	<0.3% incidence OR 0.3–<1% incidence and low- risk reported behaviour
Adults (aged 25 and older)	Combination of [national or subnational incidence in adults 25–49 years] AND [reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	1–3% incidence AND high-risk reported behaviour	>3% incidence	0.3–<1% incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	<0.3% incidence OR 0.3–<1% incidence and low- risk reported behaviour
Serodiscordant partnerships	Estimated number of HIV- negative regular partners of someone newly starting on treatment	Risk stratification depends on choices within the partnership: choice of timing and regimen of antiretroviral therapy for the HIV-positive partner; choice of behavioural patterns (condoms, frequency of sex); choice of PrEP			

# Detailed granular HIV prevention targets for key populations

30/60/80 targets ... 80% of prevention for key populations through key population-led organizations

KEY POPULATIONS	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Trans- gender people	Prisoners and others in closed settings
Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	<del></del>	95%	95%	95%	
Condom/lubricant use at last sex with a client or non-regular partner	90%				90%
PrEP use (by risk category)  Very high High Moderate and low	80% 15% 0%	50% 15% 0%	15% 5% 0%	50% 15% 0%	15% 5% 0%
Sterile needles and syringes			90%		90%
Opioid substitution therapy among people who are opioid dependent			50%		
STI screening and treatment	80%	80%		80%	
Regular access to appropriate health system or community-led services	90%	90%	90%	90%	100%
Access to post-exposure prophylaxis as part of package of risk assessment and support	90%	90%	90%	90%	90%

Thresholds for the prioritization of HIV prevention methods: key populations						
	Criterion	Very high	High	Moderate and low		
Sex workers	National adult (15–49 years) HIV prevalence	>3%	>0.3%	<0.3%		
Prisoners	National adult (15–49 years) HIV prevalence	>10%	>1%	<1%		
Gay men and other men who have sex with men	UNAIDS analysis by country/ region	Proportion of populations estimated to have incidence >3%	Proportion of populations estimated to have incidence	Proportion of populations estimated to have incidence <0.3%		

Proportion of populations

estimated to have

incidence

>3%

Low needle—syringe

programme and opioid

substitution therapy

coverage

Mirrors gay men and

other men who have

sex with men in

absence of data

UNAIDS analysis by

country/ region

Transgender people

People who inject

drugs

0.3 - 3%

Proportion of

populations

estimated to have

incidence

0.3 - 3%

Some needle—syringe

programme; some

opioid substitution

therapy

Proportion of populations

estimated to have

incidence

<0.3%

High needle—syringe programme coverage with

adequate needles and

syringes per person who

injects drugs; opioid

substitution therapy

# **Prevention Pillars**

# Fewer than 370,000 new HIV infections per year by 2025

95% of people at risk of HIV have equitable access to and use appropriate, prioritized, person-centred and effective combination prevention options

#### Road Map

- Focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers
- Highlights complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV

0

# Key populations

Combination prevention and harm reduction packages for and with

Sex workers

Gay men and other men who have sex with men

People who inject drugs

Transgender people

Prisoners

2

#### Adolescent girls and young women

Combination prevention packages in settings with high HIV incidence

(based on differentiated, layered packages) 6

# Adolescent boys and men

Combination prevention packages in settings with high HIV incidence

(including voluntary medical male circumcision and promoting access to testing and treatment) 4

# Condom programming

Promotion and distribution of male and female condoms as well as lubricants 6

# ARV-based prevention

Pre-exposure prophylaxis, postexposure prophylaxis, treatment as prevention including for elimination of vertical transmission

#### Access through

Community-based and community-led outreach, health facilities including sexual and reproductive health services, schools, private sector, virtual platforms and other innovations

Foundations, societal and service enablers and addressing underlying inequalities

Sexual and reproductive health and rights

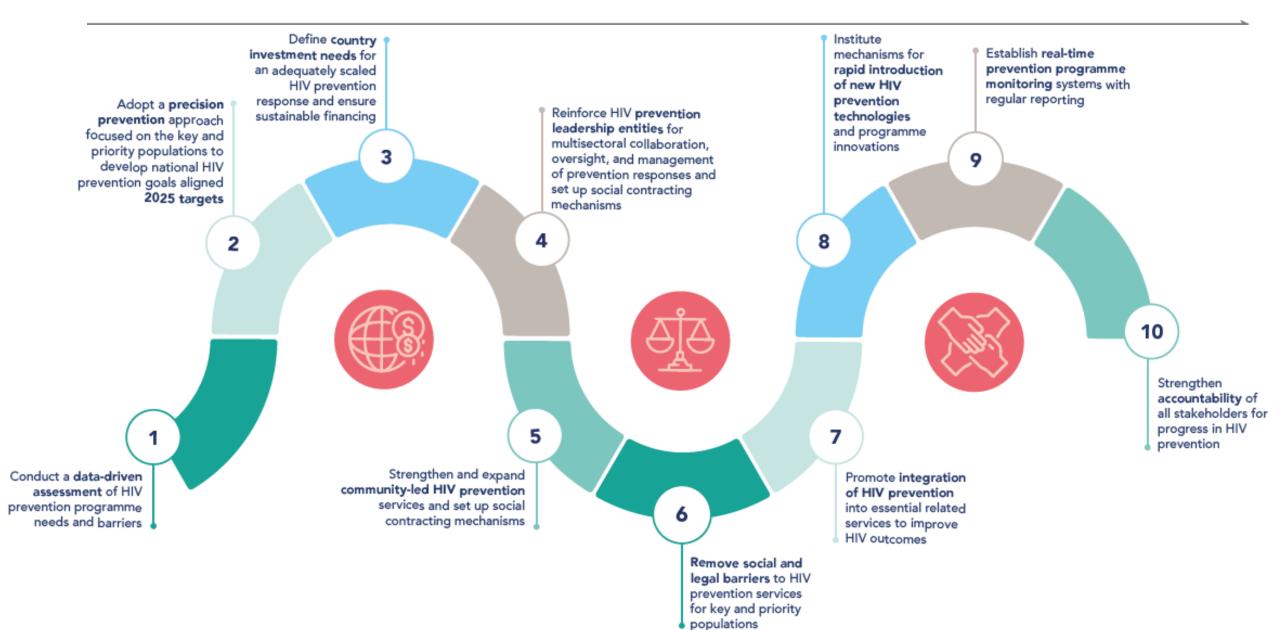
**Gender equality** 

Ending stigma and discrimination

Sustained investment in HIV prevention

Conducive policies and environment Multisectoral, integrated & differentiated approach

# **How Will We Get There – 10 Point Action Plan**



# People-centred precision prevention

- For the right people
- In the right locations
- With the right interventions
- At the right time
- In the right way
- At the right cost

# The right combination and balance

Optimal decisions for reducing HIV incidence and thereby for health impact



## National prevention reviews: How analytical tools fit together

#### 1. Overview & synthesis Start with synthesis available in GPC scorecards and understand gaps towards global targets

2. Analyze progress along the results chain & inequities Further examine data sources, disaggregate, analyze inequities *in progress* 

### 3. Estimate prevention needs Understand detailed needs of

populations and for key intervention areas

#### 4. Granular program analysis

Through prevention self-assessment tools (PSATSs) for the 5 pillars

Dig deeper based on country needs

5. Other cross-cutting analytics

#### **Global HIV Prevention Coalition Scorecards IMPACT STEWARDSHIP POLICIES OUTPUTS OUTCOMES** Policies, structural Program coverage Prevention HIV incidence Strategy, barriers service use, management, behaviour systems (GAM, program (HIV estimates, (Road map survey) (NCPI) & survey data) (GAM, surveys) PHIA ...)

Key population size estimates & prevention denominators

**PSAT** 

Estimates of girls & women at higher risk of HIV and associated factors

Estimates of boys & men at higher risk of HIV, VMMC decisionmaking tool

Condom needs estimation tool

PrEP target setting tools

Key population

Adolescent girls & young women **PSAT** 

Boys & men /VMMC **PSAT** 

Condom **PSAT** 

ARV-based prevention /PrEP **PSAT** 

Prevention cascade analyses, qualitative 'audits' of new infections, program evaluations, ...

# **Defining Who Needs Prevention**

Adopt a simple and practical approach that enables countries apply the new risk thresholds and arrive at clearly defined denominators for prevention programs within 12 months, in line with the Global AIDS Strategy.

# STEP 1

## **DETERMINE TOTAL POPULATION SIZE ESTIMATE**

- > Countries should have up-to-date, nationally validated key population size estimates generated from empirical methods and sound statistical concepts.
- → Where PSEs are outdated or do not exist, global or regional averages may be used to benchmark. For MSM, this should be at least 1% of the total adult male population (WHO & UNAIDS, 2020).
- → In resource constrained settings, **low-cost methodologies that generate reliable PSEs** need to be developed and used.
- → Where possible, multiple sources should be triangulated for greater certainty.
- → Plausible PSEs should be mandatory in the development of all national strategic plans, prevention roadmaps as well as funding requests/country operational plans for major donors.

# STEP 2

### **CALCULATE A PREVENTION DENOMINATOR**

#### For key populations:

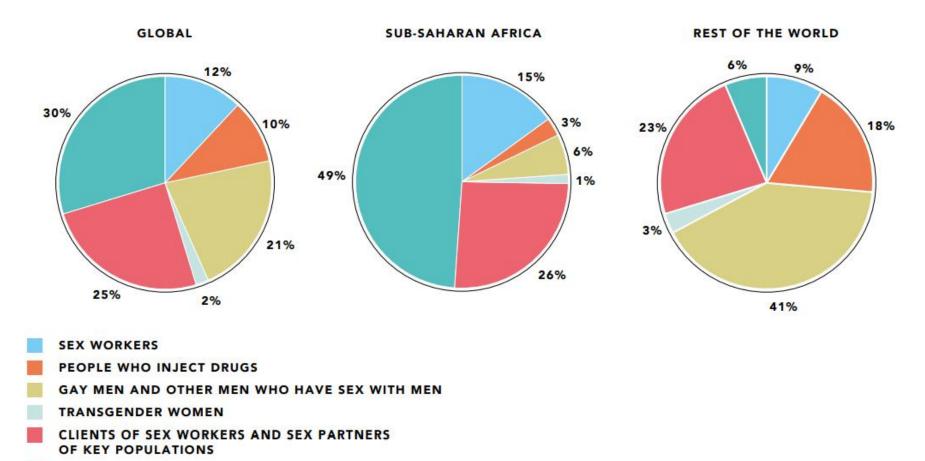
- → Men who have sex with men with a non-regular partner
- → All transgender women
- → All sex workers
- → All people who inject drugs
- → All prisoners

#### For other young people and adults:

- → Use sub-national HIV incidence estimates disaggregated by age, sex, location and risk. The denominator for regular community outreach should be **populations with high HIV incidence** (globally defined as more than 1 per 100 person years).
- → In parts of sub-Saharan Africa this level is also reached among people with non-regular partner(s), people who have transactional sex or another sexually transmitted infection.

### Consider country-specific patterns of HIV acquisition and transmission

Distribution of acquisition of new HIV infections by population, global, sub-Saharan Africa and rest of the world, 2021

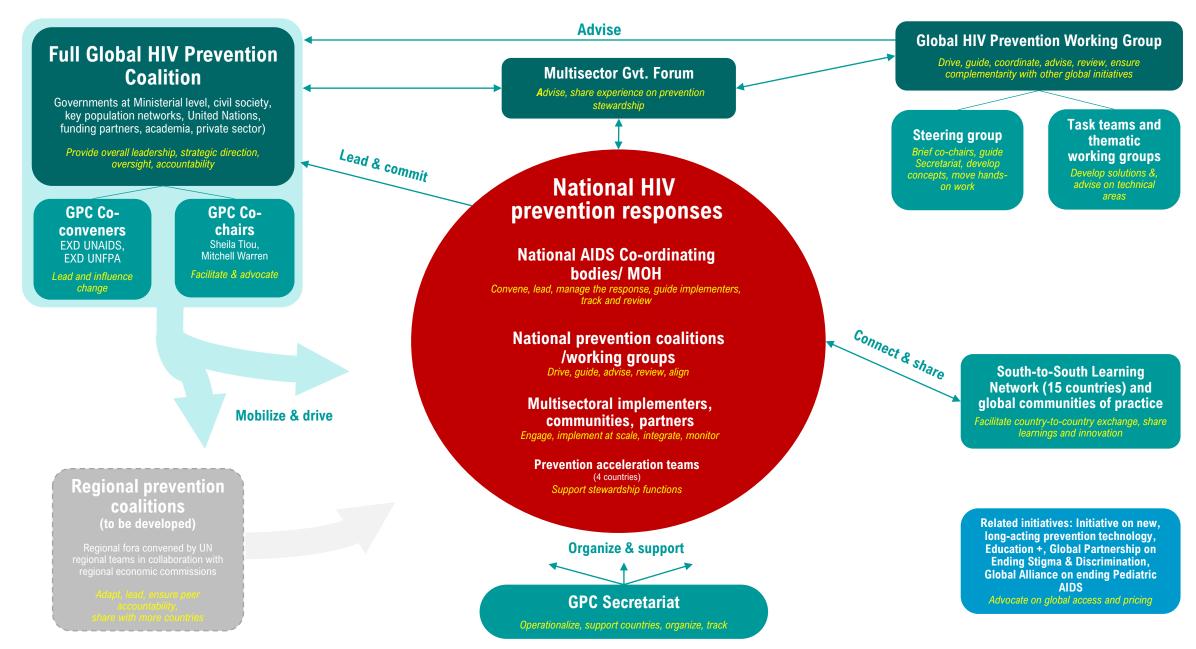


Source: UNAIDS special analysis, 2022 (see Annex on Methods).

REMAINING POPULATION

Note: Due to variations in the availability of data from one year to the next, we do not provide trends in this distribution. See Annex on Methods for a description of the calculation.

## Global HIV Prevention Coalition (GPC) in context – OVERVIEW



# Joining the Global HIV Prevention Coalition – in brief

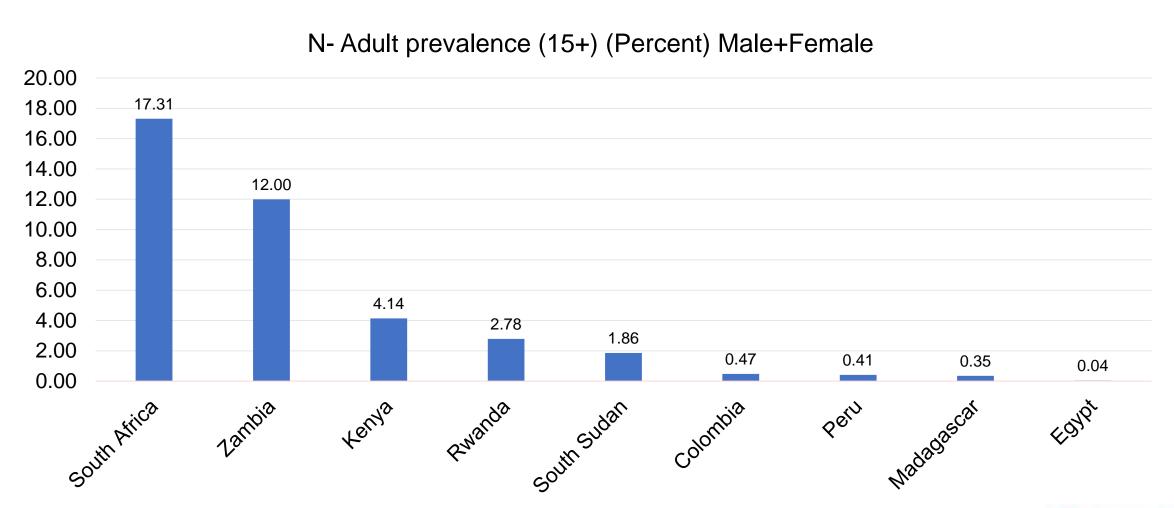
#### To Join the Coalition

- Participate in informal briefing about the Coalition
- Receive formal invitation letter from coconveners (UNAIDS/UNFPA)
- Respond and confirm the country's joining the Coalition
- Participate in an orientation and action planning session for new countries

## After joining ...

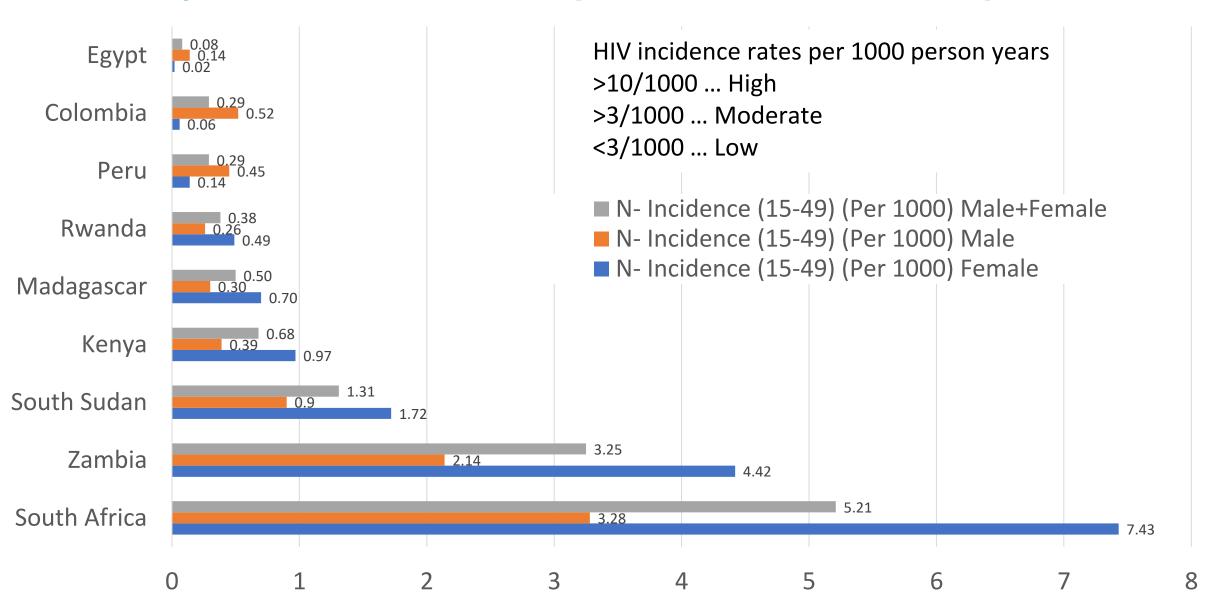
- Implement a country adaptation of the Global 2025 HIV Prevention Road Map
- Set country-specific milestones along the lines of the 10 Road Map actions
- Participate in GPC activities including
  - High-level meetings
  - Multisectoral country gvt. leadership forum (NACA level)
  - Technical meetings and sessions
  - Any regional task forces
- Review progress annually using GPC scorecards
- Participate in period progress survey on the 10 actions

# Six countries – HIV prevalence in comparison

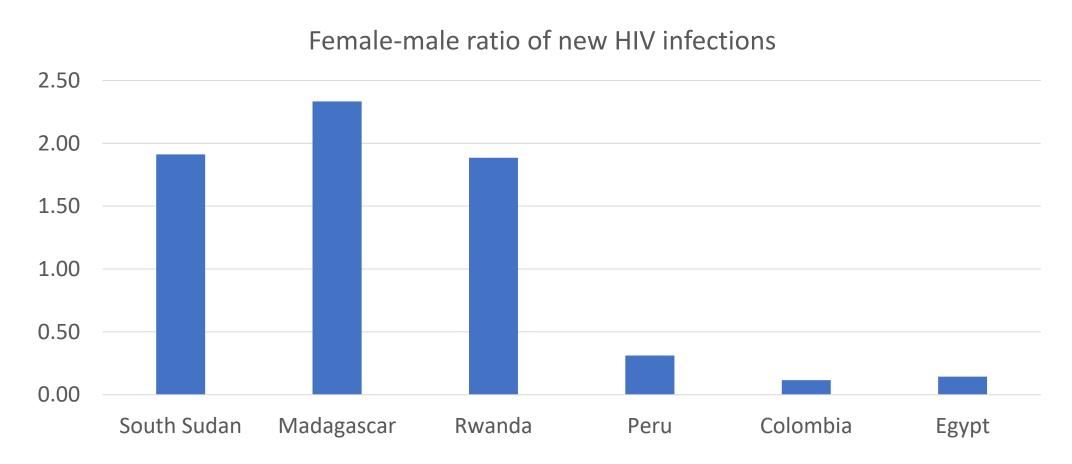




# Looking at the entire population 15-49, HIV incidence is relatively low in the countries present in the workshop



# Female-male ratios – indicative of differences in epidemiology of HIV



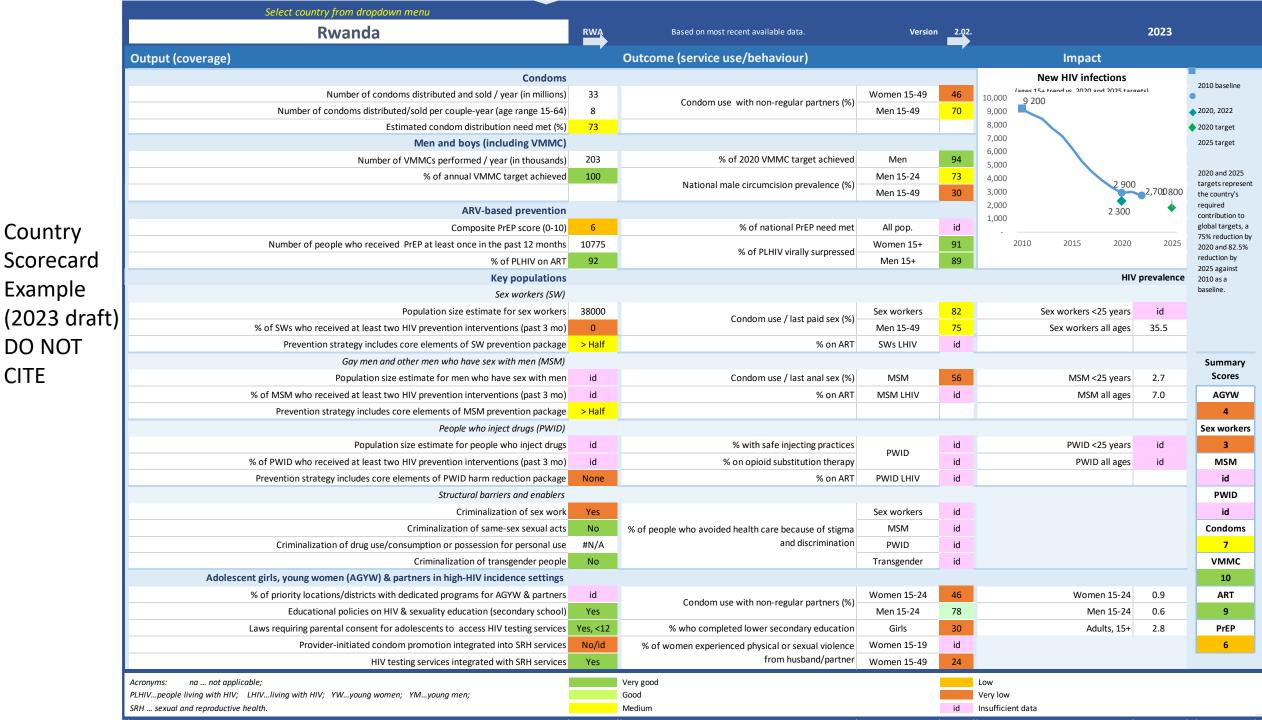
More females acquire HIV

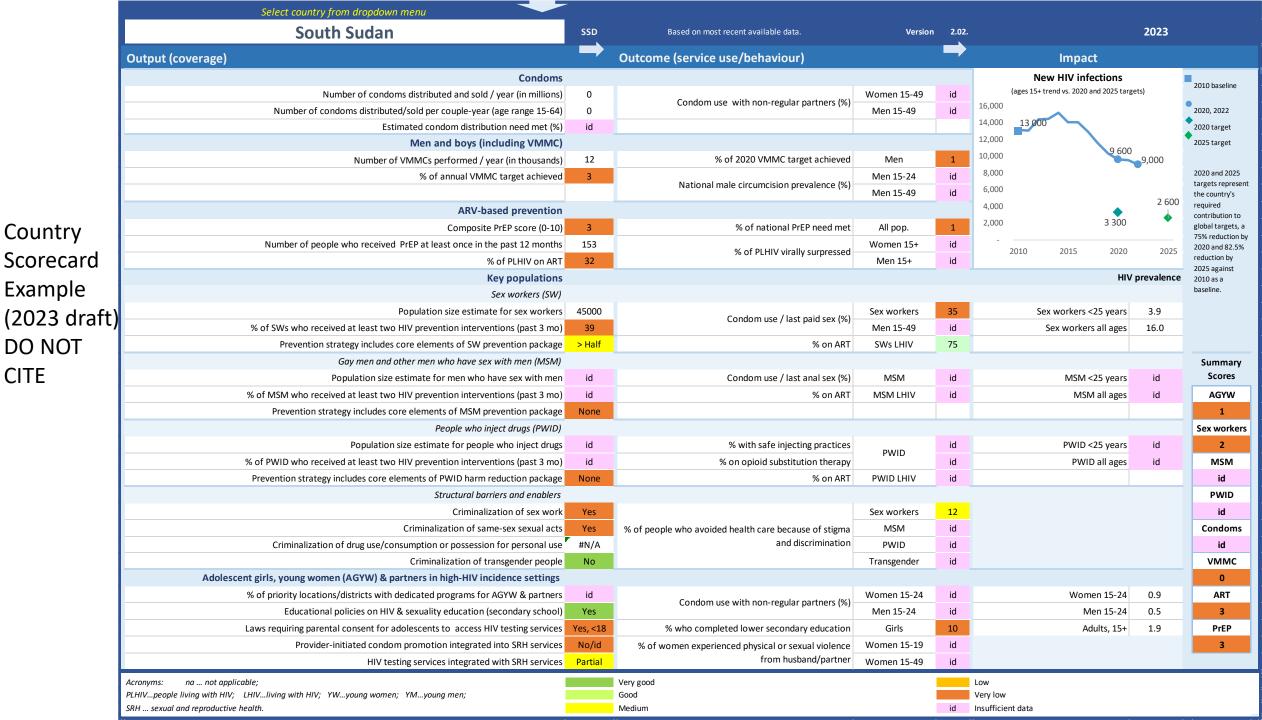
More males acquire HIV



HIV Prevention Score Card - Big Picture 2023 Version 2.02. from drop-down menu Scores are based on specific indicators and provide initial insights, not a full assessment. **GPC** New infection trends and scores reflect different time periods and cannot be directly linked. **Summary Scores Summary Scores Summary Scores** Summar **New HIV New HIV New HIV New HIV New HIV** infections infections infections infections infections Elimination (2010-22, (2010-22, (2010-22, (2010-22, (2010-22, of vertical 2020 & 2020 & 2020 & 2020 & 2020 & transmissio 2025 2025 2025 2025 2025 targets) targets) targets) targets) targets) Angola Eswatini Namibia Zambia Indonesia Peru Islamic Botswana Ethiopia Nigeria Zimbabwe **Philippines** Republic of Iran 7 5 id id 8 id id 4 na 8 8 8 2 6 na id id id id Thailand Cameroon Ghana Rwanda Brazil Madagascar id id na id 7 id id id id Central African South Africa China Mexico Ukraine Kenya Republic id id 10 id id id id id id na 5 id 8 id id 5 3 Congo Lesotho South Sudan Colombia Mvanmar Vietnam id id na 9 id 3 id id id id id Cote d'Ivoire Malawi Uganda Egypt Pakistan 6 9 id na id id 1 5 id id 3 United Democratic Papua New Republic of Mozambique Republic of India Guinea the Congo Tanzania na 8 id 7 8 8 id id Very good (9-10) Medium (7) Very low (0-4) na Not applicable 2010 baseline 2022 value 2020 target Good (8) Low (5-6) id Insufficient data 2025 target

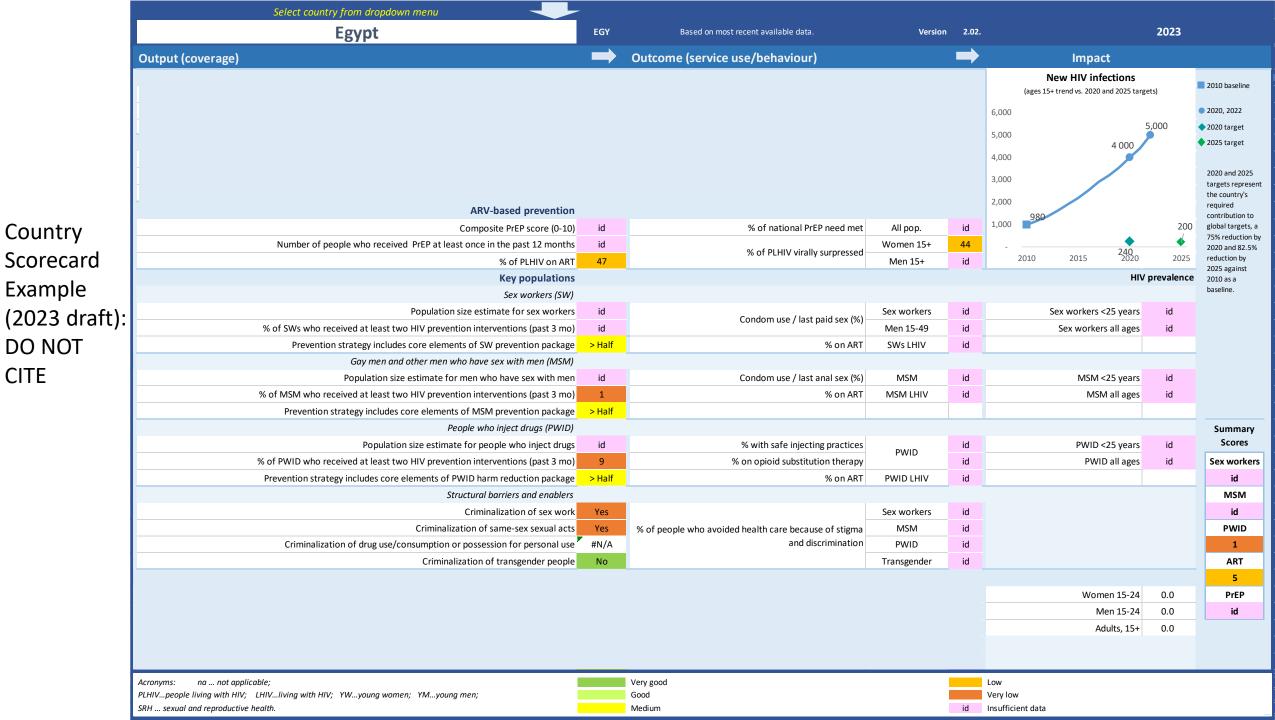
Scorecard showing variation in programme outcomes and continue major coverage and data gaps

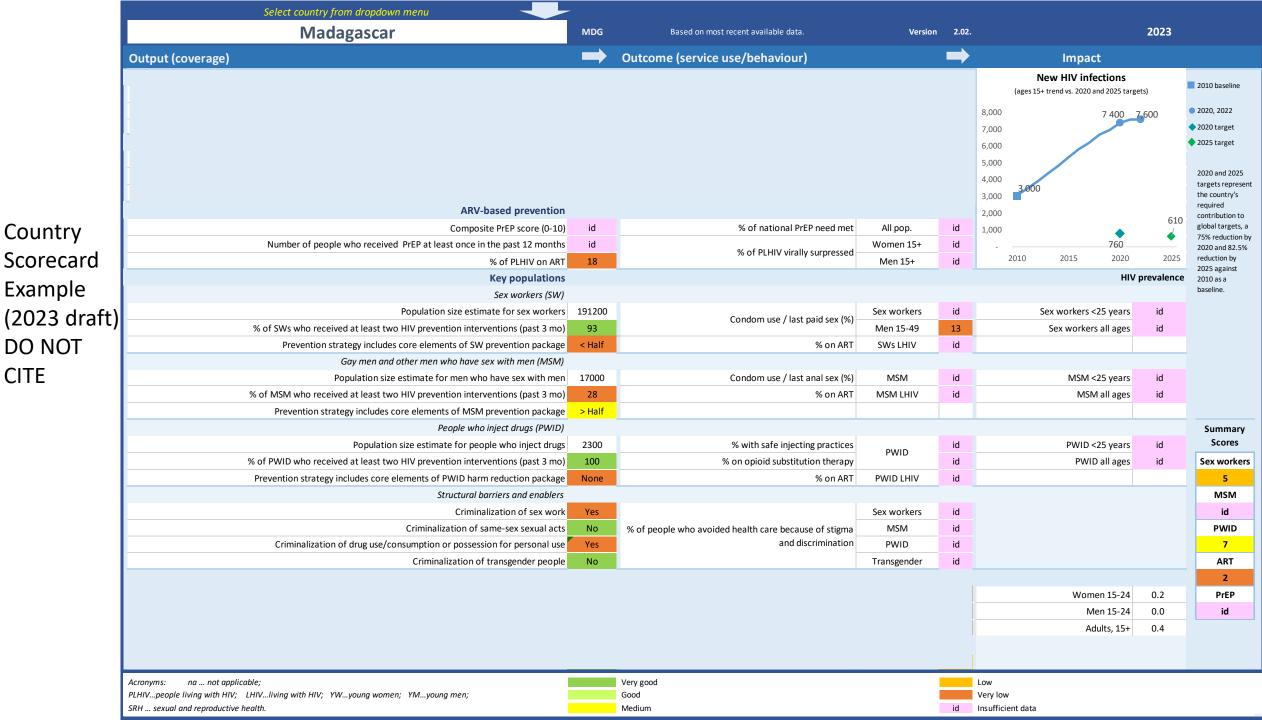












# Sample accountability framework from the 2025 HIV **Prevention Road Map**

For country adaptation

#### ENSURING ACCOUNTABILITY AT THE COUNTRY-LEVEL **ACCOUNTABILITY FOR** SUPPORTED BY IN-COUNTRY COALITION MEMBERS

LED BY NATIONAL AIDS COORDINATING BODIES AND

**CROSS-CUTTING MECHANISMS** 

Strong political leadership in HIV prevention

Semi-annual senior political leadership briefings.

Semi-annual reviews of political action agenda.

Addressing legal and policy barriers

Annual briefings with senior legislators and/or policy-makers.

Semi-annual dialogues on actions to address legal and policy barriers (in collaboration with the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination and building on the Global Commission on HIV and the Law).

Adequate HIV prevention financing Annual HIV prevention financing dialogues with senior leadership in health and finance ministries.

Annual prevention finance and investment tracking at global and country levels.

Implementation at scale

Annual performance reviews based on national and subnational scorecards.

Quarterly programmatic progress-tracking and problemsolving dialogues.

Annual high-level global and regional HIV Prevention Coalition meetings.

National Coalition multistakeholder consultations before and after annual global and regional meetings.

Global tracking of commitments followed by problem-solving dialogues.

# People centred precision prevention is not about focusing on very few, but about the right intensity aligned to people's needs

## People-centered

- Precision in design at community-level but avoid invasive screening of individuals
  - Platforms that reach people most in need not disclosure of key population identities or excluding people who demand prevention
- Co-create, life-style choices, local design

#### Precision: Need a mix of

- intensive prevention for populations with highest HIV incidence (key populations and adolescent girls, boys, women and men in very few locations, mostly in southern Africa, some few in eastern Africa) – this includes PrEP and regular community outreach/empowerment plus all basic prevention & treatment options)
- basic lower cost prevention options at scale (condoms, VMMC where applicable, testing & treatment plus basic demand generation using cost-efficient channels) for other settings with

moderate HIV incidence

-> To achieve optimal prevention outcomes and reductions in HIV incidence

# **Now What?**

- Follow the science
- Implement at scale
- Lead with equity
- Ensure accountability for impact

- Precision
- ☐ Effective & prioritized
- People-centered choices
- ☐ Community-led and innovative access platforms





## Selected thematic resources for HIV prevention

#### **Key populations**

- Budget-Considerations-for-KP-Trusted-Access-Platforms final.pdf (unaids.org)
- Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations
- Practical guidance for comprehensive HIV/STI programmes with sex workers, October 2013 Unaids
- Practical guidance for comprehensive HIV and STI programmes with men who have sex with men, 2015 Unaids
- Practical guidance for implementing comprehensive HIV and STI programmes with Transgender People, April 2016 Unaids
- Practical guidance for implementing comprehensive HIV and HCV programmes with People Who Inject Drugs, May 2017 Unaids

#### Adolescent girls and young women

- HIV prevention among adolescent girls and young women, July 2016 Unaids
- <u>Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women Unaids</u>
- Preventing HIV and other STIs among women and girls using contraceptive services in contexts with high HIV incidence, June 2020 –
   Unaids

#### **Condom programming**

- Developing Effective Condom Programmes; Technical brief Unaids
- Condom Needs and Resource Requirement Estimation Tool Unaids
- Condom Planning Package, Version 1, June 2020 Unaids

#### VMMC/Men and Boys

- Updated VMMC guidelines and recommendations including annexes
- VMMC policy brief
- Enhancing uptake of voluntary medical male circumcision among adolescent boys and men at higher risk for HIV: evidence and case studies available <a href="here">here</a>

#### **PrEP**

Collection of PrEP Implementation Tools and Guidelines

For more examples and resources see: <a href="https://hivpreventioncoalition.unaids.org/resources/">https://hivpreventioncoalition.unaids.org/resources/</a>

