



SOUTH *TO SOUTH*
LEARNING NETWORK

The HIV Prevention Interchange

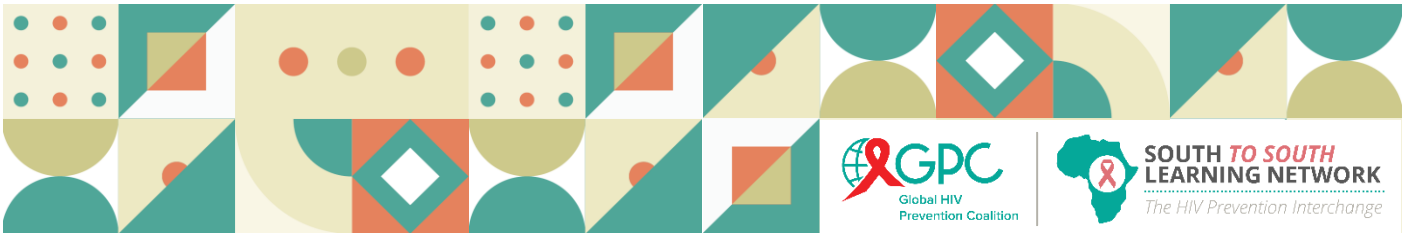
Meeting of NAC managers and Ministry of Health HIV prevention leads on Operationalizing the 2025 Prevention Roadmap

10-12 October 2022, Johannesburg, South Africa



Table of Contents

BACKGROUND	2
MEETING OBJECTIVES	2
PART I: WHERE ARE WE NOW? UNDERSTAND AND DEFINE COUNTRY NEEDS RELATIVE TO TARGETS IN THE ROAD MAP	3
Key Populations	3
Boys and men	3
AGYW	3
PrEP/PEP/ARVs.....	4
Condoms.....	4
Harm reduction.....	4
PART II: WHERE DO WE NEED TO GO? HOW DO WE GET THERE? OPERATIONALIZING THE ROAD MAP IN LINE WITH COUNTRY REALITIES AND SETTING MILESTONES...	5
Limited Implementation at Scale.....	5
Limited Political Leadership.....	5
Limited HIV Prevention Financing.....	5
Policy and Structural Obstacles.....	6
PART III: STRATEGIC SHIFTS IN WORKING AS A COALITION, COUNTRY SUPPORT NEEDS, AND OPTIONS FOR REGIONALIZED APPROACHES	8
KEY POINTS	8
KEY AREAS FOR TECHNICAL ASSISTANCE	8
APPENDIX 1 – MEETING EXPECTATIONS (MENTIMETER)	9
APPENDIX 2 – GROUP EXERCISE	11
APPENDIX 4 – COUNTRY SUPPORT NEEDS AND COMMITMENTS	13
APPENDIX 4 – SURVEY RESULTS	16



Background

After the launch of the 2025 HIV Prevention Road Map, the Global HIV Prevention Coalition moves into an essential next phase. Several countries have already started updating national prevention road maps or strategies, and others are planning to do so soon. The targets set out in the 2021 Political Declaration on HIV and AIDS, the Global AIDS Strategy 2021-2026, and the 2025 Prevention Road Map need to be urgently translated into country targets, operationalized, and translated into adjusted HIV prevention programmes. The new targets and Road Map imply a shift toward people-centered precision prevention, combining existing and new approaches towards scaled HIV prevention programmes that achieve equitable access to HIV prevention services among key and priority populations.

The meeting of NAC Managers and MOH prevention focal points provided a platform to discuss the operationalization of the 2025 Road Map and operationalize it in a way that meets the country needs and realities. The meeting was convened by the GPC and the NAC Forum Secretariat and organized through the BMGF conferencing team.

Meeting objectives

The meeting had three main objectives

1. Understand and define country needs relative to implementing the Road Map
2. Discuss and develop critical steps required in countries to implement the Road Map, including country-specific milestones toward the 10 actions
3. Identify strategic shifts in working as a Coalition, country support needs, and cross-country collaboration

"Failure is not an option. This is our meeting, we do not just have a seat at the table, we are the voice at the table." - Thembisile Xulu, SANAC

Link to HIV Prevention 2025 Road Map:

<https://www.unaids.org/en/resources/documents/2022/prevention-2025-roadmap>

Link to Key findings from the 2021 scorecards of the Global HIV Prevention

Coalition: <https://www.unaids.org/en/resources/documents/2022/key-findings-2021-scorecards-global-hiv-prevention-coalition>

PART I: Where are we now? Understand and define country needs relative to targets in the Road Map

There has been progress made, but in general countries are still far off targets. There is a need for substantial acceleration of programmatic targets. Whilst HIV prevention is on countries and Funders' agenda, there are still major barriers that need to be addressed. The ten-point action plan has had a few improvements since the previous version, and now intentional steps are required to follow the science, implement at scale, lead with equity, and ensure accountability.

General points made across all areas:

- Need more investments to meet targets
- There is insufficient data and low coverage overall
- Need trustworthy information to attract people to the services
- Data is key to ensure that prevention programmes are focussing on high incidence sites

Key Populations

- **Requirement for reliable data:** Quality data is required to inform evidence-based planning
- **Community involvement:** Members of the community need to be involved in and lead the process, this includes community driven monitoring
- **Access to services:** A basic level of services need to be made available
- **Education:** Community members and counsellors need to be provided with comprehensive information about all aspects of prevention programmes
- **Virtual platforms:** KPs are interacting extensively via virtual platforms; this avenue should be leveraged to share information, but also requires guidelines on how this can be done effectively and responsibly.

Boys and men

- **Differentiated models:** Men have different preferences and needs and require a different approach than other population groups. It is important to use data on this group to ensure response aligns with needs.
- **Access to condoms:** Need comprehensive condom programming to ensure condoms are distributed and available where they are needed. This requires a multisectoral approach to ensure sustainability.
- **Boys:** Adolescent boys and young men are often left behind and the focus is typically on AGYW. Need to ensure boys are included in youth programmes and consider the changes they experience when designing prevention programmes targeted at them. Is it also important for them to understand their role in HIV prevention.

AGYW

- **Messaging:** Youth prevention messaging should be led by the youth to ensure communication is appropriate and impactful.
- **Youth zones:** Services should be integrated, peer-led, and away from parents to ensure youths feel free to access them.
- **Champions:** Champions for prevention should be figures that are highly regarded by the community, such as Royal Family.
- **Community:** Community-led response has been key, engage the youth and also the parents
- **Access to services:** Leverage outreach services including mobile clinics, and drop-in and peer-led centres to reach the youth.

PrEP/PEP/ARVs

- **Scale up:** Requirement differ by geography, age, sex, and ethnicity. Data is needed to guide strategies and planning.
- **Support:** Generating political will is needed in order to allocate domestic resources for PrEP
- **Free access:** High risk populations should be provided with PrEP at no cost

Condoms

- **Demand creation:** There should be a focus on demand creation to ensure increased uptake and use.
- **Triple protection:** With available of PrEP there is risk of decreased use of condoms, need to promote that condoms not only protect against HIV but also unplanned pregnancy and STIs.
- **Consolidated reporting:** Condom distribution and uptake reporting should be consolidated across services in alignment with its role in triple protection.
- **Innovation:** Need new strategies to promote condom use, increase demand, and improve distribution through available services.
- **Female condom:**

"Why can't a condom just be a condom." – Dr Celestine Mugambi, Kenya

Harm reduction

- **Policies:** Need for review of policies to decriminalise drugs for personal use
- **Civil society:** Need to work closely with civil society to ensure needs are addressed and high-risk individuals are reached.
- **Alignment:** Need to ensure harm reduction policies are aligned with other policies in countries to ensure they are actionable.

Questions and Feedback

- Côte d'Ivoire faces challenges with AGYW with the mobilisation of resources, most support from donors is for training and sometimes cash. How did Lesotho deal with this?
 - Lesotho leveraged partnerships through DREAMS (PEPFAR), Protect (Global Fund), and pulled resources together from different sources; but additional funding is still required, ideally through domestic funding
- Malawi is concerned that the use of condoms is currently not optimal, and with scale up of prep we expect less use of condoms, how do we address this issue? –
 - Messaging on condom use should focus on the triple protection aspect (HIV, STI, pregnancy).
 - PrEP should always be promoted in conjunction with condoms.
 - We need innovative ways to generate demand to increase the number of people accessing condoms.
 - Need to ensure messaging is consistent across sectors, public and private.

PART II: Where do we need to go? How do we get there? Operationalizing the Road Map in line with country realities and setting milestones

Limited Implementation at Scale

- **Data:** Quality data is required to inform proper planning and strategies to scale prevention. This includes behavioural data,
- **Programme synergies:** Strategic synergies between different sectors and programmes is required to extend the reach of the prevention programme. This also includes coordination between implementing partners. Integration will also enhance financing.
- **Innovation:** Need to leverage innovative strategies to provide services to hard-to-reach areas, for example mobile outreach and community drop-in centres.
- **Access:** Need to employ a differentiated model of care to allow for access at different levels.
- **Monitoring:** Need tools to support follow-up at the regional level. Linked to this is the use of dashboards to show hot spot areas.
- **Inclusion:** Key role players, such as regional teams, should be included with discussion with the prevention working groups.

“If you can take a can of coke to the desert, take condoms with you” - Prof Sheila Tlou

Limited Political Leadership

- **Value:** Need to demonstrate to political leadership the cost on not investing in prevention, to show the value in investing in prevention as a priority.
- **KPI:** Advocate to include reduction of HIV incidences as a Key Performance Indicator (KPI) for all levels of political leadership.
- **Toolkit:** Develop a toolkit for political leaders to equip them with the right information to understand the importance of prevention and the commitments and support required. This will ensure that even when there is high turnover, newcomers are brought up to speed.
- **Motivation:** Need to keep politicians focussed on the need for ongoing support, there is fatigue when it comes to HIV, so strong advocacy is needed to keep it in focus.

“HIV budgets are shrinking. We have less money to do more work, making accountability even more important.” - Mitchell Warren, AVAC

Limited HIV Prevention Financing

- **Sustainable:** Need to develop domestic resource mobilisation strategy that is feasible to aid in meeting 2025 targets. Domestic financing is key to ensuring sustainable programmes.
- **Multisectoral:** Need to leverage multisectoral funding from sources other than the Ministry of Health; this includes strategic planning across sectors to ensure more efficient use of available funding.
- **Private sector:** Need to find innovative strategies to incorporate private sector funding into prevention programmes. (See box below)
- **Efficiencies:** Need to ensure allocative efficiencies, including balanced supply and demand for HIV prevention interventions.
- **Negotiation:** Block negotiation is needed for HIV prevention products.

- **Costing:** Most countries need support to for determining how much funding is required to roll-out prevention programmes. Assistance is needed to determine the cost of programmes, basic programme costs per unit, and these costs need to be country specific.
- **Investment case:** Need to pre-emptively be preparing investment cases for funding applications to ensure countries are ready and investment cases are well thought out and comprehensive, to make sure applications are strong and spendable.
- **Digital tools:** Need online platforms to enter data and track spending and outcomes. This should be available for national, sub-national, and community level.

Policy and Structural Obstacles

- **Terminology:** Need to ensure that the language used for policies and other key documents is accessible for all stakeholders.
- **Dialogue:** Need dialogue with policy influencers and policy leaders to resolve structural/policy/legal challenges
- **Implementation:** Having strong policies is not enough, need strong strategies to ensure policies are implemented.
- **Decentralise:** Need to decentralise HIV prevention response and structures
- **Gate keepers:** Identify key individuals who have the authority to influence change and implementations of strategies and policies. This needs to be done at all levels – political leaders, community leaders, traditional leaders, and religious leaders. Leverage existing structures for engagement with key stakeholders, such as engaging parliamentarians through the coalition of African parliamentarians, which included current and former leaders)
- **Funding:** Need to ensure funding is reaching the level of implementation that requires it (ie wards, communities).
- **Revise:** Need to use data to drive the revision of laws and acts to align with and support the epidemic responsiveness.
- **Unrestricted:** Some policies are restrictive and prevent the implementation of prevention programmes (ie condoms not allowed in prisons and schools), need to identify key players who can address them and work closely to lift restrictions. This also includes removing social and legal barriers to providing/accessing HIV prevention services.
- **Alignment:** Need to audit country prevention plans to ensure they align strategies with the 2025 goals.
- **Standard definitions:** Ensure that terminology being used is standardised and well defined (ie social contracting)
- **Shared learning:** Countries should be paired to share learnings and experiences and provide support to overcome challenges.
- **Approval:** A limitation for implanting new prevention tools is approval of the product. Need assistance in preparing approvals and leveraging relationships and political will to fast track approvals.

Innovation Examples

- **One Dollar Initiative (Uganda)**
 - The One Dollar HIV&AIDS Initiative (ODI) was started under the leadership of Federation of Uganda Employers(FUE) assisted by Uganda Manufacturers Association (UMA) with technical support from Uganda AIDS Commission, ILO, UNAIDS, The Global Fund to fight AIDS, Tuberculosis & Malaria and Bill & Melinda Gates Foundation. The ODI aims to mobilise domestic resources in partnership with the private sector organizations to boost prevention, treatment, and care programmes focussed on HIV and AIDS.
<https://fuemployers.org/one-dollar-initiative-odi/>
- **AIDS Levy (Zimbabwe)**
 - The AIDS Levy was established by legislation in 1999, and entails a 3% income tax for individuals and 3% tax on profits of employers and trusts. It is managed by the parastatal NAC through a decentralized structure of AIDS Action Committees. This initiative has not only generated substantial resources, but also demonstrates the commitment to ending HIV by Zimbabweans, which in turn has garnered support from other donors.
<https://www.unaids.org/en/resources/presscentre/featurestories/2012/february/20120221zimbabwe>
- **Coca-Cola Project Last Mile**
 - Project Last Mile leverages partnerships and collaborations to ensure delivery of life-saving medicines to every person in Africa. The project includes working with national Ministry of Health to improve capacity, conducting in-depth scoping with stakeholders to improve planning, and transferring skills and knowledge from the Coca-Cola system to build capacity.
<https://www.coca-colacompany.com/social-impact/communities/project-last-mile>
- **Solidarity Fund (South Africa)**
 - The Solidarity Fund was created as a platform for all South Africans, from the public and private sectors, civil society, as well as the general public, to unite the nation in the response to the COVID-19 crisis. The Fund works closely with government and business, but it is independent of both of them. It is responsible for, and controls, the funds donated to them. Support is provided by reputable sources who support the fund on a pro bono basis. Administration of the fund is done in a manner that ensures transparency, monitoring, and impact measurement.
<https://solidarityfund.co.za/>

PART III: Strategic shifts in working as a Coalition, country support needs, and options for regionalized approaches

Key Points

- There needs to be more representation from civil society
- Prevention programmes targeting AGYW and ABYM should leverage incorporated services. These include providing youth zones, and youth-appropriate times, as well as ensuring healthcare providers interacting the youths are training on working with this group.

Key Areas for Technical Assistance

- Assistance with costing to enable well planned and efficiently budgeted programmes
- Assistance with developing country-specific investment cases to prepare for funding applications.
- Adaptation of scorecards to measure activities at different levels.
- Support in advocacy for the removal of legal and social barriers to access prevention services for key and priority populations.
- Assistance with the institutionalization of a partnership framework between civil society organizations and government institutions, local authorities with a view to improving procedures for the award of social contracts
- Assistance to review and assess prevention programmes and progress to improve efficiencies and better use of available funding.

“We must lead from the front... we are being called upon now to put prevention back on the table and address complacency in implementation... We are being called up to renew ourselves, as we cannot choose champions until we are champions” - Dr Ruth Laibon Masha, NACC Kenya

Appendix 1 – Meeting Expectations (Mentimeter)

- To talk honestly about where we are failing and come up with a plan of how to mitigate
- Learning from other regions
- To develop country specific plans for the HIV prevention response
- Action agenda
- Concrete, implementable interventions for the country
- Hear from those grappling with prevention challenges, learn listen and go away with clear things to focus on
- Realistic actions that will get to the targets
- Learn from each other and share ideas
- Realistic goals
- Clearly articulate actions on next steps
- A better understanding of country-specific needs
- Foster needed collaborations and partnerships to intensify prevention
- Guidance on how countries should go about developing their HIV roadmaps
- Share ideas
- Learn from successes from other countries
- Get prevention back on global HIV agenda
- Action action action
- Learn from success country to prevent AIDS epidemic
- Where are we struggling and where we need to invest our energies to achieve our targets
- Hearing country priorities and plans so donor and technical agencies can strategically support
- Learning from others
- Focus on concrete examples from countries that have made real progress on tough issues – and talk about how to adapt those to other places
- For our country teams to come to the table with their needs and learning from where support is most needed to deliver on the roadmap
- Clear action points for our countries
- Lessons from other regions to fast-track progress towards 2030
- Realistic regional prevention interventions
- How to adapt the global HIV prevention road map to suit specific country context
- Take best practices
- Sharing especially on filling gaps in the prevention response
- For actions to be funded and integrated
- Realistic goals and learning from other countries that are doing better
- Reality and truth
- Share what works and benchmark
- Learn from other countries on how they achieved and putting the civil society on board
- Share best practices for countries that implement PrEP among AGYW
- To share country experience, opportunities for collaboration
- Sharing of experiences of preventive strategies and challenges in other countries
- Ouvir as experiencias dos paises de como estao a cumprir as orientacoes e alcancar as metas (Listen to countries' experiences of how they are complying with guidelines and achieving goals)
- Broad strategies which can then be narrowed down to country specific strategies
- At country level have clear collective direction on our HIV prevention efforts
- Guidance on how to implement the road map at country level
- Learn to our countries prevention strategies. Improve our targets
- Learn more about how other regions are tackling what we are struggling with and share on what we are doing well in

- Strengthening prevention at community level
- Learn best practices from those who have success stories
- How countries can operationalise the ten point plan at local level
- Country plans for implementing the prevention road map with fidelity
- Agree on domestication of the global 2025 prevention targets regionally
- Learn more about community HIV prevention strategies
- Be realistic about key populations
- Avoir les grandes orientations pour l'adaptation de la feuille route Mondiale aux besoins des pays (To have the main orientations for the adaptation of the Global roadmap to the needs of the countries)
- Identify specific responsibilities for primary prevention in each country and how to support those responsible
- Clear steps in how to develop country specific goals
- Discussion on how to intensify evidence-based combined prevention especially for AGYW
- Financing and monitoring
- Reaching a consensus on indicators to measure achievements based on targets set
- Faire un etat de lieux, trouver les forces faiblesses, partager les experiences des autres pays, trouver des solutions pour les populations cles dans les pays ou l'homosexualite reste un delit (Make an inventory, find strengths and weaknesses, share the experiences of other countries, find solutions for key populations in countries where homosexuality remains a crime)
- Renewed HIV prevention commitments actionable strategies to prevent HIV among young people
- An understanding of how countries teams prevented AIDS to be in a positive to say they have at least conquered to some extend
- Clear action plans
- How to advocate for more funds for prevention
- Emphasis on condom use for the youth, so they get used to it at an early stage
- How we can sustainably leverage on community systems, structures and capabilities for community led prevention agenda
- Learn from other countries. I expect that allocation of resources for HIV primary prevention. Leadership commitment will improve
- I expect to get updates on HIV prevention globally, especially to GPC countries. To get experiences from other countries on how to go about the HIV prevention. Apart from that am expecting to get guidance on operationalization of 2025 road map
- The new innovations toward HIV prevention. The strategies to reach the sexual minorities with preventive interventions
- To learn from other GPC member states on effective measures taken to implement interventions towards fulfilment of targets set for the five global HIV prevention pillars so as to contextualise to our country settings.

Appendix 2 – Group Exercise

Limited Political Leadership

- Value for investing in HIV prevention even in the emergency of the epidemics and the cost of not investing
- Include reduction of HIV incidence as a KPI (on prevention) for Premiers and Mayors (all levels of political leadership)
- Domestic resources; Champions; Community gate keepers; Target advocacy with clear messages
- To develop orientation focus for HIV prevention
- Value for investing and the cost of not investing in prevention
- Advocacy for leaders; Revitalising the National AIDS council and sub-National AIDS council
- High turnover of political leaders which requires continuous engagement and refresher; political/religious champion toolkit (a facilitation for them to be able to deliver)
- 3x Portuguese stickies

Limited HIV Prevention Financing

- Multisectoral financing apart from MOH; Identification of domestic resources e.g. education; cost of the programmes, basic programmes costs/unit, not Donor costs, country specific unit costs.
- Develop domestic resource mobilisation strategy which works from 2022-2025
- Strengthen multisectoral responses among government organisations in order to allocate budget in sustainable way
- Innovative funding from private sector (one dollar initiative – Uganda); Special HIV mainstreaming budget for every public funded institute (0.1% statutory allocation)
- Mobilization of domestic resources for sustainability eg through full and meaningful private sector participation through corporate social responsibility
- NASA findings for decision making
- Joint planning to enhance effectiveness across multiple partners and governments; Building visibility of supply chain across region
- Ensure allocative efficiencies, balanced supply and demand for HIV prevention interventions
- Use Solidarity Fund (model) and apply to HIV, TB and STI
- Block negotiations of HIV products e.g. DVR for price reduction
- Promote catalytic funds/funding
- Establish a domestic driven HIV prevention fund
- Increase domestic resource mobilisation for HIV prevention targeting CDF and private sector engagement, NHIMA (national health insurance management agency, Zambia)
- 2x Portuguese stickies

Policy and Structural Obstacles

- Implementation of policies (through?) integration
- Kenya KP programme (best practice)
- Conducting high level dialogue to provide recommendations; MOH is revised structures to strengthen the HIV responses
- De-technicalise HIV lingo; speak the language of others
- South Africa has very progressive policies however need to strengthen SBCC policy to action
- Integration of existing models into HIV prevention e.g. district development plan
- Promote community HIV prevention sources ie. Mobile clinics, hotspots (mapping) and DSD models
- Dialogues with policy influencers and policy leaders to resolve structural/policy/legal challenges
- Establish and strengthen AYFS towards service provision for AYP

- Strengthen decentralisation of HIV prevention response and structures
- Revise laws and acts (data-driven) and epidemic responsive
- Engage parliamentarians through the coalition of African parliamentarians (which includes former and current leaders)
- Identify HIV prevention champions at all levels (parliamentary, community leaders, targeting traditional and religious leaders – gate keepers)
- Sensitization meetings to political leaders on HIV prevention interventions
- Empowerment of policy makers and law enforcers on HIV prevention services including the fund of (?)
- Increase resource mobilisation (private financing) at ward level for HIV prevention services
- Ensure all KVP populations are reached with prevention activities
- “Comité interministériel non fonctionnel pour impulser les changements politiques en vue de l’intégration du paquet de service de prévention en milieu carcéral”: The interdepartmental committee is unable to drive policy changes for the integration of the prevention services package in prisons
- 2 x Portuguese sticky

Limited Implementation at Scale

- Transition of programmes, exit strategies (HIPPOS); Data to scale behavioural (TA)
- Innovative service delivery to reach hard to reach areas e.g. outreach, community drop-in centres
- Minimise duplication through greater implementing partner coordination; HIV mainstreaming by all institutions
- Differentiated model of care, PrEP: community pharmacies, medical aid (prescribed minimum benefit)
- Prevention programmes are integrated to enhance financing
- “Insuffisance de l’appropriation décentralisée du suivi de la feuille de route par défaut d’outils (scorecard régionale, adaptation des outils de suivi et évaluation)”: Insufficient roadmap follow-up at the decentralized level due to a lack of tools (regional scorecard, adaptation of monitoring and evaluation tools)
- “Non prise en compte des équipes régionales dans les groupes de travail sur la prévention”: Failure to include regional teams in prevention working groups
- 1x Portuguese stickies

Appendix 4 – Country Support Needs and Commitments

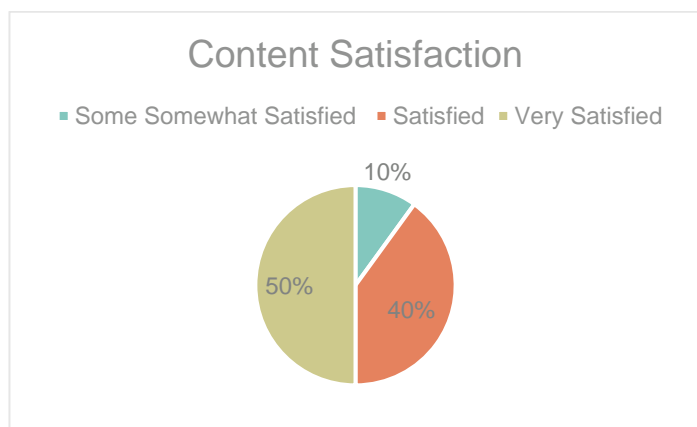
Country	Game Changing commitments	Key TA asks
South Africa	<ol style="list-style-type: none"> 1. Continue to advocate for sex work decriminalization 2. Continue investment in the development of the HIV vaccine 3. Integrated national and provincial Prevention Investment case by end of 2023 4. Granularized Prevention Cascades for each pillar by population and Geography by 2023 5. Provincial Prevention score cards for 2023 6. Increase funding for prevention agenda in the next MTSF 7. Implementation Science projects for the DVR (and CAB-LA: once approved) to inform scale up by 2023 8. Block negotiation to influence price reduction 9. CLM for prevention (condoms, testing, SBCC, STI screening) 	
Côte d'Ivoire	<ol style="list-style-type: none"> 1. Increase condom use from 50% to 95% during risky sex, especially among key populations and priority groups: 2. Improve availability and accessibility of condoms for free for key populations and adolescents and youth: 3. Cover the condom needs of key populations: operational study to identify needs, revision of the normative guide, revision of the quantification and mobilization of domestic and external resources for procurement 4. Make condom vending machines available in hot spots and social areas 5. Operationalize the district approach for last-mile availability 6. Link condom distribution to all interventions and services offered to key populations and adolescents and youth 7. Intensify condom promotion through mass media and supply platforms: mass media, social networks, community platforms 8. Strengthen the monitoring system of condom availability, accessibility and use: Annual operational study on condom 	<ol style="list-style-type: none"> 1. In-depth evaluation of prevention in the framework of the NSP 2021-2025 review (Q4 2023) 2. Carry out a REDES to obtain financial information on prevention and develop a matrix for its integration into the national health accounts 3. Adaptation of the Scorecard to the decentralized level 4. Advocacy for the removal of legal and social barriers to access to prevention services for key and priority populations 5. Institutionalization of a partnership framework between civil society organizations and government institutions, local authorities with a view to improving procedures for the award of social contracts

	use: barriers and facilitating factors, community monitoring, digital tools, regular/quarterly meeting of the CWG-CCP and annual review with stakeholders.	
Eswatini	<ol style="list-style-type: none"> 1. Establishing working forums with the Ministry of Finance MEPD and for sustained funding of HIV prevention 2. Establishing working forums with the Ministry of Justice for addressing human rights, policy, and legal barriers to HIV prevention. 3. Ending Inequalities: removing social, economic and political inequalities and in particular gender inequalities that impact negatively on HIV prevention. 4. Social marketing for HIV prevention services/products 5. Coordination of donors and operationalizing PSs platforms 	
Pakistan	<ol style="list-style-type: none"> 1. Strengthen leadership and political commitment to Fast track scale up of HIV prevention programming including domestic financial management. 2. Focusing HIV testing for key populations in community-settings, and Launching of Nationwide self-testing strategy in Pakistan 3. Strengthen HIV cascade tracking mechanisms to reach the 95-95-95 targets through modified strategic directions in the form of community-led outreach prevention programmes for key populations (MSM, MSW, TG and FSW)". 4. Expanding community-based treatment preparedness support for PWID and other key populations. 	
Angola	Not submitted	<ol style="list-style-type: none"> 1. A consultant to analyze prevention situation, including the different subgroups and Community to develop more effective and sustainable prevention plan. 2. Acquisition of regular funds for prevention. 3. Purchase of prevention supplies, such as male and female condoms and lubricants at more affordable price. 4. Acquisition of funds to zero behavioral adolescents and young people, prisoners and injecting drugs users.
Cameroon	<ol style="list-style-type: none"> 1. Review the NSP and identify prevention-related Gaps ; 2. Conduct a REDES (for countries that have not yet done so); 	

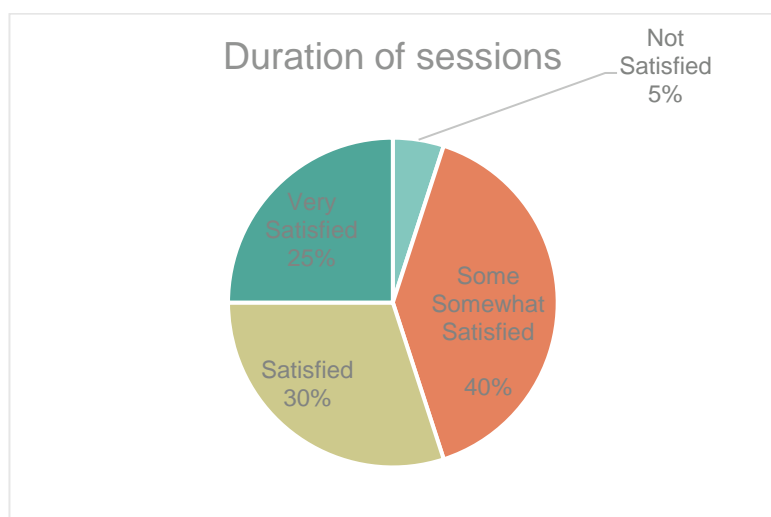
	<ol style="list-style-type: none">3. Conduct the investment case4. Develop the national roadmap based on the global roadmap according to the contexts and needs of each country with a budgeted action plan;5. Develop a resource mobilization plan for the financing and implementation of the national roadmap (seize the opportunity of COP23 and NFM4)6. Advocate for the integration of certain expenses for HIV prevention and care into the CSU care baskets	
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Appendix 4 – Survey Results

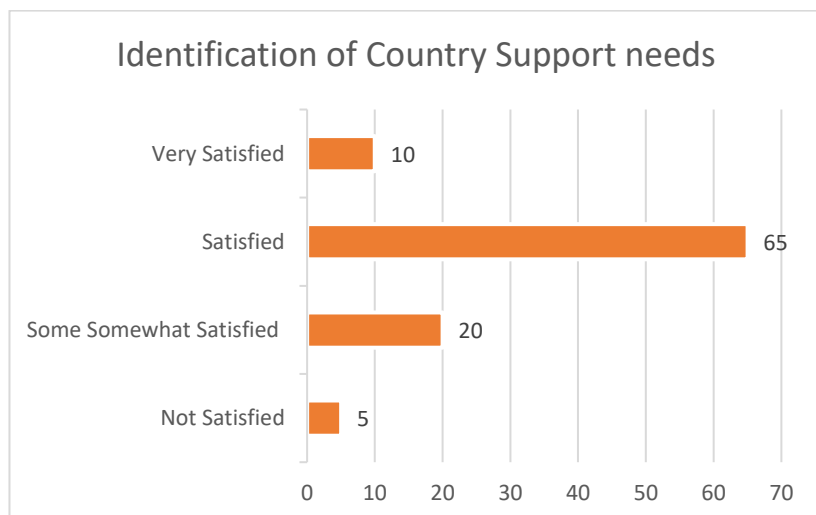
Satisfaction with content of the event



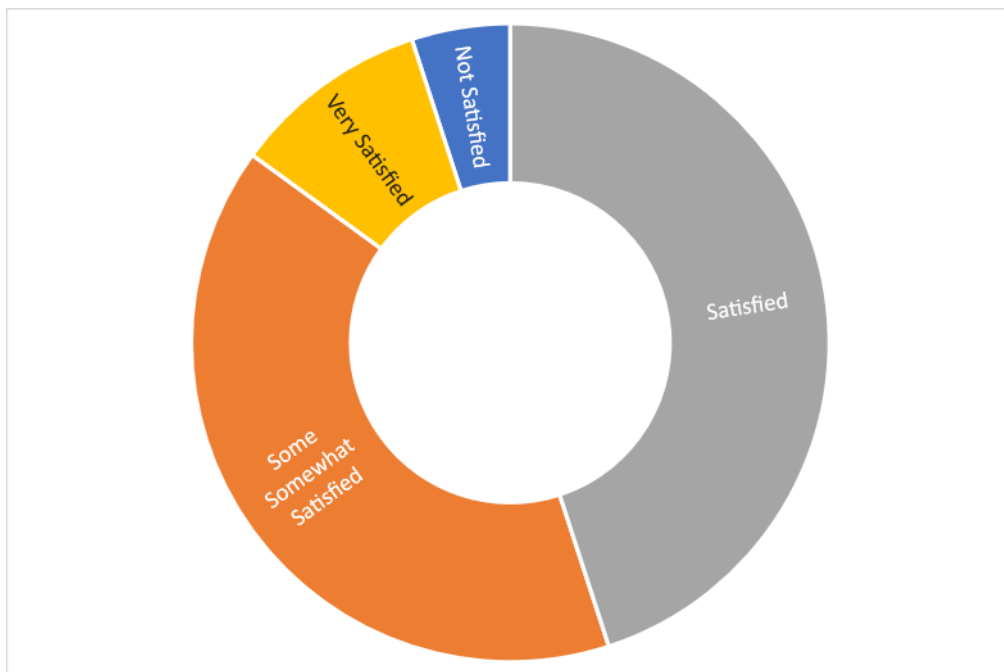
Duration of the sessions



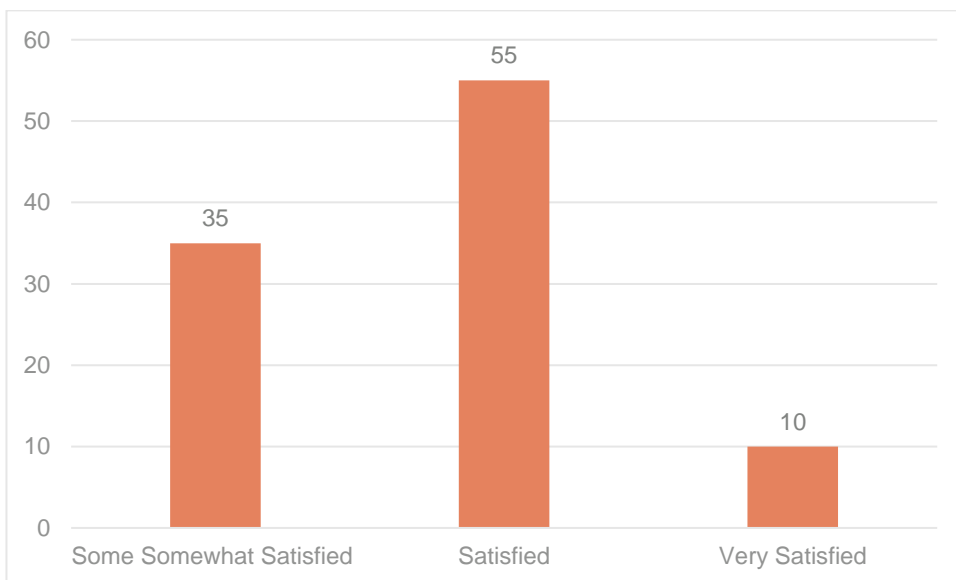
Defining Country support needs in relation to implementing the Prevention Roadmap



Development of Country specific milestones towards the ten actions



Defining cross country collaboration



Challenges and Recommendations:

1. Agenda and Duration of sessions

The agenda was too packed and did not allow appropriate deliberations on issues, networking and collaborating with in-country teams, this was further compounded by time keeping not being managed optimally. There was very limited time for countries to openly give feedback on areas of improvement needed to move this important work forwards. "Please allocate more time to hear from countries. This program has a lot of different presentations, and this was not always cohesive. Most seemed to be pushing their organizational agenda while the aim of this should a platform for countries to learn and share".

In the future, provide sufficient time for items that facilitate and enable sharing and learning between member countries.

It should be organized for at least four days to give more time for countries to discuss and learn from each other

2. Cross country collaboration

Difficult to know the final decision on the areas for cross-country Collaboration and the strategic shifts in working as a coalition.

3. Engagement of Virtual Participants

While best idea to facilitate in-country buy-in for localization of the roadmap, there was no interpretation provision for those attending virtually, which resulted in an understanding gap. To endeavour to address the gap in future. My suggestion is that for virtual group work we can have a moderator and people can be separated into virtual rooms."

4. Inclusion of other representatives

In future invite representatives from other line ministries, civil society, PLHIV and most at-risk populations.

5. Logistics

- Provision for choice of meals in and/or outside of hotel should be considered. Consider providing incidental allowance so that participants don't have spent more.
- Consider revising reimbursement policy, very few participants would be interested to embark on such processes to claim the little that they spent.