

NOTES OF THE VIRTUAL HIV LEADERSHIP FORUM QUARTERLY MEETING

HELD ON AUGUST 29TH 2023 FROM 1500HRS -
1700HRS EAST AFRICA TIME (EAT)



Members present

(in Alphabetical order of Country)

- | | |
|--|------------------------------|
| 1. Dr. Hadja Hamsatou CHERIF | Cameroon |
| 2. Ricardo Luque Níñez | Colombia |
| 3. Professor Eboi Ehui | Côte d'Ivoire |
| 4. Dr. Levin Kapend | Democratic Republic of Congo |
| 5. Dr. Dumwisani Kunene | Eswatini |
| 6. Dr. Kyeremeh Atuahene | Ghana |
| 7. Nidhi Kesarwani | India |
| 8. Ms. Lebo Mothae | Lesotho |
| 9. Dr. Andrew Gonani | Malawi |
| 10. Dr. Alethse De la Torre Rosas | Mexico |
| 11. Dr. Thembisile Xulu | South Africa |
| 12. Dr. Nelson Musoba | Uganda |
| 13. Ms. Olga Gvozdetska | Ukraine |
| 14. Tania Soraya Almeida, representing Maria Lucia Mendes | Angola |
| 15. Dr. Katayoun Tayeri, representing Dr (Mr.) Shahnam Arshi | Iran |
| 16. Ireen Bwayla, representing Prof Lloyd Mulenga | Zambia |
| 17. Dr. Raymond Yekeye, representing Dr. Madzima | Zimbabwe |
| 18. Gabriel Atilio, representing Dr. Marial Cuir | South Sudan |
| 19. Bonaventura Mpondo, representing DG Jerome Kamwela | Tanzania |

In-Country Technical Officers

- | | |
|---------------------------------|------------------------------|
| 1. Dr. Caroline Medounane | Cameroon |
| 2. Cielo Rios | Colombia |
| 3. Dr. Adingra Patrice | Côte d'Ivoire |
| 4. Dr. Aimé Mboyo | Democratic Republic of Congo |
| 5. Tiisetso Piet | Lesotho |
| 6. Dr. Andrina Mwansambo | Malawi |
| 7. Dr. Francisco Quezada Juarez | Mexico |
| 8. Dr. Daniel Byamukama | Uganda |

GPC Leadership & Secretariat

- | | |
|----------------------|--------|
| 1. Gloria Byaruhanga | UNAIDS |
| 2. Lycias Zembe | UNAIDS |
| 3. Clemens Benedikt | UNAIDS |

GPC Partners

- | | |
|---------------------------|---|
| 1. Abinet Asefa | |
| 2. Alice Chikhoswe | UNAIDS |
| 3. Anna Cunha | UNFPA |
| 4. Ariadne Ribeiro | UNAIDS |
| 5. Aurea Oradini | UNAIDS |
| 6. Babatunde Adekelan | UNFPA |
| 7. Barihuta Tharasse | UNAIDS |
| 8. Dr. Bongani Masango | UNFPA |
| 9. Bridgette Quenum | UNAIDS |
| 10. Cedric Ciminera | UNAIDS |
| 11. Dr. Bossiky | |
| 12. David Kob | UNAIDS |
| 13. Dr. Kathy Hageman | PEPFAR |
| 14. Francis Engwau | NEPWU |
| 15. F. Javier Arellano | UNAIDS |
| 16. Gabriel Undelikwo | UNAIDS |
| 17. Getrude Ncube | MoH |
| 18. Hector Sucilla | UNAIDS |
| 19. Innocent Modisaotsile | UNFPA |
| 20. José Carlos Van-Dunem | Head of HIV Programmes, Ministry of Health - Angola |
| 21. Lethola Mafisa | UNAIDS |
| 22. Lilian Tatwebwa | |
| 23. Liudmyla Shevtsova | UNAIDS |
| 24. Margaret Ndubi | UNAIDS |
| 25. Maria Ângela | |
| 26. Mphikeleli Dlamini | UNAIDS |
| 27. Nandini Kapoor | UNAIDS |
| 28. Nathalie Kibangula | Head of Regional Cooperation and Partnership, PNMLS, Democratic Republic of Congo |
| 29. Neghist Tesfaye | UNAIDS |
| 30. Nuha Ceesay | UNAIDS |
| 31. Palikena Kaude | Plan International Malawi |
| 32. Puleng Letsie | UNAIDS |
| 33. Rabia Pasha | UNFPA |
| 34. Susan Kasedde | UNAIDS |
| 35. Susie McLean | Global Fund |
| 36. Souad Orhan | UNAIDS |
| 37. Taoufik Bakkali | UNAIDS |
| 38. Tim Sladden | UNFPA |
| 39. Thulani Mbatha | UNFPA |
| 40. Wanjiru Mukoma | UNAIDS |

Consulting Team

- | | |
|-----------------------|------------------------|
| 1. Dr. Nduku Kilonzo | Yemaya Health Advisory |
| 2. Jessica Nthemba | Yemaya Health Advisory |
| 3. Elizabeth King'ori | Yemaya Health Advisory |



In Attendance

1. Alisontipetts - Interpreter
2. Benoît Willaume - Interpreter
3. Beatriz Atencio - Interpreter
4. Claudinei - Interpreter
5. Corinne - Interpreter
6. Monica Lange – Interpreter
7. Sara - Interpreter
8. Sofia – Interpreter
9. Mablekisic
10. BagomisF
11. Lourdes

Meeting Agenda

HIV LEADERSHIP FORUM MEETING: QUARTER 3, 2023 Country Leadership in Delivering the Prevention Roadmap 2025

Date: 29TH August 2023

Time	Agenda Item	Responsible person(s)
3.00-3.20pm	Opening of the meeting <ul style="list-style-type: none">Opening RemarksUpdate from the HIV Leadership Forum, ChairA word from Dr. Mabuza, PS Health, Eswatini	<ul style="list-style-type: none">Dr. Paula MunderiDr. Ruth Laibon (Forum Chair)Dr. Mabuza
3.20-3.25pm	A review of minutes of 15 th May 2023 and follow up on action points	Dr. Celestine Mugambi (HIV Leadership Forum Secretariat)
3.25-3.50 pm	Progress report of the HIV Leadership Forum, a Community of Practice of Director Generals of AIDS Coordinating Agencies	Dr. Aletse De La Torre (Mexico) & Dr. Atuahene Kyemereh (Ghana)
3.30-4.10pm	Highlights from the 'Path to Ending AIDS' Report and the next steps for the GPC	<ul style="list-style-type: none">Facilitator: Prof. Eboi Ehui (Cote d' Ivoire)Clemens Benedikt
4.10-4.50 pm	Strengthening HIV prevention stewardship and programming <ul style="list-style-type: none">Global Fund: Priorities and Opportunities for country HIV prevention stewardshipPEPFAR: Perspectives on HIV Prevention and strengthening country level coordination.UN Joint Team: Strengthening capacities for prevention stewardship and programming	<ul style="list-style-type: none">Facilitator: Dr. Thembisile Xulu (South Africa)Susie McleanDr. Kathy HagemanNuha Ceesay, UNAIDS - Malawi
4.50-5.00pm	Closing of the Meeting & update on ICASA	<ul style="list-style-type: none">Dr. Madzima – HIV Leadership Forum Co-chair

1. Opening of the Meeting

Facilitator: Dr. Nduku Kilonzo

- Welcomed members to the meeting and called on Director Generals to introduce themselves.
- Other members were invited to indicate their names on the meeting chat platform.

Dr. Raymond Yekeye opened the meeting and delivered an introductory statement on behalf of Dr. Ruth Masha (Attached as Annex 1).

2. A review of minutes of 15th May 2023 and follow up on action points

Action items from the Quarter 2 meeting of 2023 were reviewed and a status update provided.

3. Progress report of the HIV Leadership Forum, a Community of Practice of Director Generals of AIDS Coordinating Agencies

Reports by: Dr. Aletse De La Torre Rosas (Mexico) & Dr. Atuahene Kyemereh (Ghana)

- The co-Convenors of the Steering Group provided a report outlining the progress of the HIV Leadership Forum over 3 months that included:
 - Special meeting of the Director Generals
 - Identity of the Director Generals to the HIV Leadership Forum
 - Establishment of a Steering group and a meeting of the group held.
 - Review and finalization of the Director Generals position paper and policy brief
 - Review of the in-person meeting of Director Generals of Quarter 4
 - Adopted the use of the terms NACAs (National AIDS Coordinating Agencies) rather than National AIDS Commissions in order to cater for the nomenclature of different countries.
- The next 8 months workplan was shared with the participants:
- Urged the GPC, donors, and technical partners to support the Leadership Forum and Director Generals at the national level to facilitate the attainment of the action points outlined in the Prevention Roadmap.

HIV Leadership Forum 8-month deliverables

A position paper and policy brief on County multi-sector leadership for health and HIV prevention 2025

Country Technical action plans to be developed during the in-person meeting

Leaders' actions (Commitments specific to Director Generals) to be developed during the in-person meetings

Country TA needs to be developed during the in-person meeting in November

We will have Quarterly progress reports on implementation of DGs leaders' actions thereafter

A technical 'how-to' guidance on implementation of multi-sector prevention programmes – this will help us develop a common understanding and approach to Prevention Stewardship and implementation and will also inform larger health agendas, that always make reference to the need for multi-sector and multi-stakeholder action without guidance on the same

3 case studies on sustainability for HIV prevention – to start to define what sustainability includes and especially harnessing domestic financing

A Policy Brief on Social Contracting for HIV prevention - noting that working with communities is key

Communication of the Forum priorities to stakeholders. For instance, there has been the proposal to undertake country programme reviews and resources will be required and therefore the Forum may communicate to partners for support

Minutes of meetings to keep track of key action points

Communication from the Chair of the Forum, to the GPC co-Chairs after meetings. This was already undertaken/initiated after the first meeting

Notes on the position paper:

- It was emphasized that members need to share their feedback on the draft position paper by 7th September 2023. The position paper will be shared again through the mailing platforms that have been created by 30th August 2023.
- Members were asked to share lessons, case studies and examples that can be incorporated into the position paper narrative.
- Members were informed that the position paper will be available in English and French languages for the different audience.
- Members were notified that the position paper would be accessible in both English and French to cater to various audiences.
- Members encouraged to provide their mobile phone contacts, and the secretariat authorized to create WhatsApp chat groups for Director Generals and Technical HIV Team Leads to facilitate communication.

It was resolved that:

- A WhatsApp group of Director Generals be set up by the Secretariat for ease of communication.
- The Special meetings of HIV Leadership Forum meetings (comprising Director Generals only) will take place on a quarterly basis, with an additional annual in-person meeting, in order to sustain the momentum.

4. Highlights from the 'Path to Ending AIDS' Report and the next steps for the GPC

Facilitator: Prof. (Dr.) Eboi Ehui

Presentation: By Clemens Benedikt (Presentation attached as Annex 2)

Deliberations:

- It was noted that the decrease in new HIV infections was most substantial in countries that had high performance both in HIV treatment and specific priority pillars in primary prevention ([JC3047_Key-findings-2021-HIV-UNAIDS_En-1.pdf](#)) in many countries after 2015 can be attributed to the scaled-up HIV treatment. It was also noted that there was need for further exploration as to the explanations for the declines seen, nothing that there were variations e.g., countries that have attained the 95-95-95 targets that were not experiencing significant experiencing declines, but still not achieving new HIV infection targets, pointing to the need for primary prevention.
- The idea of strengthening regional coalitions was identified as important in order to. The inclusion of additional countries to the GPC (round 2) was lauded as especially important in order to strengthen action across similar syndemics. In particular, a request to include additional countries in South America was made.
- Regional collaboration was seen as important to identifying emerging trends in HIV infections and developing shared approaches, which is key to addressing challenging areas such as improving the health of key populations (KPs) and vulnerable communities.
- Members highlighted the importance of recognizing data variations across different countries and regions. These variations served as crucial indicators for identifying gaps that governments can address at the country level when formulating their HIV prevention strategies and technical action plans.

5. Strengthening HIV prevention stewardship and programming

Facilitator: Dr. Thembisile Xulu

Presentations:

- By Susie Mclean (Presentation attached as Annex 3)
- By Dr. Kathy Hageman (Presentation attached as Annex 4)
- By Nuha Ceesay (Presentation attached as Annex 5)

Key highlights of the presentations:

- Partners are committed to strengthening Prevention capacity including stewardship, implementation, and financing in the countries.
- Partners are committed to supporting country-led and country specific management tools and systems aimed at advancing HIV prevention efforts.
- Partners noted the commitment to supporting country coordination in order to strengthen prevention delivery at country level.
- That there are opportunities for Director Generals to engage with country mechanisms to access resources to address their most pressing gaps for HIV prevention. With specific reference to the Global Fund, it was highlighted that countries can still input activities relevant to strengthening prevention stewardship into their country plans as they respond to TRP comments. PEPFAR noted that DGs need to engage country teams to ensure that their COP presentations have captured stewardship activities.

Deliberations:

- Sustainability in general and in particular, funding was identified as priorities that required further deliberation, noting that they were discussed as essential to maintaining and accelerating the decline in incidence.
- Sustainability in general and in particular funding was discussed as essential to maintaining and accelerating the decline in incidence and for continuity of programmes. It was noted that there was need for further engagement on the issue of sustainability to identify: the opportunities already existing in the country and of importance consider taking deliberate and difficult decisions regarding application and prioritization to make best use of the resources available. It was noted that there was need to ensure that the current momentum on prevention is not lost and therefore opportunities for engagement with other processes, such as UHC, be considered as they are important at country level and HIV prevention be integrated.
- Members noted the need to consider private sector in the deliberations on sustainability in order to leverage their infrastructure and capacity for deliver.
- It was noted that an accountability framework to evaluate not only country, but also partner commitments in the delivery of Prevention at country levels be considered.
- The example of Malawi was cited as an opportunity that can be leveraged for broader prevention efforts and the joint team support the NACAs to bring together partners at country level.

Closing of the meeting and update on ICASA

Facilitator: Dr. Raymond Yekeye

- Provided a summary of the ICASA Marathon meeting scheduled for September 14th and 15th, 2023, as part of the preparations for the main event set to occur from December 4th to 9th.
- Assured members and stakeholders that the political environment was peaceful after presidential elections were carried out and this is expected to continue.
- Informed members about the 1st Ladies Meeting and Domestic Financing meeting, both of which will be held in early December prior to the official launch of ICASA.

The meeting was closed at 1727hrs EAT.

Action points emerging from the meeting:

Agenda	Actions	Responsible
Position Paper	Position Paper to be circulated to members again with feedback from DGs and their Technical Team Leads coming in by 7th September 2023	Consultant
WhatsApp Chat Groups	Formation of DGs and Technical Teams WhatsApp chat groups to facilitate ease of information sharing and updates.	Consultant

Areas for future Consideration

Areas for consideration	Notes
<ul style="list-style-type: none">▪ Have further engagements on Sustainability for HIV Prevention	<ul style="list-style-type: none">▪ This has been scheduled for the Namibia in-person meeting
<ul style="list-style-type: none">▪ Develop an accountability framework for HIV prevention for the GPC	<ul style="list-style-type: none">▪ To be submitted to the GPC for consideration for support

ANNEXES

1. Opening Remarks – Dr. Bernad Madzima
2. Path to ending HIV AIDS Report highlights presentation.
3. Strengthening Stewardship of NACs for HIV prevention and response in transition
 - Presentation by Susie Mclean
 - Presentation by Dr. Kathy Hageman
 - Presentation by Nuha Ceesay

Annex 1: SPECIAL VIRTUAL MEETING OF AIDS COMMISSIONS DIRECTORS

DATE: 29th August 2023

Ladies and Gentlemen,

- Welcomed and acknowledged all Director Generals of AIDS Commissions present and their Technical Teams to the meeting,
- Made a special welcome to Director Generals who were joining the HIV Leadership Forum meeting for the first time,
- Welcomed the Co-Chairs of the Global AIDS Prevention Coalition,
- Welcomed Dr Paula AUBERSON-MUNDERI and the GPC team,
- Welcomed all the UNAIDS & UNFPA Regional Directors and Country Directors and HIV Prevention Focal Points present during the meeting,
- Welcomed all members of the GPC Working Group,
- Welcomed all members of the GPC funders and the Bill and Melinda Gates Foundation present,
- And the NAC Director Generals Forum Secretariat team from Kenya.
- Reflected on the HIV Leadership Forum as a Community of Practice of Director Generals of AIDS Commissions, established in 2019 with the support of the Global HIV Prevention Coalition as a platform to accelerate attainment of the HIV Prevention Roadmap 2025, by leveraging and strengthening national prevention leadership and accountability. Thanked all Country teams present and recognized them as, the rubber that meets the Road, in Prevention success at the Country level.
- Appreciated the Director Generals who have continued to demonstrate commitment by providing their time tirelessly over the past few months to strengthen the Forum, and most importantly impacting peer learning.
- Acknowledged and thanked the Steering Group of the Director Generals that has met and began to provide direction to the Leadership Forum and that was creating significant momentum for countries to review and accelerate action towards 2030.
- Expressed gratitude to the GPC Secretariat and the Bill and Melinda Gates Foundation for the opportunity for the in-person meeting that is scheduled for 7-9th November in Namibia.
 - Noted that this meeting was important in order to consolidate the momentum gained in 2023 as outlined during the meeting.
 - It would allow members to reflect on the action plans done that were drawn up in Johannesburg in 2022 and peer review performance of the countries.
 - It was essential that all countries review their commitments before the in-person meeting and share with the Secretariat their implementation status.
 - During the in-person meeting there would also be a review of performance by Partners on Technical Assistance support sought by countries.

- Most importantly, at the meeting Director Generals would agree on a Monitoring approach/Mechanism to keep track of the commitments they made as leaders, and also on the technical country plans.
- An important Note. The draft position paper as the HIV Leadership Forum was now developed and circulated among Director Generals and their Technical Teams, who were asked to review this document that was 'OUR product' so that the Secretariat can include their input and finalize. This was IMPORTANT.

Introduced Dr. Mabuza.

- Dr. Kanya Mabuza, was a colleague and friend who has led and steered the HIV response in Eswatini for many years, having worked with UNFPA and is a Scholar of Tulane University in Public Health. Dr. Mabuza was appointed the Permanent Secretary of Health of Eswatini by the King.
- Recognized and thanked Dr. Mabuza for being an active member who had recently volunteered to be on the Steering Group and recognized that while his presence will be missed, the HIV Leadership Forum was excited to have a Champion at the higher levels and that the Forum will be calling on him.

Update on Global Report and Global HIV Prevention Coalition

29 August 2023

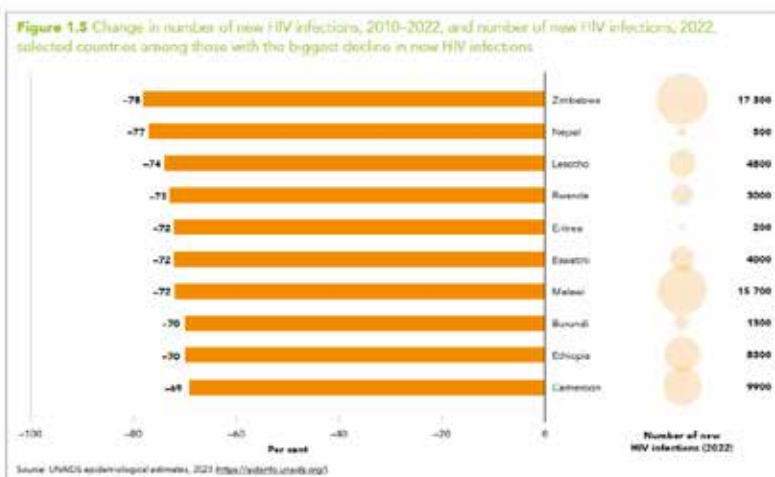
5 main messages on the path to ending AIDS



1. Many countries are reaping the benefits of an evidence-based AIDS response
2. Treatment and prevention are saving millions of lives
3. Inequalities and barriers, including a widening funding gap, hold back progress
4. Programmes and policies that put people first have the most impact
5. Greater equity will unlock new opportunities

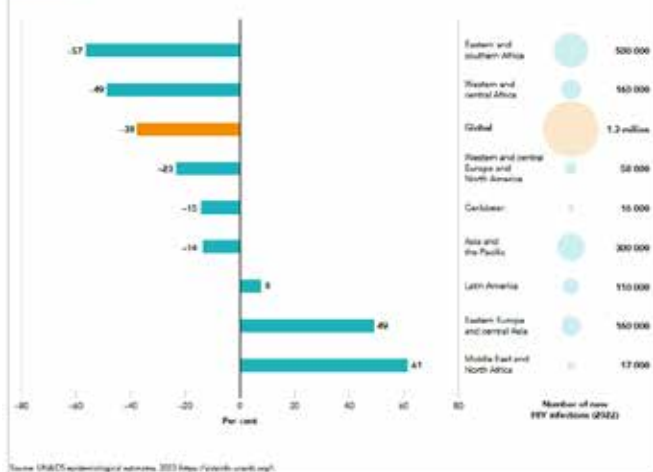
Some countries are succeeding

- In 2022, the world saw 1.3 million new HIV infections, the fewest since the 1980s.
- Declines strong in regions with highest HIV burdens. Since 2010, 57% decline in eastern and southern Africa – e.g. Zimbabwe, Lesotho, Rwanda
- Over 2.5 million people were using PrEP in 2022. Steepest increase in eastern and southern Africa, but far from the 2025 target of 10 million people.



Declines in new HIV infections higher in countries with high HIV burden

Figure 0.2 Change in number of new HIV infections, 2010–2022, and number of new HIV infections, 2022, global and by region



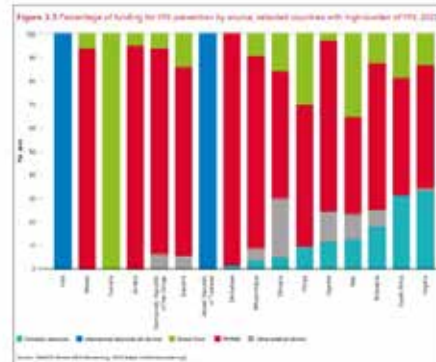
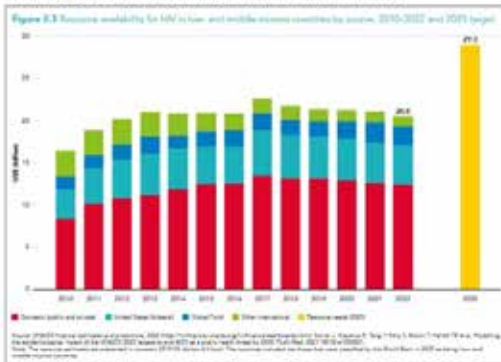
- Fewer people acquired HIV in 2022 than in any year since the late 1980s.
- Since 2010, annual new infections decreased most in sub-Saharan Africa. Elsewhere, declines are slower.
- With many new HIV infections among key populations.
- Sex workers and their clients decreased in new infections from 2010 to 2022, often in line with overall national trends.
- MSM, transgender people and in some regions people who inject drugs have not benefited equally.

Preliminary UNAIDS analysis of country transmission trend models

A widening funding gap

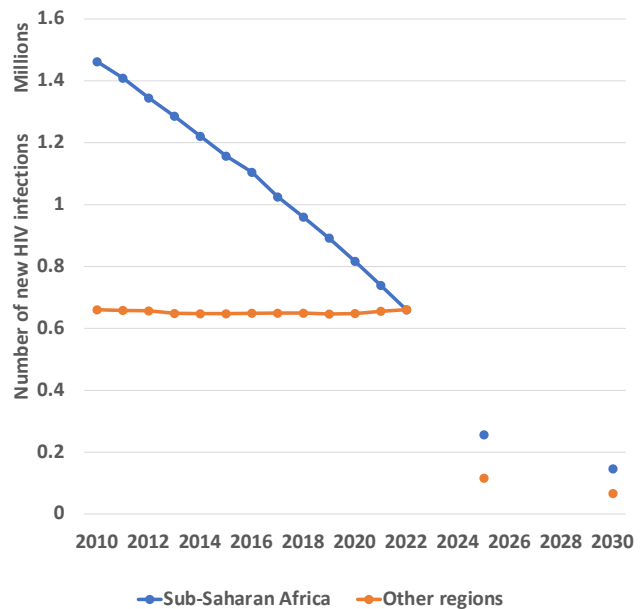
- \$ 20.8 billion for HIV programmes in low- and middle-income countries in 2022, short of the US\$ 29.3 billion needed by 2025.
- Progress strongest where financial investments are highest, such as eastern and southern Africa.
- Low- and middle-income countries allocated only 2.3% of total HIV spending to prevention and societal enabler programmes for key populations, compared to estimated need of 21%.

Funding gap for HIV is widening and must match the need



The global epidemic in 2023 is substantially different from 2010 and 2017

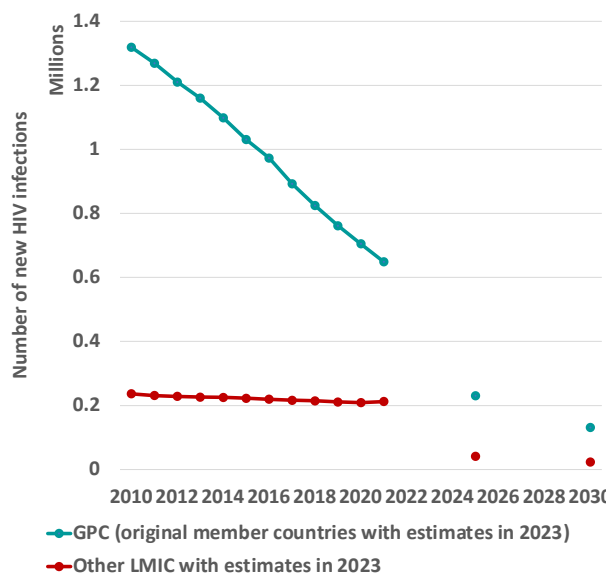
- Progress in reducing new HIV infections in sub-Saharan Africa
- Stagnating trend overall in regions with concentrated epidemics (with great variation by country)
- Targets in sub-Saharan Africa are in reach, but still need acceleration
- Current approaches and investments insufficient to achieve 2025 and 2030 targets in epidemics among key populations



Implications for the GPC

- Need continued focus on countries and regions with declining HIV incidence
- Need enhanced focus on countries and regions with limited progress
- Need to review country membership

Note: this only includes countries reporting estimated new HIV infections for adults and children in 2023; several large countries are missing



New data: GPC member countries by number of new HIV infections in 2022

		2010	2022	% Change			2010	2022	% Change
South Africa	GPC	376423	161,801	-57%	Cameroon	GPC	32339	9,898	-69%
Mozambique	GPC	163809	97,231	-41%	Central African Republic	New group 2	10817	9,500	-12%
Uganda	GPC	85832	51,517	-40%	Thailand	New group 2	16688	9,230	-45%
Zambia	GPC	71196	33,361	-53%	Cote d'Ivoire	GPC	26034	8,979	-66%
United Republic of Tanzania	GPC	98182	31,515	-68%	Madagascar	New group 1	3523	8,855	151%
Philippines	New group 1	4709	24,371	418%	Colombia	New group 1	9704	8,299	-14%
Indonesia	GPC	50185	24,276	-52%	Ethiopia	GPC	27084	8,256	-70%
Kenya	GPC	69507	22,155	-68%	Papua New Guinea	New group 2	2819	6,517	131%
Mexico	GPC	17964	20,342	13%	Peru	New group 2	3672	5,762	57%
Zimbabwe	GPC	78090	17,337	-78%	Namibia	GPC	10877	5,614	-48%
Ghana	GPC	22772	16,574	-27%	Egypt	New group 2	1068	5,116	379%
Democratic Republic of the Congo	GPC	37873	15,888	-58%	Lesotho	GPC	18374	4,820	-74%
Congo	New group 2	8028	15,804	97%	Botswana	GPC	12857	4,320	-66%
Malawi	GPC	56054	15,720	-72%	Eswatini	GPC	14322	4,001	-72%
Angola	GPC	28221	15,481	-45%	Rwanda	New group 1	11077	3,030	-73%
Myanmar	GPC	17071	11,090	-35%	Iran (Islamic Republic of)	GPC	3697	2,910	-21%
South Sudan	New group 1	16829	10,933	-35%					

No estimates published in 2023 for several large GPC member countries that would be in the top 10 priority countries : Brazil, China, India, Nigeria, Pakistan

Intensified country support proposed for countries with prevention crises

New country invitations in 2023

Group 1 (invited for WHA)

Colombia
Madagascar
Philippines
Rwanda
South Sudan

Group 2 (to be invited – consultations ongoing)

Central African Republic
Congo
Egypt
Peru
Papua New Guinea
Thailand
Viet Nam

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

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	Senegal	Sierra Leone	United Republic of Tanzania	Democratic Republic of the Congo	Cameroon	Guinea	South Africa	Cote d'Ivoire	Kenya	Nigeria	Zimbabwe	Uganda	India	Malawi	Rwanda	United Republic of Ben	China	Ethiopia	Zambia	Angola	Indonesia	Mozambique	Wyoming	Meerop	Brazil	Kenya	Ghana	Botswana	Madagascar	Philippines	Colombia	South Sudan	Madagascar	
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%																																		
2. Precision prevention approach		Total score																																			
	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	>6%																																		
	2.5	> Packages for AOTW where relevant	>6%																																		
3. Define investment needs	3.1	> Budget/financed HIV prevention plan	>60%																																		
	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	>30%																																		
	4.3	> Milestones developed to reinforce HIV prevention	>20%																																		
5. Expand community-led services		Total score																																			
	5.1	> Government convening of relevant communities	>20%																																		
	5.2	> Public funds being allocated to NGOs	>30%																																		
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	>30%																																		
8. Introduction of new technologies		Total score																																			
	8.1	> Actions for new prevention technologies	>60%																																		
	8.2	> Milestone on new prevention technologies	>40%																																		
9. Real-time programme monitoring	9.1	> Data triangulation for coverage of programmes	>40%																																		
	9.3	> Developed subnational Scorecards?	>10%																																		
	9.4	> HIV prevention funding expenditure analysis done	>40%																																		
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, >10% - in progress																																		
		Total score																																			

Update on specific upcoming products

- GPC scorecards and annual progress report (November 2023)
 - Synthesis analysis of main trends from scorecards and survey on 10 Road Map actions
 - [Country consultations and progress reviews on findings](#)
- Revised GPC website and knowledge hub (February 2024)
 - [Opportunity for sharing key strategic country products on country pages](#)
- Key populations - community of practice cycle 1 with seven events completed, phase 2 with new series of topics to be launched (October 2023)
 - [Opportunity for engaging and sharing by country prevention/ KP program leads & experts](#)
- GPWG Statement on laws and HIV prevention (September 2023)
- Orientation of new GPC countries: Technical meeting in Rwanda, Kigali (24-26 October 2023)

Thank you



HIV Prevention Program Stewardship

29 August 2023

Susie McLean, Senior Advisor HIV Prevention, Global Fund

GF strategy (2023-2028) commitments

Focus on *access to & use of combination HIV prevention options*

Accelerate **access to** and **effective use of** precision combination HIV prevention, with behavioral, biomedical, and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations:

- Close gaps in HIV prevention coverage
- Accelerate access to and use of new HIV prevention options
- Evolve and expand the range of platforms for access to and delivery of people-centered HIV prevention



New GF strategy (2023-2028)

HIV Prevention commitments

Accelerate **access to** and **effective use of** precision combination prevention, with behavioral, biomedical, and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations:

- **Close gaps in HIV prevention coverage**
- Accelerate access to and use of new HIV prevention options
- Evolve and expand the range of platforms for access to and delivery of people-centered HIV prevention

- Focus on KP + sexual partners in all geographies & AGYW + male sexual partners in SSA
- Increase access to critical prevention interventions (condoms, PrEP, harm reduction)
- Address factors that increase vulnerability and barriers to public health services
- Better coordinate investments within multisectoral programs incl. social protection & education (e.g., to support CSE)
- Support countries to strengthen data systems for HIV prevention

3

New GF strategy (2023-2028)

Focus on access to & use of combination prevention options

Accelerate **access to** and **effective use of** precision combination prevention, with behavioral, biomedical, and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations:

- Close gaps in HIV prevention coverage
- **Accelerate access to and use of new HIV prevention options**
- Evolve and expand the range of platforms for access to and delivery of people-centered HIV prevention

- Support access to affordable new HIV prevention options, e.g., new PrEP formulations, long-acting OST, technologies that provide dual protection against HIV & pregnancy
- Total market approach (mobilizing public and private sector capacities)
- Support the development of policy, regulatory & programmatic enablers for new options
- Support demand creation, incl. prevention communication to increase the knowledge, skills & power of people at risk to choose + use the best HIV prevention options for them

4

New strategy (2023-2028)

Focus on access to & use of combination prevention options

Accelerate **access to** and **effective use of** precision combination prevention, with behavioral, biomedical, and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations:

- Close gaps in HIV prevention coverage
- Accelerate access to and use of new HIV prevention options
- **Evolve and expand the range of platforms for access to and delivery of people-centered HIV prevention**

- Leverage the strengths of public sector, community, civil society and private sector delivery systems for greater differentiation, innovation, and sustainability of HIV prevention efforts.
- Support prevention approaches through non-traditional and non-facility-based platforms, especially community-based and community-led services, SRHR services, and online, pharmacy-based, and other easy-to access services.
- New technologies will be leveraged for improved health communication & demand creation.

5

HIV Information Note

Guidance for the 2023 – 2025 funding cycle

Includes:

- **Program Essentials:** Standards for program design and coverage. It are key evidence-based interventions and approaches to address the ambitious goals set out in the HIV global strategy & support countries to achieve their national targets.
- Interventions that are prioritized to have HIV impact

Expand coverage of HIV prevention for key populations

Expand coverage of HIV prevention for adolescent girls and young women and male sexual partners in settings with high HIV incidence

Expand service delivery platforms for HIV prevention

Expand and integrate human rights interventions into HIV prevention

Strengthen HIV prevention program stewardship (leadership, coordination, planning, capacity development, strategic information)

6

HIV Prevention Program Essentials

HIV primary prevention

1. Condoms and lubricants are available for all people at increased risk of HIV infection
2. Pre-exposure prophylaxis (PrEP) is available to all people at increased risk of HIV infection, and post-exposure prophylaxis (PEP) is available for those eligible
3. Harm reduction services are available for people who use drugs
4. Voluntary medical male circumcision (VMMC) is available for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries

Relevant program essentials should be reinforced by demand creation activities to inform, increase uptake and support adherence. Note that all programming must be human rights-based, gender-responsive and informed by and respond to an analysis of inequities.

7

GF HIV Information Note 2022 – key priorities for HIV Prevention

- a) **Expand coverage of combination HIV prevention for key populations and their sexual partners in all epidemic settings:** Provision of male and female condoms and lubricants; Provision of PEP and PrEP (incl. new modalities) as recommended by WHO; SRH/STI interventions provided as part of HIV prevention services, and HIV prevention interventions provided as part of SRH service delivery; Provision of harm reduction services for PWID; Priority interventions for people in prisons and other closed settings; Provision of prevention commodities and services supported by targeted health communication, structural interventions or social enablers; **Activities to assess, prevent and respond to security-related risks faced by KPs**
- b) **Expand coverage of combination HIV prevention for AGYW and male sexual partners in settings with high HIV incidence:** Provision of male and female condoms and lubricants; Provision of PEP and PrEP as recommended by WHO; **SRH/STI interventions provided as part of HIV prevention services, and HIV prevention interventions provided as part of SRH service delivery;** Provision of counselling and support on HIV prevention, sexual and reproductive health and rights and family planning; Provision of voluntary medical male circumcision (VMMC) for adolescent boys (15+ years) and men in VMMC priority countries; Provision of commodities and services combined with risk reduction counselling; Biomedical and behavioral interventions supported by structural interventions or social enablers to increase access to services and reduce HIV vulnerability; **targeted HIV prevention campaigns and CSE*; Social protection interventions***

**In settings with high to very high incidence (>1%)*

8

GF HIV Information Note 2022 -key priorities for HIV Prevention (cont.)

- d) **Expand service delivery platforms for HIV prevention:** Combination of public sector (health facility), community-based and community-led, and private sector delivery systems; Expanded platforms for community-based and peer outreach-based HIV prevention programs and services; Integrated models for improved HIV prevention and sexual health outcomes; Use of Virtual platforms to extend outreach, expand service delivery and mitigate stigma; Pharmacies (community/private) and other easy access points; **MMD of HIV prevention commodities**
- e) **Expand and integrate human rights interventions into HIV prevention**
- f) **Strengthen HIV prevention stewardship:** Program planning, design and delivery including target-setting, costing and operational planning; technical working groups and national and sub-national coordination and review mechanisms; last mile supply and distribution systems for prevention commodities; HIV prevention product introduction and scale-up and strengthening of total market approaches; capacity development to support prevention program management and delivery; integration of HIV prevention and SRH communication, health promotion and service delivery; monitoring of prevention outcomes, performance reviews and use of data for micro-planning and problem solving

9

New GF module (modular framework) *Prevention Program Stewardship*

Activities related to strengthening national prevention program stewardship to achieve scale and precision of prevention service delivery. For example:

- Development of national prevention strategies, plans and programs including target setting, costing, defining investment needs and operational planning.
- Management, coordination and oversight of prevention programs, technical working groups, national and subnational coordination and review mechanisms.
- Differentiated and scalable HIV prevention demand generation and service delivery models. • Last mile supply and distribution systems for prevention commodities.
- HIV prevention product introduction, strategic positioning and strengthening of total market approaches.
- Community-based or community-led prevention models for outreach, social contracting and safety of programs with key populations and young women.
- Capacity development including building individual skills, institutional and systems capacity such as defined functions, quality assured processes and standard operating procedures.
- Integration of HIV prevention communication and service delivery with health promotion and services for SRHR and other related services.

→ Activities related to monitoring and collect HIV prevention-specific data, including population size estimation, hotspot mapping, risk assessment, socio-behavioral surveys, market and program analytics, monitoring of prevention outcomes, program reviews, financial analysis, etc., should be included in the module "RSSH: Monitoring and Evaluation Systems". → Activities related to the national disease specific plans should be included under the module "RSSH: Health Sector Planning and Governance for Integrated People-centered Services" and intervention "Integration/coordination across disease programs and at the service delivery level".



GPC HIV Leadership Forum Meeting: Quarter 3, 2023
Country Leadership in Delivering the Prevention RoadMap 2025

PEPFAR: Perspectives on HIV Prevention and strengthening country level coordination

PEPFAR Prevention: Kathy Hageman (bwk7@cdc.gov)
29 August 2023

PEPFAR's 5-Year Strategy

Doubling Down on a Holistic Combination Prevention Approach



Prevention mentioned 65x

- Widespread and meaningful **access**
- Holistic, **people-centered** prevention services
 - PrEP, VMMC, and condoms/lubricants, long-acting methodologies, community-level social and behavioral interventions
- Sustainable prevention programs
- **Accelerate** prevention with an equity lens
- Broadly **normalize** their use
- Fully operationalize a **choice-agenda**
- **Alternative delivery** channels to reach the community
- **Status neutral** approach to HIV services

FOCUS AREA 1: DOUBLING DOWN ON A HOLISTIC COMBINATION PREVENTION APPROACH

While PEPFAR and the global HIV/AIDS community have made huge strides in access and coverage of treatment services, widespread access to holistic, people-centered prevention services has lagged. This includes access to biomedical interventions such as PrEP, VMMC, and condoms/lubricants, as well as community-level social and behavioral services interventions. It will be critical to support countries to build sustainable prevention programs through a mix of service options, sustained capacity of the health and monitoring system, and increasing financing (including innovative financing) for prevention.

Moreover, there are promising new tools on the horizon that prevention programs will benefit from, including innovations in long-acting PrEP and cutting-edge technologies (e.g., human-centered design and social marketing) and channels (e.g., digital media) to deliver relevant behavioral and social supports. Moving forward, PEPFAR will continue to accelerate its focus on prevention with an equity lens, especially for highly at-risk populations such as AGW, KPs, and pregnant and breastfeeding people, while ensuring that prevention services are accessible broadly to maintain their use – including prevention efforts designed to effectively reach young boys and older men. The path will include the following areas: 1) Create meaningful access to new biomedical interventions such as long-acting prevention modalities to fully operationalize a choice agenda for at-risk populations by supporting practices, at-scale market shaping, facilitating policies, training and demand creation, scaling up top of existing prevention service delivery in close collaboration with governments, and innovating on alternative delivery channels that more effectively reach the community such as pharmacies and family planning service platforms; 2) scale-up of a status neutral approach to HIV services for populations with higher rates of HIV acquisition, ensuring that all people, regardless of HIV status, are treated the same way. This starts with low barriers to testing, including scaling up asymptomatic self-testing, and immediate, seamless linkage to ART or combination prevention services including PrEP, with biomedical and behavioral/social support as needed, and all services tailored to best meet the needs and preferences of the person served.

- GPC Road Map endorsed by Ambassador Nkengasong at IAS2022
- [Listen](#) to Ambassador Nkengasong talk about the Road Map



“...Prevention is the centrality of good public health practice... as it the most **cost-effective** endeavor... need for aggressive reduction to meet 2030 goals... targeted messaging, behavior change, consistent condom use, long-acting PrEP and circumcision.

I think we have to move aggressively. And the key word here is aggressively, to make sure that we use a combination of these set of [prevention] tools, in settings where the incidence of HIV is high, and demonstrate that it can create an impact and reduce incidence....

...But unless and until we do that **and work in an aggressive manner, in partnership, in concert with other partners,** [reduction of infections] will continue to be a concept that is theoretical even though we have the tools available. So, I'm arguing for, or pushing for, an aggressive approach to combination prevention implementation in a targeted population where the incidence are high, where we can demonstrate immediate impact, almost within one year or two years.”

~ Ambassador Nkengasong (PX Plus podcast)

UNAIDS HIV Prevention RoadMap 2025

Staying Focused on the 5 Prevention Pillars

Community-led: traditional healers, community leaders, utilize community structures for implementing prevention efforts

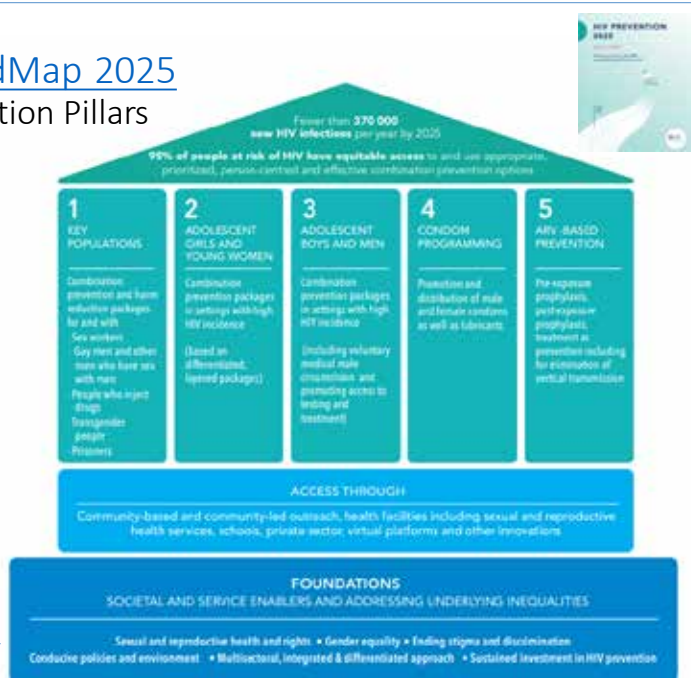
Condom use is like mask use → we know we should be wearing them but we don't, how to increase demand/interest?

Adolescent-friendly health services [Adolescent-friendly health services for adolescents living with HIV: from theory to practice \(who.int\)](#)

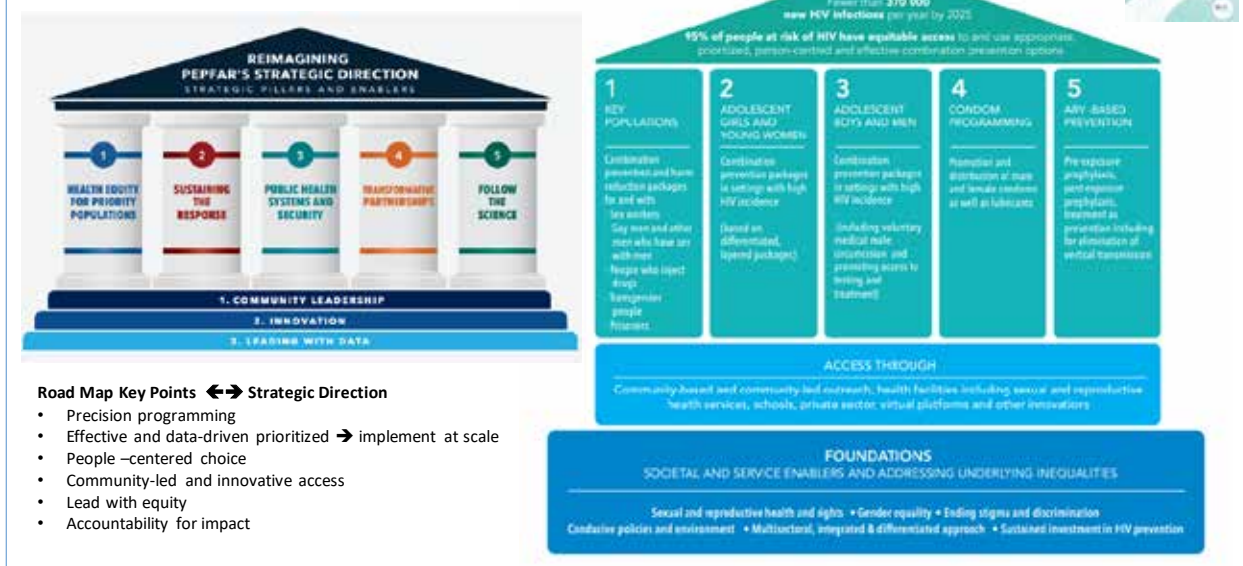
ABYM have been left behind [The Global Men and HIV Technical Working Group \(MENHT\) Webinar Series - Episode #4 \(who.int\)](#)

Virtual interventions [WHO and UNAIDS support countries to introduce virtual interventions and HIV self-testing](#) and [Virtual HIV Interventions: A Budgeting and Programming Aid, February 2022 – Unaid](#)

Stigma and Discrimination [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings | UNAIDS](#)



UNAIDS HIV Prevention RoadMap 2025 and Reimagining PEPFAR



Alignment: Road Map and PEPFAR

- **PEPFAR:** Identify **root causes** for program gaps and/or challenges based on country context (epi, demographic, or structural issues contributing).
 - **Road Map:** Aligns with Action Steps 1 and 2 (data driven assessment and informing precision programming)
- **PEPFAR:** What are the country's **priorities on sustaining HIV impact and response**?
 - **Road Map:** Aligns with Action Steps 1 and 2 (data driven assessment and informing precision programming)
- **PEPFAR:** What are the **overarching priorities** for the HIV response in-country in the next 2 years ?
 - Use 5 x 3 vision as guidelines for framing this discussion. This should include how the team is starting to approach COP22 implementation through the lens of the 5 x 3 strategy and should be **inclusive of host country governments inputs, local civil society, and other key in-country stakeholders.**
 - Please also speak to how entities (both funding and decision-making) are aligning strategically and programmatically behind a **national strategic vision.**
 - **Road Map:** Aligns with 10 Action Steps

UNAIDS HIV Prevention RoadMap 2025

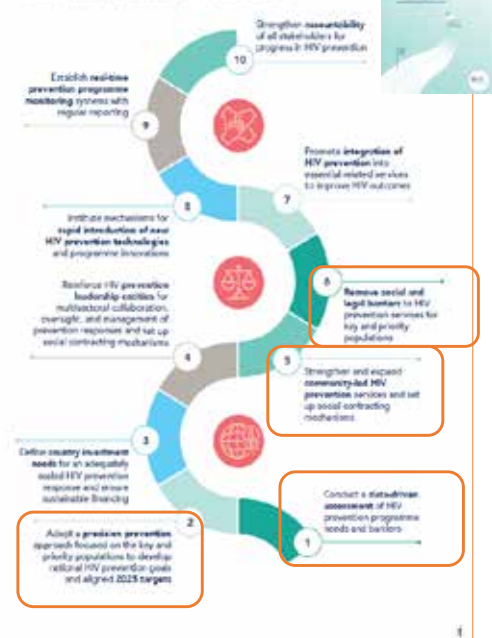
FIGURE 2.
The 2025 high-level HIV prevention targets and commitments



Step 1: Conduct a data-driven assessment of HIV prevention programme needs and barriers
Step 2: Adopt a precision prevention approach focused on KP/PP to develop national HIV prevention goals and align with 2025 targets

- **Opportunities for PEPFAR to support NACs**
 - **Discuss** about planning meetings and preparation needs
 - **Data:** What populations and areas are behind based on the prioritization and targets guidance
 - **Data:** **Prioritize** geographic areas and populations for accelerated impact with precision programming
 - Identify needs and barriers and **possible solutions for rapid acceleration, community-level access**
 - Review **National Strategic Plan** to find commonalities and differences
 - Discuss acceleration programming for COP/ROP programming

FIGURE 1.
The HIV Prevention 2025 Road Map: ten-point Action Plan



UNAIDS HIV Prevention RoadMap 2025

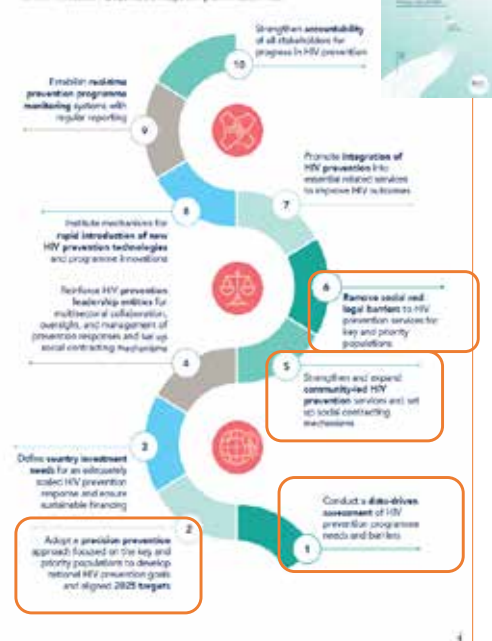
FIGURE 2.
The 2025 high-level HIV prevention targets and commitments



Step 5: Strengthen and expand community-led HIV prevention mechanisms

- **Opportunities for PEPFAR to support NACs**
 - Review CoAg possibilities for providing capacity building to community-led organizations, community leaders, and local pharmacies (pending policy approval) to deliver services
 - Approaches for systematically engage community leaders

FIGURE 1.
The HIV Prevention 2025 Road Map: ten-point Action Plan



Leveraging Roadmap and PEPFAR



• Opportunities to scale implementation, innovate, and strengthen a (non-siloed) combination prevention approach that aligns and integrates societal enablers and identifies best practices?

- ✓ Are services **rapid scaling** in areas of high and growing **incidence** and **aligned** with geographic area/populations?
- ✓ Do all prevention and testing services serve as an **access point** for combination prevention assessment and active linkage?
- ✓ Are individuals routinely (i.e., each point of care interaction) **assessed for change** in combination prevention needs?
- ✓ Are prevention services and testing **equitably** available to all high-risk populations?
- ✓ Are individuals provided a **choice** of prevention services and able to change as their preference or needs change?
- ✓ **Innovative approaches** for routine access to assessment of needs and combination prevention needs?

- [HIV prevention for the next decade: Appropriate, person-centred, prioritised, effective, combination prevention | PLOS Medicine and incidence tables](#)
- [Examples of heterogeneity of modelled HIV incidence across 5 high burden countries. \(figshare.com\)](#)

Resources

- Prevention
 - [prevention-2025-roadmap_en.pdf \(unaids.org\)](#)
 - [Key findings from the 2021 scorecards of the Global HIV Prevention Coalition, April 2022 – UnAids](#)
 - [HIV prevention for the next decade: Appropriate, person-centred, prioritised, effective, combination prevention | PLOS Medicine](#)
 - [Examples of heterogeneity of modelled HIV incidence across 5 high burden countries. \(figshare.com\)](#)
 - [Creating HIV prevention cascades — Operational guidance on a tool for monitoring programmes \(unaids.org\)](#)
- Virtual interventions
 - [WHO and UNAIDS support countries to introduce virtual interventions and HIV self-testing](#)
 - [Virtual HIV Interventions: A Budgeting and Programming Aid, February 2022 – UnAids](#)
- Community Engagement and Social Contracting
 - [Social contracting focus of south-south learning \(unaids.org\)](#)
- Gender and Youth
 - [Adolescent-friendly health services for adolescents living with HIV: from theory to practice \(who.int\)](#)
 - [New global alliance launched to end AIDS in children by 2030 | UNAIDS](#)
 - [The Global Men and HIV Technical Working Group \(MENHT\) Webinar Series - Episode #4 \(who.int\)](#)
 - [Young people's participation in community-based responses to HIV — From passive beneficiaries to active agents of change \(unaids.org\)](#)
- Key Populations
 - [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations \(who.int\)](#)
 - [Policy brief: Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations \(who.int\)](#)
 - [Drug-use and HIV \(unodc.org\)](#)
 - [Prison settings HIV \(unodc.org\)](#)
 - [Critical enablers \(unodc.org\)](#)
 - [Putting young key populations first — HIV and young people from key populations in the Asia and Pacific region 2022 | UNAIDS](#)
- Stigma and Discrimination
 - [Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings | UNAIDS](#)

Resources

- UNAIDS
 - [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. \(unaid.org\)](#)
 - [2025 AIDS TARGETS – UNAIDS](#)
 - [Full report — In Danger: UNAIDS Global AIDS Update 2022 | UNAIDS](#)
 - [Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 \(unaid.org\)](#)
- Global Fund
 - [Strategy - The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)
 - [core_hiv_infonote_en.pdf\(theglobalfund.org\)](#)
- PEPFAR [Reimagining PEPFAR's Strategic Direction \(state.gov\)](#)



Strengthening HIV prevention stewardship and programming

Country Example-Malawi

1

HIV Situation

2

2023 Spectrum / Naomi / KP workbook* estimates (for 2023)

*KP estimates are not mutually exclusive and are subset of general population 15-49

Population	Age	Gender	Pop. size	PLHIV	HIV Prev.	New inf.	Incidence	AIDS deaths
General	All	All	21,179,000	1,006,000	4.8%	15,000	0.08%	11,100
	15+	All	12,320,000	954,000	7.7%	13,000	0.12%	9,500
		F	6,441,000	598,000	9.3%	8,200	0.14%	4,300
		M	5,879,000	355,000	6.0%	4,800	0.09%	5,200
General	15-49	All	10,683,000	723,000	6.8%	12,300	0.13%	6,800
Pregnant		F	680,000	35,000	5.2%	900	0.13%	
FSW*		F	39,000	19,500	49.9%	1,500	7.50%	
MSM*		M	35,400	4,500	12.8%	150	0.49%	
TG*		All	4,900	700	13.8%	20	1.18%	
PWID*		All	8,400	2,300	27.0%	70	0.50%	
General		15-24	F	2,340,000	49,000	2.1%	3,300	0.15%
General	0-14	All	8,860,000	52,000	0.6%	1,900	0.02%	1,600
	<1		663,000	1,200	0.2%	1,600		400



Supporting National HIV Prevention Initiatives- Added Value of the Joint Team

- Joint Team Members participate and support national HIV Prevention Structures
 - Prevention Technical Working Group
 - Key Population Technical Working Group
 - Triple Elimination Technical Working group and Steering Committee
 - Social and Behavioral Change
 - Condom Steering Committee and Technical Working Group

4



Technical Support and Resource Mobilization

- Mobilized TA from technical Support mechanism to support the review of the National HIV Prevention strategy and developed a successor strategy
- TA to support the review and development of the National HIV strategic Plan
- TA to support the review of the AGYW strategy and development of a successor strategy
- Advocacy and use of the UNAIDS HIV Prevention Decision Making Model
- Peer review of national strategies-NSP, Prevention Strategy, Global HIV Prevention Road

5

The Condom Program Stewardship Strategic Initiative:

Malawi is one of the 4 countries (Mozambique, Uganda, and Zambia) of the Global Fund Condom Strategic Initiative (Condom SI). The following are notable achievements as of July 2023:

1. Policy Advocacy and leadership.

- National Condom guidelines drafted.
- Hotspots identification and Institutionalization of the Last mile distribution mechanism to distribute Condoms to the community level.
 - 3,002 mapped community hotspots as distribution outlets.
 - Condom distribution was predominantly Facility based at 93%, Community based: 7%
- Developed TMA Vision & plan, TMA implementation and Coordination guidelines.
- HIV Prevention self assessment (PSAT) tool and Prevention self evaluation (PSET) tool are periodically used.
 - Improvement plan developed to strengthen leadership, coordination, program monitoring among other elements.

6

Achievements ...

2. Coordination.

- Strengthened functionality of the National Condom Coordination committee, regular meetings.
- Functionalization of the subnational/district condom coordination structures which were dormant.
- Engagement of relevant stakeholder, including commercial Condom entities and private sector entities.
- Dedicated focal persons for Condom programming at NAC and MOH improve the comprehensive condom stewardship .

3. M&E and accountability.

- Condom communication plan with an M&E framework developed.
- HIV prevention SBCC/Demand Creation indicators developed and to be integrated into DHIS2 to generate evidence to measure exposure to demand creation activities and access to condoms.
- Condom distribution tracking and stock Monitoring Application (cStock) mechanism to track condoms distributed outside health facilities. This is a mobile phone-based condom stock tracking system feeding routine data into the DHIS 2.
- Condom dashboard developed to improve program analytics, data sharing, visualization.

7

Achievements

4. Supply chain Strategic planning

- Adoption and institutionalization of the Condom Needs Estimation Tool (CNET) to inform condom quantification.
- CNET used to forecast the required/projected quantities for Malawi including in the GF-GC7 application processes.

5. Demand creation

- Developed the SBCC indicators to track SBCC and behaviour change interventions.
- Peer-led Innovation challenge on demand creation linked to last mile distribution.
- Capacity building of local entities to implement targeted Virtual Campaigns enhanced

8

Some Key Principles on National Stewardship

- Understanding the context and focus on Technical support, sharing of strategic information and advocacy on innovation –eg-PrEP
- Recognizing and respecting national leadership, structures to make decision on the TA requirements, selection process and management of the entire processes
- Continuous advocacy for Civil Society inclusion and partnership
- Brokering consensus advocacy to use data and adopt new tools on precision prevention

9