

NOTES OF THE VIRTUAL NATIONAL AIDS COMMISSIONS/COUNCILS (NAC) DIRECTOR GENERALS' FORUM QUARTERLY MEETING

Held on May 30th 2023 from 1500hrs – 1700hrs
East Africa Time (EAT)



Members present

(in Alphabetical order of Country)

- | | |
|----------------------------------|------------------------------|
| 1. Dr. Hu Yiyun | China |
| 2. Professor Eboi Ehui | Côte d'Ivoire |
| 3. Dr. Levin Kapend | Democratic Republic of Congo |
| 4. Khanya Mabuza | Eswatini |
| 5. Dr. Kyeremeh Atuahene | Ghana |
| 6. Dr Chinmoyee Das | India |
| 7. Dr. Ruth Laibon Masha (Chair) | Kenya |
| 8. Francisco Quezada | Mexico |
| 9. Devi Soyjaudah | Mauritius |
| 10. Dr. Antonioa Feliciano | Philippines |
| 11. Dr. Anne Gabriel Gedeon | Seychelles |
| 12. Dr. Thembisile Xulu | South Africa |
| 13. Dr. Leonard Maboko | Tanzania |
| 14. Dr. Nelson Musoba | Uganda |

Representatives of Director General

- | | |
|---|----------|
| 1. Dr. Mweete Nglazi, representing Prof Lloyd Mulenga | Zambia |
| 2. Raymond Yekeye, representing Dr. Madzima | Zimbabwe |

Members absent with apologies

- | | |
|--------------------------|------------|
| 1. Dr. Francisco Mbofana | Mozambique |
| 2. Ms. Naemi Shoopala | Namibia |
| 3. Prof Lloyd Mulenga | Zambia |

In-Country Technical Officers

- | | |
|-------------------------|---------------|
| 1. Tania Chilumbo, | Angola |
| 2. Dr. Adingra Patrice, | Côte d'Ivoire |
| 3. Ms. Carol Ngare | Kenya |
| 4. Dr. Daniel Byamukama | Uganda |

GPC Leadership & Secretariat

1. Mitchell Warren	GPC co-chair
2. Dr. Paula Munderi	UNAIDS
3. Gloria Byaruhanga	UNAIDS
4. Lycias Zembe	UNAIDS
5. Clemens Benedikt	UNAIDS

GPC Partners

1. Adamou Dambagi - UNAIDS, DR Congo
2. Adalberto
3. Adi Nugroho
4. Aditia Taslim
5. Aditi Sharma - Frontline AIDS
6. Adolfo
7. Ana Gabriela Torres – UNFPA, Mexico
8. Andrew Gonani – NAC, Malawi
9. Andrey Poshtaruk – UNFPA - EECA Regional Office
10. Anne Shongwe
11. Aimé Mboyo
12. Aurea Oradini - UNAIDS
13. Anurita Bains – UNICEF
14. Bagus Rahmat Prabowo
15. Barihuta Tharcisse – UNAIDS, Zambia
16. Ben Wahaba
17. Betty Araba - UNAIDS, South Sudan
18. Boyan Konstantinov - UNDP
19. Carlos Toledo – CDC, Atlanta
20. Celeste Sandoval
21. Cholpona Egeshova
22. Cynthia Asante – UNAIDS, Ghana
23. Dr. Francoise Ndayishimiye - UNAIDS, Ethiopia
24. Dr Lisa Ntumba
25. Dr. Neghist Tesfaye – UNAIDS, Ethiopia
26. Dr. Siobhan Crowley - Head of HIV, The Global Fund
27. Dr. Mamadou, L. Sakho - UNAIDS/RST/WCA
28. Dr. Van Phillip Baton – UNAIDS, Philippines
29. Eby Pascal - UNAIDS RST, Senegal
30. Efren Chanliongco – NAC, Philippines
31. Fah El Hadj
32. F Javier Arellano - ONUSIDA LAC
33. Felly Lonzolo
34. Fernando Damazio
35. Florence Hamahwa
36. Gabriel Undelikwo
37. Grace Mallya – UNAIDS, Tanzania
38. Hege Wagan – UNAIDS, Angola
39. Hind Hassan – UNAIDS, Rwanda
40. Jaime Nadal – UNFPA, Ukraine
41. José de oliveira
42. Jude Padayachy - Madagascar
43. Jules Kim - Global Network of Sex Work Projects, UK
44. Kathy Hageman
45. Liudmyla Shevtsova - UNFPA
46. Lebo Mothae

47. Lloyd Mulenga
48. Louie Ocampo - Philippines
49. Lola Walker
50. Mach-houd Kouton - RST-WCA
51. Maluh Orezca - PNAC Secretariat
52. Medhin Tsehaiu
53. Mélia Bossiky
54. Monica Ciupagea - UNODC
55. Mungala Davi Soyjaudah
56. Nandini Kapoor – UNAIDS, India
57. Nicolas Gunner - UNAIDS
58. Nicholus Mutenda
59. Nina Henke – UNAIDS, Kazakhstan
60. Ndayishimiye F
61. Nyasha Phanisa Sithole - Development Agenda for Girls and Women in Africa Network, Zimbabwe
62. Pepukai Chikukwa - UNAIDS, Lesotho
63. Puleng Letsie – UNAIDS, Namibia
64. Rabia Pasha – UNFPA, Pakistan
65. Rench - PNAC Secretariat
66. Ryan
67. Sandra Gaveta
68. Santino Fot
69. Sara Klucking - S/GAC PEPFAR
70. Soulaïmana Youssouf
71. Susan Kasedde - UNAIDS, DRC
72. Susie McLean - Global Fund
73. Taoufik Bakkali - UNAIDS
74. Tendai Kunyelesa - Development Agenda for Girls and Women in Africa Network, Zimbabwe
75. Thabo Lebaka – UNFPA, Lesotho
76. Thembisile Dlamini – UNAIDS, Eswatini
77. Thomas Tchetmi
78. Tim Sladden - UNFPA
79. Vinita Verma – NACO, India
80. Yves Obotela - RDC

Consulting team:

1. Dr. Nduku Kilonzo Yemaya Health Group, Kenya
2. Cynthia Maliti Steps Ahead, Kenya
3. Elizabeth King'ori Yemaya Health Group

In Attendance

1. Benoît Willaume - Interpreter
2. Carmen Benito Garcia - Interpreter
3. Claudinei Nunes da Silva - Interpreter
4. Max Crisp – Interpreter
5. Melanie Klemm - Interpreter
6. Muriel - Interpreter
7. Soulaïmana Youssouf
8. vanrenterghemh
9. gahongayireb

MEETING AGENDA

Time	Agenda Item	Responsible person(s)
3:00 – 3:10	Opening of the meeting <ul style="list-style-type: none"> ▪ Opening Remarks ▪ Introductions (to be done in the chat) 	<ul style="list-style-type: none"> ▪ Dr. Paula Munderi (Head, Programme Innovation for Prevention Treatment & Pediatrics, UNAIDS) ▪ Dr. Ruth Laibon (Chair, NAC Directors' Forum) ▪ Facilitator: (Dr. Kyeremeh Atuahene, NAC Ghana TBC)
3:10 – 3:25	Implementation of the 2025 Roadmap survey results. <ul style="list-style-type: none"> ▪ Presentation of the survey results ▪ Q&A 	<ul style="list-style-type: none"> ▪ Lycias Zembe (GPC Secretariat) ▪ Facilitator: (Dr. Kyeremeh Atuahene, NAC Ghana TBC)
3.25 - 4.20	Strengthening Stewardship of NACs for HIV prevention and response in transition: A review of progress of the NAC Directors' Forum <ul style="list-style-type: none"> ▪ Facilitating re-shaping Country Leadership for HIV Prevention ▪ Development of guidance on the establishment and implementation of multi-sector Prevention programmes ▪ Sustainable financing in the context of transition ▪ Establishing the NAC DGs Secretariat – consultancy support and outputs for the next one year Plenary and next steps discussions	<ul style="list-style-type: none"> ▪ Dr. Ruth Masha / Dr. Nduku Kilonzo (NAC leadership consultant) ▪ Facilitator: (Dr. Nelson Musoba, Uganda)
4.20-4.40	Updates and Feedback of the GPC: <ul style="list-style-type: none"> ▪ The WHA-GPC High-Level dialogue with Global leadership (24 May 2023, Geneva, Switzerland) ▪ The GPC Co-Chairs meeting- (25 May 2023, Geneva, Switzerland) ▪ ICASA- (December 2023, Zimbabwe) Plenary Q & A	<ul style="list-style-type: none"> ▪ Mitchell Warren. Co-chair, GPC ▪ Prof Sheila Tlou, Co-Chair, GPC ▪ Facilitator: (Ms Nidhi Kesarwani, - India, NACO)
4:40 – 4.50	GPC expansion to other countries <ul style="list-style-type: none"> ▪ Regionalization of the GPC 	<ul style="list-style-type: none"> ▪ Clemens Benedikt – GPC Secretariat ▪ Facilitator (Ms Nidhi Kesarwani, - India, NACO)
4.50-5.00	Closing of the Meeting	<ul style="list-style-type: none"> ▪ Dr. Benard Madzima – NAC Directors' Forum Co-chair

1. Opening of the Meeting

Facilitator: Dr. Kyeremeh Atuahene, Ghana

- Called on Director Generals to introduce themselves.
- Observers were invited to indicate their names on the meeting Chat platform.

Dr. Paula Munderi opened the meeting.

- Welcomed the 6 additional GPC member states who had been approved at the last GPC meeting.
- Thanked the Director Generals for their time and commitment to HIV prevention.
- Reiterated the importance of advocacy with local government leaders and other partners/ stakeholders to influence development of legal and social policies that will help promoted HIV prevention for key populations within countries.

Dr. Ruth Masha made opening statements (*Attached as Annex 1*)

2. Implementation of the 2025 Roadmap Survey Results

Facilitator: Dr. Kyeremeh Atuahene, Ghana

Presentation: By Lycias Zembe of the survey (*PowerPoint Attached as Annex 2*)

- The survey aligned to the 10-action points of the HIV Prevention 2025 Roadmap and was carried out between 9th and 28th March 2023, to help identify countries position regarding the 2025 road map.
- A total of 33 of 34 countries participated in the survey.

Deliberations:

- The survey results were appreciated.
- Members noted the gaps in the areas of leadership, monitoring, and accountability for HIV prevention.
- The differences in NACs in terms of structure, placement, mandates were noted as a potentially challenging in different countries, but it was noted that NACs need to ensure the 2025 road map is achieved by focusing on country specific gap areas.
- The need for countries to remove social and legal barriers impeding HIV prevention initiatives in most GPC countries was noted.

3. Strengthening Stewardship of NACs for HIV prevention and response in transition

Facilitator: Dr. Nelson Musoba, Uganda

Presentations:

- Dr. Ruth Laibon Masha (*Statement attached as Annex 3*)
- Dr. Nduku Kilonzo (*PowerPoint Attached as Annex 4*)

*The consultant requested NAC DGs for a special meeting between to discuss the current state of NACs, challenges, and future role

Deliberations:

- Meeting participants welcomed the consultant and appreciated the tasks, noting the urgency of the assignment, particularly in relation to the gaps identified by the survey.
- It was noted that the consultancy should align and respond to the gaps identified in the 2025 Roadmap survey results, and that the survey is used as a data source.

- A question on relevance of NACs was raised and in some of the reflections, it was posited that NACs were an in-country reflection of UNAIDS at the Global level and therefore the need for UNAIDS to actively support re-shaping and strengthening of NACs.
- It was proposed that the consultant explore the enablers and barriers for NAC successes to configure the future recognizing emerging and competing global health and national priorities.
- The diversity of NACs was identified and the need to consider a document that considers expanded functions, different geo-political experiences of the HIV response.
- The proposal to undertake a 'how-to' policy guidance was seen as key to leveraging NACs multi-sector coordination historical strengths.
- Costing of HIV prevention, to increase the potential for domestic financing was identified as requiring re-thinking.
- The consultant was encouraged to consider framing the future in the context of a broader development agenda, beyond a global health only focus.

4. Updates and Feedback of the GPC

Facilitator: Dr. Nduku Kilonzo

Presentation:

- By Mitchell Warren, Co-Chair of GPC on behalf of all co-Chairs.
 - By Dr. Ruth Masha, Chair NAC DGs Forum
- Noted that there were two panels at the WHO side meeting: i) comprising Ministers of Health and ii) comprising Global health leaders reaffirmed their commitment to HIV prevention; and a subsequent meeting of Co-Chairs.
- The link to the WHA side meeting was shared - <https://www.youtube.com/watch?v=xsXKJGZ-Kw>
- There was consensus that progress has been made and that there are opportunities to prioritize prevention and accelerate Prevention in the same way it has been done for treatment.
- There was singularity of messaging that the Global actors, Country leadership and Communities can galvanize to move available prevention options into choices, thus accelerating HIV prevention.
- There was acknowledgement of the current different landscape, especially with global attention focusing on pandemic preparedness and response. There was also common voice that dealing with future pandemics is the answer to successfully dealing with future pandemics.
- There are current questions emerging on what the Global Health Architecture will look like post 2030.
- The issue of accountability was raised with acknowledgement of the need to have 360degree accountability monitoring and validation based on the roadmap deliverables that would include all GPC partners (Global Partners, Country, and Communities)
- Acknowledged that 'rubber meets the road' with AIDS Commissions and therefore there was need for resources directed at NACs to grow their capacities and capabilities.

Deliberations:

- Members appreciated commitments by Global leaders.
- They acknowledged that the future of Global Health Security relies on a specific Strength of the NACs, that is Multi-Sectoral Coordination and thus there was need to strengthen the NACs.
- There was need for the AIDS Commissions Forum to structure itself in a way to be a player in the Global agenda, as it was the only way to ensure that HIV prevention was not left behind. move forward the agenda.

5. GPC expansion to other countries

Presentation:

- By Clemens Benedikt
- Noted that there is regional specificity to HIV prevention issues across GPC member states.
- There have been requests from different regions of the GPC member states that are unique to their challenges.
- The UNAIDS/GPC is regionalizing activities with specific sets of regional activities to respond to these needs and that this approach would enhance regional conversations that create collective actions towards specific needs.

Deliberations:

- It was noted that GF supports non-GPC countries for HIV prevention interventions and thus, this approach was welcomed as it would address specific program design and implementation support needs beyond GPC countries in an area.

Closing of the meeting

Facilitator: Dr. Nduku Kilonzo

Presentation:

- Raymond Yekeye on behalf of Dr. Madzima
- Provided a brief about the International Conference on AIDS and STIs in Africa (ICASA) that will be held in Harare Zimbabwe from 4th – 9th December 2023.
- Proposed that the NAC DGs Forum consider hosting a side event at ICASA.

Meeting was closed at 1702hrs EAT.

ACTION POINTS EMERGING FROM THE MEETING:

Agenda	Actions	Responsible
#2: Implementation of the 2025 Roadmap Survey Results	<ol style="list-style-type: none">1. GPC survey report will be shared.2. DGs to review each country status and develop an action plan to address gaps and challenges.	
Strengthening stewardship of NACs for HIV prevention and response in transition	<ol style="list-style-type: none">3. Special meeting of NAC Directors to discuss the future of NACs approved.4. GPC Survey results to be used as a source of data for the consultancy work.5. Director Generals approved that the consultant reach out to their technical teams to facilitate the development of the 'how-to' policy guidance document	
Closing of the meeting	<ol style="list-style-type: none">6. Director Generals to provide contact information as requested by the consultant.7. Create a DGs emailing list.8. Host a NACs meeting at ICASA	

1. Opening Remarks – Dr. Ruth Masha

**REMARKS OF DR. RUTH LAIBON-MASHA
CHAIR, NAC DIRECTOR GENERALS FORUM AND CEO,
KENYA NATIONAL SYNDemic DISEASE CONTROL COUNCIL AT THE
QUARTERLY AIDS COMMISSIONS DIRECTORS' MEETING.
DATE: MAY 30, 2023**

Ladies and Gentlemen,

I am pleased to be here today, and extend a warm welcome to you all.

I take this opportunity to welcome & acknowledge.

- All Director Generals of AIDS Commissions in today's meeting
- A special welcome to the Director Generals who are joining us for the first time
- The Co-Chairs of the Global AIDS Prevention Coalition
- The UNAIDS Director Science, Systems and Services for All, Dr. Dr. Fodé Simaga
- Dr Paula AUBERSON-MUNDERI and the GPC team,
- All the UNAIDS & UNFPA Regional Directors and Country Directors and HIV Prevention Focal Points and any Members of the GPC Working Group
- The NAC Director Generals Forum Secretariat team from Kenya

It is important that as I first take the opportunity to reflect on the Director Generals Forum, its beginnings and next steps, especially for the new Directors. The Director Generals Community of Practice, which we commonly tend to refer to as 'the Forum' was established in 2019 with the support of the Global HIV Prevention Coalition. It was intended as a platform to accelerate attainment of the HIV Prevention Roadmap 2020, by leveraging and strengthening national prevention leadership and accountability through the AIDS Commissions.

It recognized the strengths of the NACs as engines of a multi-sector response for health, noting that multi-sectoral action remains a fundamental requirement for HIV prevention success. Much of the HIV prevention interventions are external to Ministry of Health Mandate and operations as it is about structural interventions. It also recognized the changing dynamics and transitions of the HIV epidemic and response include disease transitions where incidence continues to be concentrated in specific populations and is driven by structural challenges that cannot be addressed within the Ministry of Health only. Thus, the Forum was aimed at ensuring that the leadership of NACs is strengthened even within these new environments.

Between 2019 and present, there has been many lessons learnt and especially because of COVID19, and there remain opportunities and challenges for this forum. Some of the key activities that we have undertaken have included:

- NAC Directors' input to the development of the next Global Fund Strategy in August last year where we submitted joint feedback to the new Global Fund Strategy 2023-2028.

- Development and submission of a joint proposal of NAC Directors for a PCB Thematic Segment focusing on the new generation of NACs in the HIV prevention and COVID-19 response with representation of NACC CEO, Kenya and NACO Deputy Director, India
- NAC Directors' input to Global AIDS Strategy 2021-2026
- GPC Ministerial Meeting 'HIV Prevention 2021-2025, taking stock, planning the future' on 18th November 2020, the annual GPC Ministerial Meeting took place virtually to review progress and identify continued challenges in achieving HIV prevention targets by 2020.

These activities have and continue to help us push our agenda. However, are changes that we must face. The HIV epidemic has evolved. Global health priorities have changed. Government priorities are shifting and resources are diminishing and NACs have evolved in various ways. But, some things remain critical to the response such as Multi-sector action, communities, Country ownership and dedicated. Taking all these into consideration, now is the time is now to reimagine and reshape our future in the new world.

Following our previous discussions in this forum, we agreed that a strengthened secretariat is necessary to support this forum in view of these new directions and complexities that have arisen out of the transitions. We engaged the GPC to support us with a consultant. A procurement process for a Leadership Consultant was initiated and completed in April 2023. Dr. Nduku Kilonzo, who many of us know was selected. Dr. Nduku is the immediate former Chief Executive of the NAC Kenya and was part founder and the first Chair of this forum and therefore is uniquely placed to support us.

We shall have more extensive deliberation on this idea of re-positioning NACs in a following subsequent session. And therefore, at this point, I take the opportunity to thank you all and welcome you to our meeting today.

2. Implementation of the 2025 Roadmap Survey Results

2023 Country Survey on 10 Point Action Plan (2025 Global HIV Prevention Roadmap)

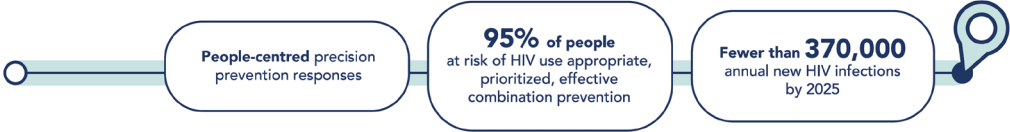
Summary highlights on where countries are – March 2023

Lycias Zembe
Global HIV Prevention Coalition, UNAIDS, Geneva
NAC Managers Meeting
30 May 2023



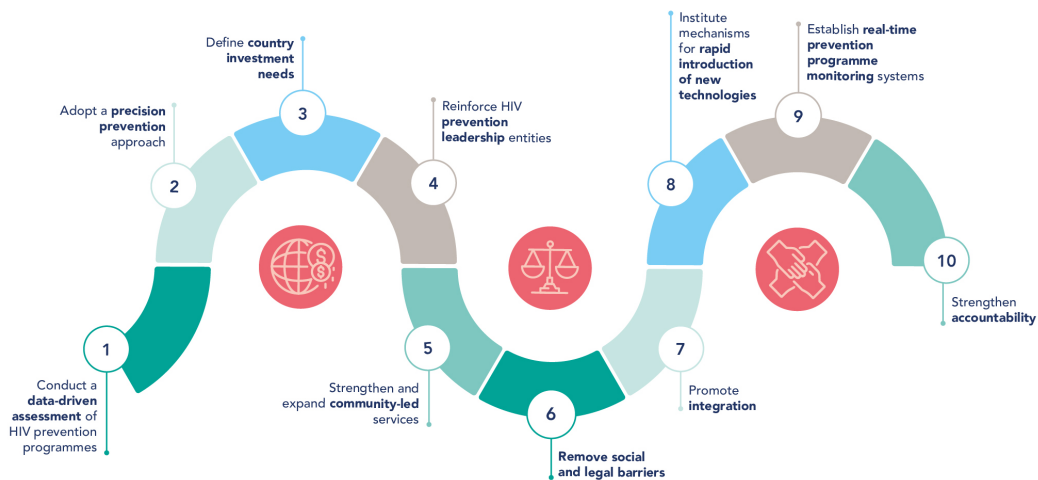
What Will Success Look Like

The Global AIDS Strategy Targets



How Will We Get There

Ten Point Plan for Country-Level Actions



Why is a Road Map survey conducted?

Document where countries are in relation to the 10-Point Action Plan of the 2025 HIV Prevention Road Map

Highlighting where progress has been made and identify remaining gaps

The GPC is also a platform for cross-learning; compiled survey results allow comparability across countries



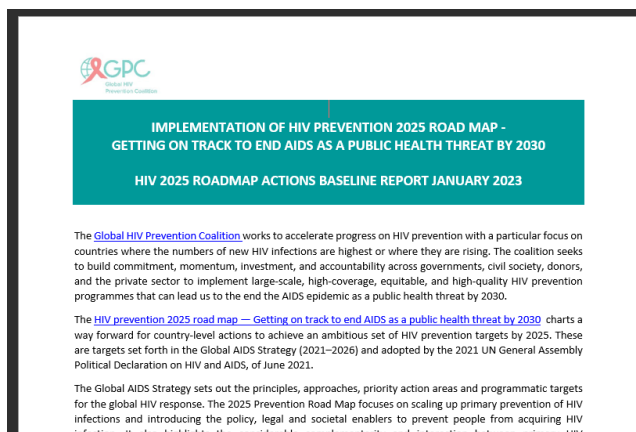
How the survey was conducted



- The survey was shared with countries between 9 - 28 March 2023
 - 28 GPC focus countries + 6 “new” countries
- Recipients in each country included:
 - UNAIDS Country Directors,
 - UNAIDS HIV prevention focal points,
 - UNFPA representatives,
 - UNFPA HIV prevention focal points,
 - National AIDS Commission Directors and their HIV prevention focal points,
 - Ministry of Health HIV Prevention Focals points,
 - UNAIDS RST Directors and their HIV Prevention Focal points
- One response per country compiled by the HIV prevention TWG under the leadership of the National AIDS Councils or National AIDS Control Program or the prevention leadership entity.
- Responses were received by the GPC Secretariat Team between 15 March and 12 May 2023
- All results are verified by government programs before analysis and dissemination



Survey questionnaire structure



- The structure follows the 10 actions of the 2025 Road Map and attempts to capture all the pillars where relevant
- Each section attempts to drill down on specific Road Map actions in line with the milestones in the Road Map
 - 2. Adopt a precision prevention approach focused on the key and priority populations to develop national HIV prevention goals aligned 2025 targets
 - 2.1 Based on the evidence-driven assessment under point 1, has the country developed or updated a national HIV Prevention Road Map or plan that covers the period up to 2025 or beyond?
 - Yes, a national HIV prevention Road Map or Strategy
 - Yes, a costed national HIV prevention plan
 - Yes, a national strategic plan on HIV that reflects all the relevant priority pillars and populations of the 2025 Road Map
 - No
- A total of 45 main questions
 - Multiple choice question - 21
 - Multiple checkbox questions - 17
 - Text based questions – 7 [5 of them ask for milestones as follow-up questions]
 - Comments boxes



Countries response rates, data verification and analyses

Complete submissions

Angola	Botswana	Brazil	Cameroon
China	Colombia	Côte d'Ivoire	Congo, Dem. Rep
Eswatini	Ethiopia	Ghana	Indonesia
Iran, Islamic Rep.	Kenya	Lesotho	Madagascar
Malawi	Zambia	Mozambique	Namibia
Pakistan	Philippines	South Africa	South Sudan
Ukraine	United Republic of Tanzania	Zimbabwe	Uganda
India	Mexico	Nigeria	Rwanda

not submitted

Kazakhstan

Analysis was done on N = 33/34 countries done



Baseline survey results



How we assigned scores

Road Map Action 2. Adopt a precision prevention approach to develop national HIV prevention goals and aligned 2025 targets

- Scoring considered all the components of the action plan item as suggested in the 2025 HIV Prevention Road Map

Q#	Road map action component being assessed	Score	Lesotho	Uganda	South Africa
2.1	> Developed a prevention Road Map or plan	-> 0.5	0.5	0.5	0
2.2	> Set granular HIV prevention targets	-> 0.2	0.2	0	0.2
2.3	> Translate national targets to subnational targets	-> 0.06	0.06	0	0.06
2.4	> Differentiated HIV prevention packages	-> 0.08	0	0.08	0
2.5	> Packages for AGYW where relevant	-> 0.08	0.08	0.08	0.08
2.7	> SOPs or implementation guides in place	-> 0.08	0.08	0.08	0.08
Overall score		1.0	0.9	0.7	0.5

A complete scoring matrix for all actions is available

■ Done
■ Partially done or in progress
■ Road Map Action component not done



Where countries are with each Ten – Point Plan Action – March 2023

10 - Point Plan Action	Lesotho	United Republic of Tanzania	D. R. Congo	Cameroon	Eswatini	South Africa	Côte d'Ivoire	Kenya	Namibia	Zimbabwe	Nigeria	Uganda	India	Malawi	Pakistan	Islamic Republic of Iran	China	Ethiopia	Zambia	Angola	Indonesia	Mozambique	Mexico	Brazil	Ukraine	Ghana	Botswana	Rwanda	Madagascar	Philippines	Colombia	South Sudan
1. Data-driven needs assessment	Done	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
2. Precision prevention approach	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
3. Define investment needs	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
4. HIV prevention leadership agencies	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
5. Expand community-led services	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
6. Remove social and legal barriers	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
7. Integration with related services	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
8. Introduction of new technologies	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
9. Real-time programme monitoring	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	
10. Accountability for HIV progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	Partially done/in progress	

■ Done ■ Partially done/in progress ■ Not yet done

New GPC countries – Colombia, Madagascar, Philippines, Kazakhstan, Rwanda, South Sudan



Where countries are with each component of each of the Ten – Actions – March 2023

- Done
- In progress
- Not yet done

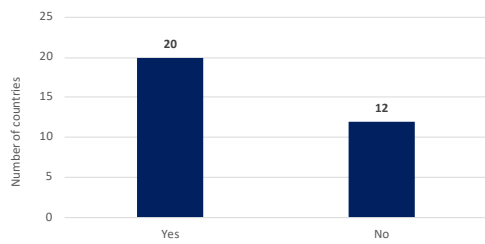
2025 HIV Prevention Road Map Action	Question number (in the survey questionnaire)	Road Map Baseline Survey components considered for overall Road Map Action scoring	Share of scores among the survey components scored	Isitho	United Republic of Tanzania	Democratic Republic of the Congo	Cameroon	Swaziland	South Africa	Site of Peace Kenya	Malawi	Zambia	Zimbabwe	Uganda	Uganda	Malawi	Islamic Republic of Iran	China	Ethiopia	Zambia	Angola	Indonesia	Nicaragua	Myanmar	Mexico	Ukraine	Dominican Republic	Guatemala	Madagascar	Philippines	Colombia	South Sudan	Lebanon
1. Data-driven needs assessment	1.1	> HIV prev response epidemic patterns analysis	>50% based on the level																														
	1.2	> Consultation meetings to identify barriers	>25%																														
		> Listing of the identified barriers	>25%																														
Total score																																	
2. Precision prevention approach	2.1	> developed a prevention Road Map or plan	>50%																														
	2.2	> Set granular HIV prevention targets	>20%																														
	2.3	> Translate national targets to subnational targets	>6%																														
	2.4	> Differentiated HIV prevention packages	>8%																														
	2.5	> Packages for AGWV where relevant	>8%																														
Total score																																	
3. Define investment needs	3.1	> Budget/ costed HIV prevention plan	>40%																														
	3.2	> Dialogue to address prevention funding gap	>40%																														
Over all score																																	
4. HIV prevention leadership agencies	4.1	> Multi-sector HIV prevention leadership exist	>50%																														
	4.2	> The entity is functional shown by meetings held	>20%																														
	4.3	> Milestones developed to reinforce HIV prevention	>20%																														
Total score																																	
5. Expand community-led services	5.1	> government convening of relevant communities	>20%																														
	5.2	> Public funds being allocated to NGOs	>20%																														
	5.3	> Any laws or policies impacting NGOs	>20%																														
	5.4	> Any targets set on community-led services	>20%																														
	5.5	> Milestones on community-led services	>20%																														
Total score																																	
6. Remove social and legal barriers	6.1	> Legal, policy and structural barriers in strategy	>60%																														
	6.2	> Milestone to address the barriers	>40%																														
Total score																																	
7. Integration with related services	7.1	> Integration milestone developed	>70%																														
	7.1.1	> Are the milestones listed	>80%																														
Total score																																	
8. Introduction of new technologies		> Actions for new prevention technologies	>60%																														
		> Milestone on new prevention technologies	>40%																														
	Total score																																
	9.1	> Data triangulation for coverage of programmes	>40%																														
9. Real-time programme monitoring	9.3	> Developed subnational Scorecards?	>10%																														
	9.4	> HIV prevention funding expenditure analysis done	>40%																														
	9.5	> Cost-effectiveness in programme reviews	>10%																														
	Total score																																
10. Accountability for HIV progress	10.1	> Table 3 of the 2025 Road Map followed	>10% per answer																														
	10.2	> Accountability framework in line with Road Map	>20% yes, >20% in progress																														
Total score																																	

Some specifics of the country responses



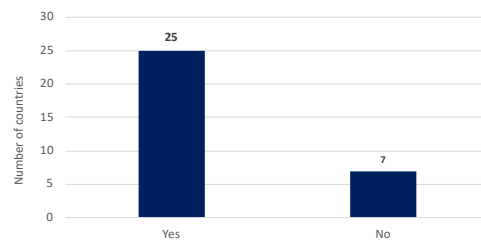
Action 3.1 & 3.2

Does the country have a budget/costed plan to achieve the 2025 HIV prevention targets/road map for all relevant priority pillars of prevention including key populations and other priority populations?



- 20/33, 61% of GPC countries have a budgeted or costed plan to achieve 2025 HIV prevention targets for all relevant prevention pillars

In the past 12 months, has a dialogue on addressing gaps in HIV prevention funding been held with key partners such as NAC, Ministry of Health, Ministry of Finance (or equivalent), Global Fund and PEPFAR?



- In addition to having a costed or budgeted plan in place, majority of countries (25/33, 76%) have held a dialogue with key partners to address HIV prevention funding gaps



Action 3.2.1:

Which partners were involved in the dialogue on addressing gaps in HIV prevention funding in the past 12 months demonstrating elements of a multi-sectoral HIV prevention response in GPC countries?

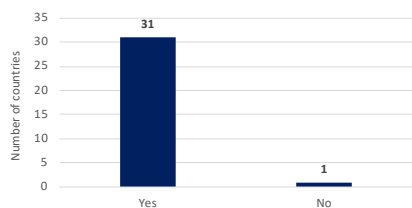


Note: The size of text in the Word cloud analysis above is in proportional to the frequency of mention of the partner indicated by different countries

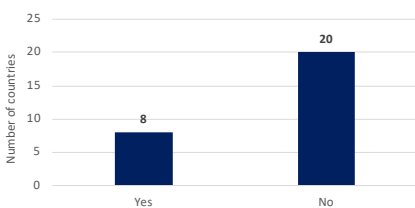


Action 4.1, 4.2 and 4.3

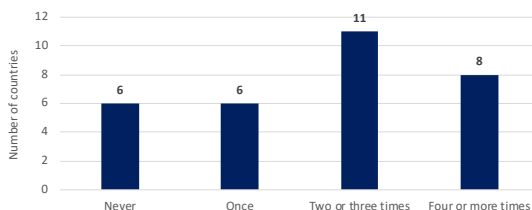
Is there a designated prevention leadership entity for multisectoral collaboration, oversight and management of the national HIV prevention response?



Has the country developed milestones to reinforce HIV prevention leadership entities?



How often has the national HIV prevention Coalition /main multi-sectoral prevention working group met in the last 12 months? (please do not report general HIV meetings or small sub-group meetings here)

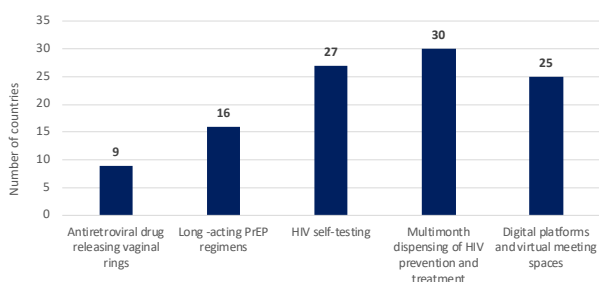


- Although HIV prevention leadership entities are in existence in almost all countries, their functionality varies
- Most countries are yet to develop milestones to reinforce prevention leadership entities

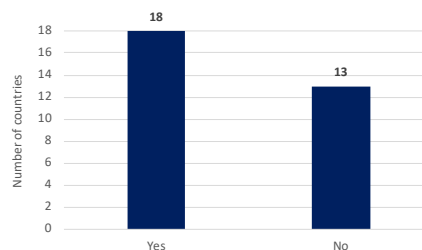


Action 8.1 and 8.2

Has the country defined specific actions for the adoption of the following HIV prevention technologies and programme innovations as part of combination prevention packages?



Has the country developed milestones to institute mechanisms for rapid introduction of new HIV prevention technologies and programme innovations, identified in 8.1 above?

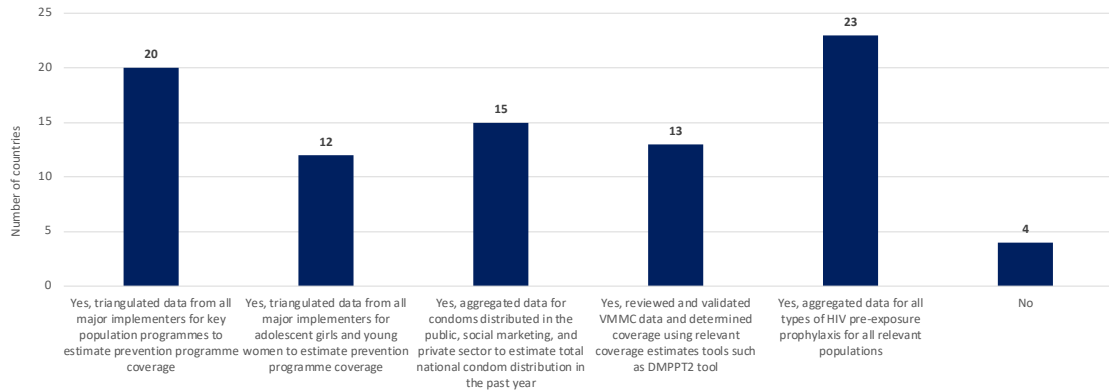


- Considerable progress made in setting up mechanisms and development of milestones for the rapid introduction of new HIV Prevention technologies and programme innovations



Action 9.1:

In the past 12 months, has the country reviewed, validated and triangulated data from different implementers (government, communities, civil society) to determine estimated coverage of HIV prevention programmes? Please select all that apply.



- In the past 12 months, most countries have triangulated data among key stakeholders to estimate prevention programme coverage and have aggregated data for all types of PrEP for relevant populations as well as for VMMC where it is relevant
- However, gaps remain in triangulating data among key stakeholders for adolescent girls and young women and for condoms distributed in the public, social marketing, and private sector

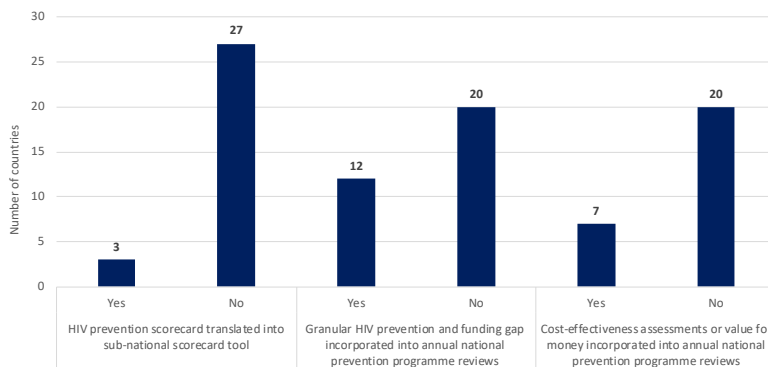


Action 9.3, 9.4 and 9.5

Has the country HIV prevention scorecard been translated into subnational scorecard tool?

Has the country incorporated assessments of granular expenditures on HIV prevention and funding gap into annual national prevention programme reviews in the past 24 months?

Has the country incorporated cost-effectiveness assessments or value for money into annual national prevention programme reviews in the past 24 months?



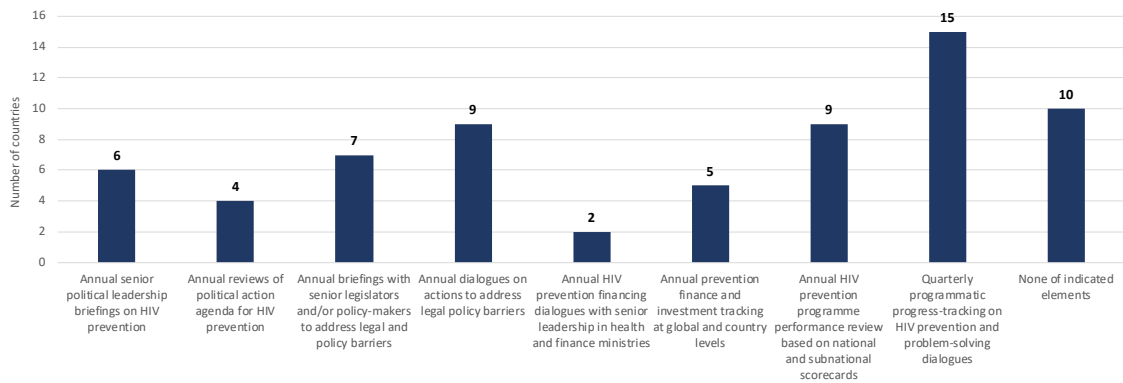
There are gaps among countries in:

- translating the HIV prevention scorecard tool to a **sub-national scorecard tool**,
- **conduction of HIV prevention funding gap**,
- application of **cost-effectiveness analysis** into annual HIV prevention programme reviews



Action 10.1

Has the country followed the accountability framework (table 3) of the HIV Prevention 2025 Road Map and introduced in 2022: Please, select all that apply....



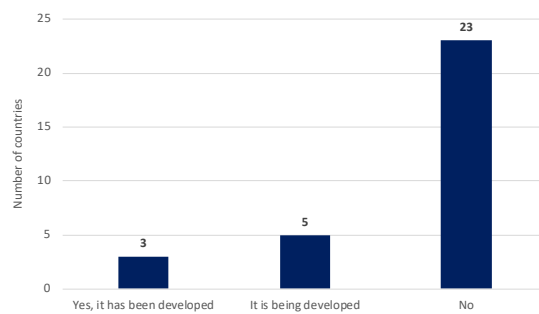
Note: Number of countries are indicated for each of the 8 elements of the accountability framework in table 3 of the 2025 HIV prevention Road Map



Action 10.2



Is there a complete accountability framework developed in line with table 3 of the 2025 HIV Prevention Road Map, and who was consulted?

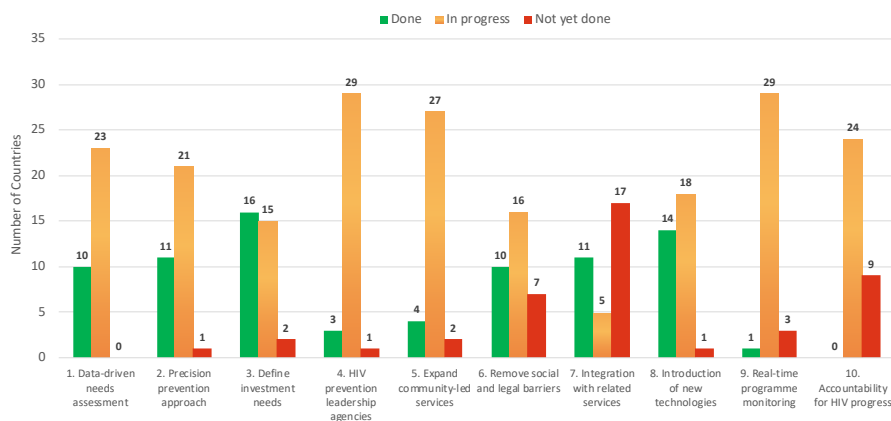


- Most countries (23/33, 69%) are yet to develop an Accountability Framework encompassing the 8 elements in line with Table 3 of the HIV Prevention 2025 Road Map

Note: Annual senior political leadership briefings on HIV prevention; Annual reviews of political action agenda for HIV prevention; Annual briefings with senior legislators and/or policy-makers to address legal and policy barriers; Annual dialogues on actions to address legal policy barriers; Annual HIV prevention financing dialogues with senior leadership in health and finance ministries; Annual prevention finance and investment tracking at global and country levels; Annual HIV prevention programme performance review based on national and subnational scorecards; Quarterly programmatic progress-tracking on HIV prevention and problem-solving dialogues;



Progress on completion on each Road map Action by GPC countries



1. In 2023, more countries are using **data**, **adopting people centered planning** for prevention and **defining investment needs**. More countries are also preparing the ground for **new prevention technologies**
2. Note nearly enough is being done on **service integration**, having an **accountability framework**, or **removing social and legal barriers**
3. **National institutions to lead** coordinated HIV prevention programs, **Community led service delivery** and **Prevention program monitoring** systems are works in progress / areas for intensified support



Thank you



3. Strengthening Stewardship of NACs for HIV prevention and response in transition

**REMARKS OF DR. RUTH LAIBON-MASHA
AT THE QUARTERLY AIDS COMMISSIONS DIRECTORS' MEETING OF MAY 30, 2023
SESSION: STRENGTHENING STEWARDSHIP OF NACS FOR HIV PREVENTION AND
RESPONSE IN TRANSITION**

Thank you,

During my opening remarks, I made the argument to REPOSITION and RE-engineer NACs. I start with reiterating that there are new realities that we must acknowledge that in order to re-shape NACs into what I may refer to as NAC 2.0.

These include transitions in HIV treatment, epidemiology and disease; diminishing global and country financing and new competing priorities that are around us every day. UHC, Pandemic Preparedness, Anti-microbial resistance, Integration, One Health and so on. We must therefore ask ourselves: what do these priorities entail, what do they mean for the HIV response? where do they leave the UNAIDS at Global Level, and NACs at Country level? How does the HIV response optimize in the context of these competing priorities:

In order to answer these questions, it may be useful to reflect on where we come from.

In the mid 2000's various studies noted the performance of NACS as reasonably good, with mixed country specific results. Some cross-cutting challenges were in exercising leadership, such as the lack of authority to hold different Ministries and stakeholders to account for HIV prevention targets and emergence of duplicate coordination mechanisms such as CCMs.

On the strengths of NACs has been and remains multi-sectoral coordination and this was visible at the beginning of the COVID-19 pandemic. At our Virtual meeting held on April 21st 2020 NACs reported being leveraged to guided the establishment of multi-sector/multi-stakeholder COVID responses or other specific areas of COVID responses ranging from resource mobilization in Kenya, Community health worker coordination in South Africa, resource re-allocation to community responses in Zimbabwe and supporting mass testing in. While this was the case, to date it remains unclear how much NACs remained positioned at the centre of the COVID response thereafter. And the question we need to ask ourselves is – WHY?

Another of our activities was the NAC Directors' input to the development of the next Global Fund Strategy: Even though the agenda was not successful due to the late entry, our presence as a forum was felt. The question therefore is, how do we sustain such presence? How do we become more strategic as a collective in engaging Global Health Bodies? And negotiating the Health agenda, because this will remain critical to maintaining the visibility of the HIV agenda?

During the PCB meeting, a process for re-shaping a new generation of NACs as country stewards for HIV prevention was approved. Over the next few months, Dr. Nduku's work will aim to work with us to define what the next generation of NACs could/will look like. She will also work with us to enhance our global and in-country political visibility, mobilize technical capacities and financing to deliver our HIV prevention and response goals in the current contexts of transition. My own expectation is that she will provide us with direction and technical assistance for developing a strong Secretariat and an initiative where we can drive consensus towards County led priorities within the global health, which will in turn strengthen NACs and drive the HIV prevention agenda.

At this point, I invite Dr. Nduku to outline her deliverables, and more importantly to tell us how these outputs will support the stewardship and strengthening and re-shaping. After her presentation, I request that we focus our deliberations on the following questions in order to guide her work:

1. What lessons do we bring to the World and how can these lessons be leveraged to create our significance in the changing health world?
2. How should we re-organize as a collective to optimize our strengths and mitigate our challenges?
3. What do we need to do to strengthen our political and technical visibility in the changing environment in order to deliver results for HIV prevention?

Welcome Nduku

4. Presentation by Dr. Nduku Kilonzo

RFP-UNAIDS-2023-08: LEADERSHIP CONSULTANT FOR THE NATIONAL AIDS COMMISSIONS DIRECTOR GENERALS' FORUM FOR THE GLOBAL HIV PREVENTION COALITION

By Dr. Nduku Kilonzo, PhD, EBS
At the Qtr2 NAC DGs meeting 30.5.23

KEY ROLES AND RESPONSIBILITIES

1. Facilitate re-shaping Country Leadership for HIV Prevention
2. Support development of guidance on the establishment and implementation of multi-sector Prevention programmes
3. Contribute to knowledge sharing on strategies for sustainable financing
4. Guide and support coordination of the Director Generals of AIDS Commissions Forum

1. Facilitate re-shaping Country Leadership for HIV Prevention

- **Outputs**
 - A finalized position paper on a re-focussed role of national AIDS Commissions and their place in the future of health within GPC Focus Countries
 - A policy brief of the position paper
- **Methodology**
 - Review literature
 - Undertake interviews: stakeholders in Government, Private sector, public sector and civil society those with voice in emerging health paradigm
 - ***Hold a Group Discussion with NAC DGs & get input into draft paper and policy brief***
- **Asks to DGs:**
 - A special meeting in June 2023 to deliberate the paper

2. Support development of guidance on the establishment and implementation of multi-sector Prevention programmes

- **Output**
 - A technical 'how-to' normative guidance
- **Methodology**
 - Review literature
 - Group Discussion (virtual or in-person) with the GPC Working Group, SSLN, & **NAC Technical Teams**
 - Undertake interviews
 - ***Present the final draft to NAC DGs for approval & to UNAIDS for approval processes***
- **Asks to DGs:**
 - A special meeting in June 2023 to deliberate the paper
 - Concurrence for Consultant to host meetings with your Technical Teams to develop this guidance

3. Contribute to knowledge sharing on strategies for sustainable financing

- **Outputs**

- 3 case studies on domestic financing strategies
- A Policy Brief on Social Contracting for HIV prevention

- **Methodology for the 3 case studies**

- Review literature
- Hold physical/virtual meetings with agencies with domestic financing programmes
- Identify 3 countries and write case studies with innovative resource mobilization programmes
- Share the draft case studies with the NAC Director Generals of the countries.

- **Methodology for social contracting policy brief**

- Undertake a 'quick and dirty' review of Social Contracting literature
- Explore existing social contracting architecture, options, mechanisms and experiences to gain in-sights through up to 10 interviews with state and non-state actors
- Develop a Policy brief on social contracting, share with the NAC Director Generals of GPC, GPC Secretariat and UNAIDS Financing team for review
- Finalize the policy brief & disseminate via power-point presentation during one of the routine meetings of the NAC Director Generals

Reflecting on the Chairs comments and output 1: A finalized position paper on a re-focussed role of AIDS Commissions and their place in the future of health within GPC Countries

- In the late 1990's and early 2000's NACs established outside of Health Ministries with a mandate for multi-sectoral coordination and to lead prevention programmes
 - Three ones principles
 - NACs as stand alone; NACs as MOH unit
 - NACs have evolved differently, and what does this mean?
 - Expanded mandates (Kenya, Botswana, India etc)
 - Moved to within Health Ministries, but mandates remain (Kenya)
 - No longer exist (Rwanda)
- New realities: What do they mean for HIV and what can the HIV experience contribute?
- HIV transitions (treatment, financing, epidemiology and disease)
 - Financing diminishing and country economic transitions
 - Health sector changes and priorities (COVID19, PPR, AMR, UHC, HSS, One Health)

Current context of NACs & HIV prevention

NAC performance

- Reasonably good (Morah 2008, England 2006), in the earlier days,
- Current - Mixed at best, and is generally country specific
- Challenges in exercising leadership
- Duplicate mechanisms for coordination e.g. CCMs in countries
- Lack authority to hold different Government Ministries, partners to account for HIV prevention targets
- Limited management capacity or technical guidance to coordinate, manage and oversee implementation and reporting (communities, donors etc).

Gaps and challenges

- Many primary prevention interventions not brought to scale
- Political leadership challenges
- Lack of clarity for Prevention accountability & gaps in oversight and stewardship & personnel
- Financing and costing Prevention challenges: what can Governments pay for? What must be paid for?

So, what is required to:

Re-engineer for effective HIV prevention in the future of Health?

And Re-shape NACs for optimal performance in the future of Health?

How can this consultancy, within its tasks and requirements support the NAC DGs GPC Forum to achieve this re-shaping?

THANK YOU