## A REPORT OF THE 15<sup>TH</sup> MEETING OF THE HIV MULTISECTOR LEADERSHIP FORUM

A Community of Practice of Director Generals of National AIDS Coordinating Authorities

7-9 November 2023 | Windhoek, Namibia

Sustaining Effective Leadership to Secure Gains, Bridge Disparities, and Expedite Progress in HIV Prevention Efforts











### **Table of Contents**

Background		4
An executive	summary of the 15th HIV multisector leadership forum	5
Appreciation	1	7
Opening Cer	emony	8
SESSION 1:	What will it take to achieve 2025 and 2030 HIV targets at Country level?	. 11
SESSION 2:	Countries at the crossroads of achieving and sustaining an effective HIV response: How do we ensure that prevention is prioritized?	. 12
SESSION 3:	Country-led versus Country-engaged: what do countries need to do to rapidly build national prevention systems?	. 14
Cross Borde	r Consultation: Identifying Strategic priorities, opportunities, and partnerships	. 15
SESSION 4:	Country stewardship, Country ownership: What political, policy and social levers will drive systems strengthening, programmatic actions and accountability?	. 17
SESSION 5:	Developing functional multi-sector platforms for prevention impact: How do we strengthen programming in the context of competing interests and priorities?	. 19
SESSION 6:	Strategic Country and Regional HIV prevention reviews and actions	. 21
SESSION 7:	Accountability and joint support towards leadership commitments and action plans: the perspective of development partners	. 25
The 2nd Spe	cial Meeting of the HIV Leadership Forum	. 27
Closing of th	e 15th Meeting of the HIV Multisector Leadership Forum	. 28
List of Partic	sinants	20

### **Background**

In 2018 May the Global HIV Prevention Coalition and other partners convened the first meeting with Director Generals of National AIDS Coordinating Authorities (NACAs) in Amsterdam, Netherlands. The Coalition was established to lead the world in implementing a global commitment to stem new HIV infections by 75% against the 2010 figures by 2020 and was focused on eliminating key bottlenecks.

Fourteen meetings have been held since its inception on and these forums have played a crucial role in maintaining the initial momentum established by the Global HIV Prevention Coalition at the country level. They have facilitated peer-to-peer progress review exercises, enabling countries to learn from the successes of their counterparts and address persistent gaps in the provision of high-quality programs. Additionally, these forums provide opportunities for countries to share their experiences such as lessons in managing concurrent pandemics after the emergence of COVID-19 and contribute valuable inputs to global strategic documents, such as the Global Fund Strategy (2023-2028).

In 2023, the NACAs Director Generals community of practice renamed to the HIV Multisector Leadership Forum. This forum maintains its commitment to rallying countries and reaffirming leadership for multi-sectoral approaches to HIV management, with a particular focus on elevating and maintaining the HIV primary prevention agenda to the forefront of the global response.

The 15th Meeting of the NACAs Directors (4th in-person) took place in Namibia from November 7-9, 2023. This meeting was organized with cognizance of the following global evolutions:

- 1. The COVID-19 pandemic highlighted disparities in healthcare access between countries and sub-populations, but also demonstrated what can be achieved with country-owned, country-led stewardship of health programmes.
- Shifting priorities have led to rapid changes in dedicated HIV funding due to exacerbated
  economic inequalities. Prevention efforts are likely to face the largest funding
  cuts, hence the need to urgently examine costs of HIV prevention, affordability, and
  mobilization of necessary political attention.
- There is a global push to transform large vertical health programs into integrated models without losing previous gains in prevention, diagnosis, and control, hence the need to examine and determine the requirements for national prevention systems.
- The challenge of closing gaps in HIV prevention and sustaining HIV prevention gains in a fragile financing, legal and policy environment with less engagement and access to resources by communities.
- Persistent structural challenges like stigma and discrimination among sub-populations such as key populations, adolescent and young people and people living with HIV.

## An executive summary of the 15<sup>th</sup> HIV multisector leadership forum

The 15<sup>th</sup> meeting of the HIV Multisector Leadership Forum comprised of 88 Director Generals of National AIDS Coordinating Authorities (NACAs) and Ministry of Health representatives from GPC Member States, donor partners, community representatives and stakeholders. The meeting theme was on "Sustaining Effective Leadership to Secure Gains, Bridge Disparities, and Expedite Progress in HIV Prevention." The meeting was held from 7<sup>th</sup> – 9<sup>th</sup> November 2023 at the Mercure Hotel Windhoek, Namibia.

Thirty 30 countries were in attendance. Twenty-seven (27) countries shared their experiences, challenges, and lessons through well-organized sessions. A total of nine sessions, including a donor round table session shared lessons essential information on accessing resources to support commitment implementation. The remaining eight sessions were themed and guided by a session chair, featuring country presentations from selected country and expert panelists.

**The Opening Ceremony:** The meeting was officially opened by H.E Monica Geingos, First Lady of the Republic of Namibia and UNAIDS Special Envoy on Adolescents and Young people.

#### The Technical Programme

PART I: Accelerating towards 2025 and 2030 targets: country leadership and country systems for results focused on the place of country stewardship and leadership in securing the gains made the HIV response with special emphasis on HIV prevention. It will explore country experiences in the issues that exacerbate disparities that hinder progress through the following sessions:

Session 1: What will it take to achieve 2025 and 2030 HIV targets at country level?

**Session 2:** Countries at the Crossroads of achieving and sustaining an effective HIV response: How do we ensure that prevention is prioritized?

**Session 3:** Country-led versus country-engaged: what do countries need to do to rapidly build national prevention systems.

**Session 4:** Country Stewardship, Country Ownership: what political, policy and social levers will drive systems strengthening, programmatic actions and accountability?

**Session 5:** Developing functional multi-sector platforms for Prevention impact: How do we strengthen programming in the context of competing interests and priorities?

PART II: From analysis to action: Critical next steps in advancing national prevention responses rapidly and sustainably focused on the strategic leadership and technical actions countries need to take in order to expedite the progress in attaining the targets and building systems for sustainability through the following sessions:

Session 6: Strategic Country and Regional HIV prevention reviews and actions.

**Session 7:** Accountability and joint support towards Leadership Commitments and Action Plans: the perspective of development partners.

Session 8: Identifying strategic priorities, opportunities and partnerships.

#### The HIV Leadership Forum Special Meeting

Country leadership will hold the 2<sup>nd</sup> Special meeting in which they will review their priorities and commitments and endorse the outputs of the meeting as a basis for peer accountability for 2024.

All sessions are organized along a framing presentation and subsequent country experiences to provide real-life context against which to draw lessons and develop priorities that leaders will wish to adopt and advance.

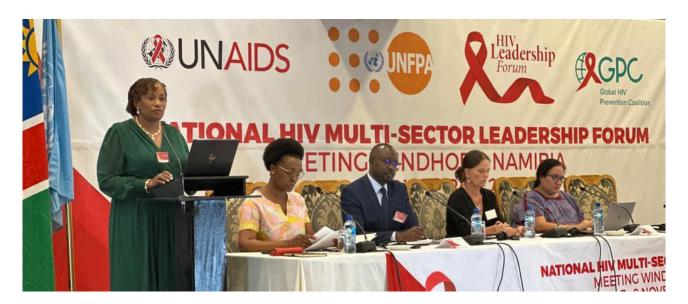
A cross border consultation of the Southern African region was held at the sidelines of the meeting to identify strategic priorities, opportunities and partnership between Angola, Lesotho, Botswana, Namibia, South Africa, Zambia and Zimbabwe.

The closing ceremony was officiated by the UNAIDS Executive Director, Winnie Byanyima and Deputy Executive Director, Angeli Archreker.

#### Priority Actions of the HIV Leadership Forum

- Countries to implement and monitor their commitments to accelerate progress in the HIV response, in line with the Global HIV prevention roadmap 2025.
- National AIDS Coordinating Authorities (NACAs) to conduct country context specific reviews, analysis, consultations and advocacy to inform guide and shape the development and implementation of sustainability roadmaps.
- The HIV multisector leadership forum to formulate and adopt multi-sector
  policy guidance and facilitate county HIV prevention coordination structures,
  joint working arrangements and national prevention system reviews addressing
  fragmentation and disjointed activities.
- The HIV multisector leadership forum to develop and implement a capacity building programme for country leaderships at national and sub-national levels for the HIV response.
- NACAs to strengthen engagement with communities.
- The HIV multisector leadership forum to review and make recommendations
  to global level HIV prevention priorities, processes and tools with a focus on
  country level implementation, particularly in the context of the Global Fund for
  HIV, TB and Malaria and the GPC.
- To strengthen the HIV multisector leadership forum secretariat to ensure sustainability of peer learning, accountability, country stewardship and results for HIV incidence decline.

#### **Appreciation**



**Dr. Ruth Masha,** Chair, HIV Multisector Leadership Forum

Director Generals of the National AIDS Coordinating Authorities (NACAs) of the Member States of the UNAIDS Global HIV Prevention Coalition (GPC) countries established the HIV Multisector Leadership Forum as a Community of Practice of peers aimed to leverage country level leadership and stewardship to bring back political attention to HIV prevention and scale up interventions. The Forum has held 15 meetings (4 in-person) that have played a crucial role in maintaining the global momentum established by the GPC at the country level. They have facilitated peer-to-peer progress review exercises through eight south-to-south learning exercises between member states. This has enabled countries improve quality of programs. The Forum has provided opportunities for countries to share their experiences and lessons in managing concurrent pandemics after the emergence of COVID-19.

This 15th HIV multisector leadership Forum drew Director Generals, Ministry of Health representatives, communities, UNAIDS, UNFPA, PEPFAR, CDC, USAID, DOD, the Global Fund and donors. The meeting resolved for NACAs to engage with the discourse on sustainability of the HIV response to secure country priorities and gains in the on-going global transitions, steward and strengthen coordination, mobilize and make investments in building national HIV prevention systems, enhance engagement with communities including considering social contracting. The Director Generals made commitments towards attaining HIV prevention targets for 2024 and developed necessary action plans and tasked the Secretariat to monitor and hold them accountable.

On behalf of the HIV Leadership Forum, we acknowledge with deep gratitude the support of the UNAIDS and the Global Prevention Coalition in hosting the meeting. Appreciation is given to the Bill and Melinda Gates Foundation for the financial resources to host the meeting. We thank our speakers who prepared and gave input, insight and lessons that informed the deliberations. We thank the Steering Group and Director Generals who gave guidance to the meeting and commitments to progress. The HIV Leadership Forum will follow through with the resolutions of the 15th meeting, that were adopted at the 2nd special seating of the Forum on 9th November 2023.



#### **Opening Ceremony**



The keynote speech from H.E Monica Geingos, the First Lady of Namibia, centred on bold leadership as a critical input towards remobilizing commitments for fast-tracking the response, national ownership and leadership, commitment and accountability at the highest levels of Government for HIV prevention. She launched the position paper.

66

You cannot solve the whole world's problems, but you must change what you can, where you are."

H.E Monica Geingos, 2023

**H.E Monica Geingos** First Lady of Namibia

Representatives of the host Country, Namibia, communities, the co-chairs of the Global HIV Prevention Coalition, community representatives, development partners, UNAIDS and UNFPA Executive Director representatives and the Vice Minister of Health of China gave remarks.

- H.E Monica Geingos, First Lady of the Republic of Namibia
- Hon. Chang Ji-Le, National Disease Control and Prevention Administration (NDCPA)
- · Ms. Taimi Amaambo, Deputy Executive Director, Ministry of Health and Social Services
- Dr. Natalia Kanem, Executive Director, UNFPA
- Hopolang Phororo, UN Country Resident Coordinator
- Prof. Sheila Tlou, Co-Chair, Global HIV Prevention Coalition
- Mitchell Warren, Co-Chair, Global HIV Prevention Coalition
- Dr. Ruth Masha, CEO, National Syndemic Diseases Control Council
- Bience Gawanas, Vice Chair, Global Fund Board
- Anne Muthoni Githuku-Shongwe, Regional Director, Eastern and Southern Africa, UNAIDS
- Karina Amutenya, CCM Chair, Namibia
- Cheryl Amoroso, Country Coordinator, PEPFAR
- Victoria Kamule, Executive Director, Tonata PLHIV Network and an HIV & Human rights activist
- Jonathan Solomons, Design, Monitoring, Evaluation & Learning O icer, Free To Be programme, Positive Vibes Trust.





Dr. Ruth Masha introduced the HIV multi-sector leadership Forum and provided a brief of the Position paper of the HIV multi-sector Leadership Forum titled: Sustaining effective leadership to secure gains, bridge disparities and expedite progress: A position paper on the leadership role of national AIDS coordinating authorities in the future of HIV prevention, sustainable health and preventing future pandemics was launched.

The Vice Minister of Health of China emphasized the need to prioritize HIV prevention if the HIV response is to attain the goals of incidence reduction to less than 370,000 new infections by 2025. He reiterated the commitment of China to partner with GPC countries in delivering the HIV prevention roadmap.





- There has been significant global and country level progress in the HIV
  response, but this progress can be eroded, and HIV prevention is the last frontier
  towards safeguarding these gains. The risk of losing momentum is real.
- Partners expressed commitment to support the GPC and the HIV Leadership Forum to deliver Prevention priorities.
- Governments and the political class have a crucial leadership role in advancing the agenda for HIV prevention at country level.
- Country level political will must be harnessed to drive resources, sets priorities, and shapes public discourse.
- Technical leadership is required to provide stewardship to a response grounded in science, evidence, and the latest advancements.
- Supportive legal frameworks and enabling policy environments are required to safeguard key populations and adolescents and young people and their access to safe quality services.
- There is need to learn from best practices of different countries to adapt and strengthen prevention programmes.
- Collaborative efforts must be cascaded from the global level to the country level.
- HIV prevention approaches must bridge the disparities caused by social inequities, economic, cultural, and structural barriers as they exclude individuals from services.
- Success is premised on strong national systems, effective coordination.
- Health, including HIV prevention services remain a human right.
- NACAs invest in galvanizing political will to address structural and legal barriers that are negatively impacting prevention.
- NACAs must engage, inform and shape the sustainability discourse at country level to safeguard HIV prevention.
- Country leaders to define their country priorities and identify strategies to provide stewardship and coalesce partners and stakeholder around the priorities.



### What will it take to achieve 2025 and 2030 HIV targets at Country level?

7th November 2023, 12.00 noon to 13.00pm, Central African Time (CAT)

Chair: Ms. Julieth Karirao

#### Speakers:

- · Dr Mary Mahy and Prof. Jeffrey Eaton
- Florence Anam

This session provided epidemiological framing of the status of the HIV response and modelling that provides guidance on the priorities, actions and interventions that are required to secure the gains made so far in the HIV response and expedite progress in a sustainable manner.

- Maintain extremely high treatment coverage, retention and undetectable viral load.
- Integration with other health services; meet changing health needs of aging HIV population.
- Focus on timely diagnosis to rapidly attain viral suppression and limit transmission opportunity.
- Strengthen targeted HIV prevention by anticipating evolving individual needs and preferences.
- Intensive key population services
- Close gender gaps in viral suppressing by increasing men targeted testing and prevention.
- Promote and scale up condom programming at country level.
- Invest in ending criminalization, stigma and discrimination, and gender inequality and violence.
- · Monitor accountability of integration and transition to safeguard program quality
- Country leaders to prioritize the effective management of HIV prevention.
- · Collaborate with communities.

- New HIV infections are declining, but not fast enough, and AIDS related deaths are declining within target.
- Success is unequal with men, children and key populations left behind.
- A large proportion of PLHIV aging, hence, need for integration with other health services.
- Current coverage of treatment will deliver 17% additional incidence reduction by 2030; attaining 95-95-95 will deliver 50%, attaining all goals including primary prevention will deliver 88%.
- Discontinuing primary prevention results in stabilized (not declining) or increased incidence.
- ART, PMTCT, VMMC, condoms, CSE, FSW were most cost effective; followed by cash transfer and MSM services; and PrEP.

# Countries at the crossroads of achieving and sustaining an effective HIV response: How do we ensure that prevention is prioritized?

7th November 2023, 14.00 noon to 15.30pm, Central African Time (CAT)

Chair: Dr. Atuahene Kyeremeh

- Dr. Fodé Simaga: How can countries create bold stewardship, political will and capacities
  for sustainable country led HIV responses? And how can they secure the gains made in
  HIV prevention?
- Dr. Bernard Madzima: Country leadership: dealing with diverse partners at country level and the sacrificial lambs of prevention and communities funding – Lessons from the Zimbabwe AIDS Trust Fund
- Dr. Daniel Ndukwe: Investing in National systems for sustainability: considerations and realities countries must deal with – Lessons from Nigeria
- **Dr. Thembisile Xulu:** Delivering scale requires moving from Prevention Projects to Prevention Systems Lessons from South Africa

Drawing from data from the prior session, speakers reflected on the necessary building blocks of country-led responses in the context of country realities of fragmented funding and programs, limited capacities, competing national priorities. It explored the strategic actions and priorities needed at country level with specific regard to prioritizing HIV prevention to attain scale while reducing reliance on external resources at country level.

- Countries require to have cash resources to plug into the HIV response (beyond the already Government provided resources of infrastructure, workforce) in order to determine their priorities and coordinate partners.
- Countries and partners must address the persistent ('stubborn') issues that hinder prevention scale up despite progress in different aspects of prevention pillar programmes at country level.
  - → Fragmentation and disjoint in prevention programmes, services, data and funding at country level.
  - → Increasingly challenging legal and policy environments by countries coupled with lack of investments towards legal advocacy.
  - → Lack of investments in cross-sector work despite the HIV prevention bottlenecks being outside of the health sector
  - → Lack of scale for prevention linked to limitations in prevention stewardship capacities, unwillingness for coordination, prevention programmes fragmentation.
- A political buy-in for HIV prevention is essential for incorporation of HIV budget lines in fiscal budgeting processes and is secured through targeted advocacy.
- Countries must determine their transition to sustainability pathway informed by country context, resources, infrastructure, organizing and budgeting systems.
- Accountability mechanisms that require joint reporting of HIV prevention funding and programmes by all stakeholders will be key to reducing current programme disjoint.
- Communities remain critical to driving scale by designing effective community programmes, promoting and monitoring services and require domestic financing to be sustainable.

 There are lessons from COVID such as real-time (daily) surveillance and coordinated use of data for decision making, functional country led multisectoral and multi-stakeholder partnerships, investments in community action that can be leveraged for strengthening HIV prevention.

- NACAs to identify priority sectors to work with to address non-health structural, legal and policy barriers, identify specific interventions and outcomes across these sectors and develop strategies to implement.
- Undertake costing for prevention in alignment with national financing and budgeting requirements to make a case for HIV response funding.
- Develop and implement country level political advocacy to target legal, structural and policy barriers and domestic financing.
- Develop country-led transition to sustainability positions for HIV prevention to inform on-going development of sustainability roadmaps, with a focus on aligning to national health, social and economic systems:
  - → Map and place on mandated Ministries, Departments and Agencies (MDAs) of Government specific responsibilities.
- Define and build systems for delivering HIV prevention based on existing national systems to institutionalize service delivery and focus on quality to safeguard gains made.
- NACAs to establish coordination mechanisms for HIV prevention and engage partners and stakeholders through joint reviews.
- Undertake routine country level joint HIV prevention programme reviews to reduce disjoint and drive scale.

## Country-led versus Country-engaged: what do countries need to do to rapidly build national prevention systems?

7th November 2023, 16.00 noon to 17.30pm CAT

Chair: Dr. David Chipanta

- Dr. Jerome Kamwela: Reaching adolescent girls and young women to effectively reduce new HIV infections in this population – Lessons from Tanzania
- Ms. Mariha Vascovellos: Financing and delivering services for population and community programmes at scale – Lessons from Brazil

This peer learning session drew lessons from countries on strategies and opportunities for delivering HIV prevention services through existing programmes that reach young people and key populations through sectors such as sports and social services, where they are. It offered insights into how to coordinate and leverage communities and different stakeholders such as the private sectors to reduce fragmentation and deliver services and urged participants to consider applying such strategies to their unique and different settings.

#### **Key Messages**

- Countries should identify the needs of specific populations and develop multisector and multi-stakeholder working groups to support implementation.
- Programs should recognize the needs of key and vulnerable populations are diverse even within the country and no one size fits all.
- Services should recognize that needs of people are more than HIV services and adopt approaches that provide provide bundled offerings and seamless access to multiple services using HIV as the entry point.
- Community-led initiatives are key to successfully reach key and vulnerable populations and require technical, financial support and be coordinated.
- The government's role remains pivotal to embed HIV prevention and treatment in legislation as a means of securing and sustaining services.

- Define the targeted populations and where to find them.
- Define the diverse packages of services to be provided.
- Identify infrastructure, programmes and service delivery avenues outside of the health sector (such as using concerts, sports, and games) and develop working arrangements to deliver the services. It creates cost efficiencies and promotes a per-son centred approach.
- Maintain political advocacy to reduce disruptions in services to vulnerable and key populations.
- Set up reliable data collections from these cross-sector programmes and develop mechanisms to utilize the data and share with stakeholders to inform on-going programme quality.

### Cross Border Consultation: Identifying Strategic priorities, opportunities, and partnerships.

7TH November 2023, 18.30pm to 19.30pm CAT

CHAIR: Dr. David Chipanta

- Dr. Maria Mendes Furtado, Angola
- Tania Chilumbo, Angola
- Mr. Ontiretse Letlhare, Botswana
- Ms. Idah Mendai, Ministry of Health and Social Services, Namibia
- Puleng Letsie, UNAIDS, Namibia
- Dr. Thembisile Xulu, South African National AIDS Council, South Africa
- Dr. Ireen Bwalya, National AIDS Commission, Zambia,
- Tina Chisenga, MoH, Zambia
- Jenn Drummond, CDC, South Africa
- · Leonard Mwandingi, UNAIDS, Namibia
- · Gloria Bille, UNAIDS, East and Southern Africa
- Anne Githuku-Shongwe, UNAIDS, East and Southern Africa
- Justine Heita, USAID, Namibia
- · Ms. Heita, USAID, Namibia

#### Meeting Objective:

The objective of the meeting was to discuss collaborative interventions between the five (5) countries (Namibia, Botswana, Angola, South Africa, and Zambia) to improve access to HIV and TB prevention, HIV testing and treatment services including sexual and reproductive health services among migrants and other vulnerable people, especially those at and around border towns.

- Vulnerabilities at the cross-boarders have persisted.
- HIV related stigma and discrimination in communities are still a prevalent issue in Angola and other countries hence the ART patients prefer to receive HIV services in Namibia or facilities far away from their communities.
- PrEP interventions are not popular at cross border areas.
- Lack of financial support has impacted gains made, especially after COVID-19.
- South Africa experience in cross border activities and willing to support.

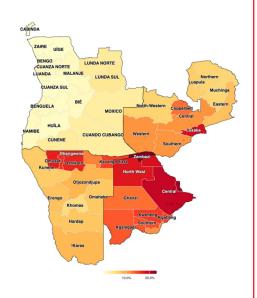


Figure 1: HIV prevalence by region – Namibia, Angola, Zambia, and Botswana, 2022

- Undertake a review to understand the persistent challenges in reducing HIV vulnerabilities at the cross-boarders.
- Revive Southern Africa Development Community cross border HIV collaborations.
- Revisit affected country bilateral agreements to strengthen HIV and health partnerships that should include standardizing service delivery, shared use of facilities (buildings, equipment, supplies etc) regardless of project source of funds, sharing health data.
- Address structural vulnerabilities such as food insecurity and inequalities within the region.
- Develop solution to address inequalities in Zambezi region as a model for cross-border partnerships.
- Catalyze renewed engagement in HIV prevention in the cross-boarders.
- Standardize the ART guidelines and medication within the region.
- Strengthen community collaborations along the border areas.

Country stewardship, Country ownership: What political, policy and social levers will drive systems strengthening, programmatic actions and accountability?

8TH November 2023, 08:45am to 10.30am CAT

Chair: Dr. Paula Munderi-Auberson

**Dr. Deus Bazira,**Georgetown University



- **Dr. Deus Bazira:** Sustaining HIV prevention Achievements: what must countries do to safeguard gains in HIV prevention.
- **Dr. Emiko Akom:** Lessons from PEPFAR on progress towards sustainability: How will country leadership be harnessed, and prevention prioritized?
- Dr. Ruth Masha: Leveraging political will, country health and social systems and communities to address the triple threat of early pregnancies, new HIV infections and sexual & gender-based violence – Lessons from Kenya
- Dr. Aletse de la Torre: Delivering people-centered services for population and community programmes at scale – Lessons from Mexico

This session reviewed the global HIV epidemic in relation to other diseases from the Burden of Disease data. Discussions centred on country level political, policy and social levers needed to drive systems strengthening, programmatic actions and accountability for HIV prevention? Concrete proposals on how to leverage the NACA experience to navigate global and country level political, policy and social barriers to better coordinate and strengthen accountability across in-country stakeholders to achieve set goals and targets were presented.

- Sustainability was described within 5 constructs: programme interventions continue to be delivered, behavior change (polity makers, providers, stakeholders) is maintained, evolution and adaptation to on-going changes and continued benefits for individuals and systems after a defined period of time.<sup>1</sup>
- Global development assistance for Health, both pandemic preparedness and HIV was projected to shrink, and HIV prevention is the most fragile and likely to suffer the biggest losses.
- Estimated global resource needs for key populations, adolescents and young people, and for programmatic interventions such as condoms, sexually transmitted infections (STIs) and voluntary medical male circumcision (VMMC) were increasing and 50% more would be required in 2025 compared to 2019<sup>2</sup>.
- Recognition that transition is a complex interaction of leadership, financing, programming and service delivery.
- Challenges for the HIV response have been identified as increasing disease burden and competing priorities, limited fiscal space, inefficient programming and widening gap between evidence and action.
- HIV messaging be reframed to leverage political and policy actors at country i.e engage 'elite bargain' advocacy.
- HIV is unlikely to survive as vertical programmes into the future.

<sup>1</sup> Source: J.E Moore et al, 2017)

<sup>2</sup> UNAIDS Financial estimates and projections, 2021 (presented by Dr. Bazira)

- Sustaining HIV prevention requires national leadership and stewardship capacities.
- Human centered designs that leverage community and provider knowledge of what works best and develops collaboration are likely to achieve longer term sustained outcomes.
- Investing in people centered approaches will protect investments made in prevention and reach services more efficiently.
- Community engagement is crucial for success and to safeguarding gains.

- NACA to determine country specific actions to sustain a supportive policy environment, increased domestic financing and local capacities, enhanced coordination across stakeholders and institutionalization of service delivery.
- Understand the actual costs of HIV prevention programmes in order to present budgets that can be considered within national budgeting processes.
- Leverage existing costing processes such as National AIDS Spending Assessments (NASAs), National Health Accounts (NHAs) or Medium-Term Expenditure Frameworks (MTEFs) to institutionalize prevention costs in national systems.
- Develop policy briefs and messaging targeted at political and policy actors that aligns with broader economic imperatives for governments in order to effectively advocate for domestic financing.
- Unpack HIV prevention services and identify integration opportunities, for example:
  - → Which HIV interventions for key populations and adolescents and young people can be integrated in existing health services such as SRH, Family Planning, STI, NCD services etc.
  - → What aspects of condom programming require to be institutionalized e.g condom procurement as part of national quantification and supply chains?
  - → For programmes such as DREAMS, leverage social service cash transfer systems as opposed to having standalone systems.
- Advocate for HIV within UHC investments.
- Develop HIV prevention leadership and stewardship capacities at country level.
- Invest in strengthening national and sub-national data generation, quality and analytics to inform programme quality and support advocacy.
- Document and publish country learning and experiences to bridge gaps between knowledge and action at country level.
- Institutionalize technical capacity and service delivery within mandated institutions and integrate these within their plans.

Developing functional multi-sector platforms for prevention impact: How do we strengthen programming in the context of competing interests and priorities?

8th November 2023, 11.00 noon to 13.00pm CAT

Chair: Rosemary Kindyomunda

- Dr. Nduku Kilonzo: Results oriented multi-sector leadership and action for impact: developing capacities and functional systems across target sectors.
- Ms. Lebohang Mothae: Leveraging multi-sector action to deliver and monitor health education and comprehensive sexuality education at scale – Lessons from Lesotho
- Dr. Vincent Bagambe: Beyond resource availability: the challenges and lessons of developing effective functioning across different sectors for HIV prevention results – lessons from Uganda.
- Mr. Ontiretse Letlhare: The expanded role of NACA in Botswana and the lessons learnt in coordinating diverse stakeholders for impact – Lessons from Botswana
- **Jonathan Solomons**: Strengthening community leadership and monitoring within national prevention systems: what is needed?

The HIV multi-sector approach was a pathfinder for resetting the operating environments of health politics, systems and money resulting in unprecedented gains. This session focussed on learning from countries through practical examples pathways that have been employed in leveraging NACAs experience and expertise in multi-sector delivery to implement HIV prevention and broader health responses. It served to inform the development of policy guidance for a country led multi-sector response that outlines the general principles, functioning across multiple sectors and stakeholder interests, monitoring metrics and capacities.

- Multi-sector approaches need to start with identifying and prioritizing the
  sectors necessary to safeguard policy and legal environments and strengthen
  service delivery. Sectors identified included health and education for nationally
  scaled comprehensive sexuality education, legislation and political sectors
  to safeguard human rights policies and promote domestic financing, social
  services for community health education and demand generation.
- Additional domestic resources can be leveraged through other sectors beyond health to complement service delivery to vulnerable and key populations.
- Effective delivery of condoms requires other sectors such as transport and the private sector through commercial channels that present opportunities for sexual practices that increase risk such as bars and hotels.
- Shared indicators that resonate across different sectors are more likely to result in regular data that is utilized for programming.
- Mechanisms for joint planning, prioritization, monitoring and programme reviews that are managed through centrally coordinated multi-stakeholder teams are essential to sustain programme delivery.



- Develop policy guidance on how to implement multi-sector approaches for HIV prevention.
- Identify relevant sectors, interventions and joint working mechanisms.
- Develop indicators for multi-sector action that:
  - a) monitor service delivery and
  - b) track how the joint mechanism are functioning.
- Develop and implement condom programmes that leverage national systems and strategic sectors.
- Develop 360degree accountability framework and joint review mechanisms that government, donors, communities and other stakeholders can evaluate each other at country level.
- Develop social contracting mechanisms to provide community resources to supplement Ministry of Health and NACAs services.
- Explore use of other sectors including the private sector to develop innovative ideas to deliver new technologies.

### Strategic Country and Regional HIV prevention reviews and actions

8th November 2023, 14.00pm to 17.00pm CAT

Chair: Dr. Ireen Bwayla

#### **Session Speakers:**

- Dr. Celestine Mugambi
- · Clemens Benedikt

This involved reviewed country performance in respect to the HIV Prevention Roadmap 2025 by presenting country score cards and progress on the 10-point action plan. The status of country commitments made in 2022 was presented as part of initiating accountability for priorities identified by country leaders. A status report on Technical Assistance needs and partner responses to these needs provided an initial accountability report for donors and development partners. Subsequently, country leaders deliberated in region-based groups their performance and identified priority commitments and technical assistance needs.

#### Summary of critical gaps in prevention

- Persistent challenges and reversals in enabling legal and policy environment that is affecting key populations, adolescents and young people.
- Lack of policy and technical attention, and funding to address structural barriers such as stigma, discrimination, gender-based violence, community education.
- Gaps in implementation and access of HIV Prevention interventions for key and priority populations including adolescents and young people, persons with disabilities.
- Lack of multi-sector plans and limited implementation to strengthen service delivery for those who are at risk and not accessed through the health system.
- Implementing pillars and 10-point plan requires other sectors, but no investments in multisector approaches.
- HIV prevention left behind in the sustainability discourse at country level.
- Limited resources, and challenges in mobilizing prevention funding for scaling up services.
- On-going coordination challenges within Government and unwillingness for coordination by partners & in-country stakeholders
- Lack of scale of prevention with disjointed projects funding and implementation
- Limited engagement with community and no government funding
- Limited domestic resources for HIV prevention
- On-going country health priorities such as UHC do not include HIV services & commodities and particularly HIV prevention.
- Poor adoption of new prevention technologies
- Lack of scale and last mile delivery for condom programming
- · Limited prevention stewardship, leadership and management systems and capacities
- · Lessons from COVID not optimized.

### Summary of priority action areas and leadership commitments made:

- Develop and implement guidance on multi-sector response to deliver HIV prevention that should include regular meetings, information sharing, accountability of policy makers, operationalization of the prevention roadmap and joint decision making.
- Develop a position paper to inform the global discourse sustainability of the HIV response, ensuring Prevention is prioritized and the 'stubborn challenges' are not left behind and strategic integration that safeguards gains made in the HIV response.

- Develop country specific positions to inform development of on-going sustainability roadmaps that are context specific and align with national health, social and economic systems.
- Set up a virtual academy for capacity building on HIV prevention leadership and stewardship with learning modules on coordination, multi-sector data systems, joint working and assessments management, requirements for scale up of services.
- Develop guidance and strategies to strengthen community engagement and community led programs.
- Develop guidance for cross-sector indicators and data systems and strengthen capacity for data collection and use for on-going programme strengthening.
- Undertake costing at country level to inform advocacy for domestic resource mobilization.
- Develop and implement strategic advocacy aimed at removing legal barriers to HIV services.
- · Implement coordination mechanisms for HIV prevention that include donors,
- Identify key programmes that countries can implement at scale taking examples from
  the CSE programme in Lesotho, triple threat programme in Kenya, community education
  and demand generation programme in Botswana, locally supported key populations
  programme in Brazil.
- Develop innovative ideas to adopt and deliver PrEP and other new technologies to those who need them and where they are.
- Develop country level accountability frameworks and implement joint prevention system reviews.
- Scale up condom programming across all countries for HIV, STI and Hepatitis prevention.
- Document and disseminate prevention priorities and achievements at country level.
- · Document lessons from COVID to inform HIV prevention strengthening.

#### Summary of technical assistance needs of countries:

- TA to develop country sustainability positions or roadmaps.
- TA to undertake actual costing for prevention integrated within national costing and budgeting processes.
- TA for planning and implementing scaleup of condom programming.
- TA to develop national prevention roadmaps cascaded from global roadmap.
- TA to develop national scorecards that include donor and community performance.
- TA to develop country specific multi-sector HIV prevention plan.
- Financing for implementation of strategic multi-sector interventions, coordination mechanisms for joint working, data systems, monitoring for HIV prevention programmes.
- TA to strengthen advocacy for domestic resource mobilization, elimination of legal barriers, improved policy environments for services for key populations, adolescents and young people.
- Financing to implement advocacy plans with relevant sectors.
- TA to develop and integrate PrEP and PEP services.
- TA to develop, advocate and implement Comprehensive Sexuality Education and stigma reduction
- TA to develop social contracting strategies and financing for advocacy to implement.

















Participating and following the meeting

## Accountability and joint support towards leadership commitments and action plans: the perspective of development partners

Session 8: Identifying strategic priorities, opportunities and partnerships.

Date: 9th November 2023, 08.30pm to 11.00pm CAT

#### Chairs:

- Dr. Thembisile Xulu
- · Prof. Lievin Kapend
- · Susie Mclean, Global Fund
- Cheryl Amoroso, PEPFAR
- Kerry Mangold, Genesis, the South-to-South Learning Network
- Dr. Paula Munderi-Auberson, UNAIDS
- Dr. Yogan Pillay, BMGF
- Mrs. Susan Mochache, African Constituency Bureau
- Dr. Izukanji Sikazwe, HIV Control Working Group

These panels of development partners, donors and regional organizations provided a brief introduction of the organizations who represent a bulk of HIV prevention resources at country level. They reflected on the critical gaps identified by the countries, the commitments made for action in 2024 and the technical assistance needs identified. They provided information on how the Forum and Country leaders can access resources to implement their stated actions.

#### **Key Messages**

- Partners are willing and ready to support countries towards the achievement of their HIV prevention agenda.
- The HIV multi-sector leadership Forum is required to strengthen country voice at the global level and become a peer accountability platform to fast-track progress.
- There is increasing attention to HIV prevention in sustainability discourse.
- NACAs need to take leadership in informing the sustainability discourse based on country specific discourse.
- There are organizations where synergies can be drawn to strengthen the Forum and country level action.

**Dr. Eniko Akom** PEPFAR



- Consider emerging issues such as the use of Artificial Intelligence, climate change among others.
- Develop common indicators for HIV prevention measurements that can be leveraged for resources, similar to unified indicators for treatment or for finances.
- Establish reciprocal feedback review platforms between donors and countries for HIV prevention to reduce fragmentation and disjoint and drive scale.
- Strengthen the South-to-South learning network at regional levels to address syndemic issues.
- Invest in securing political support at country level to address legal and policy barriers.
- Consider social marketing to promote healthy behavior among young people and adolescents.
- Document best practices.
- Leverage evidence to drive programmes.
- Establish strategic partnerships at regional and global levels.

## The 2nd Special Meeting of the HIV Leadership Forum

The closed-door meeting included Director Generals of NACAs, their representatives, AIDS Directors from Ministries of Health of countries without NACAs and invited guests.

The Forum received and adopted the report of the Steering Group of the Forum.

The Forum adopted the report of the Forum with the resolutions that the following be undertaken:

- Develop and disseminate a detailed meeting report.
- Developed a position paper to inform the global discourse sustainability of the HIV response, ensuring Prevention is prioritized and the 'stubborn challenges' are not left behind, supported by country specific positions developed by NACAs to support roadmaps.
- The Secretariat to develop a process to monitor priority actions and country commitments quarterly.
- Publish a compendium of best practices in primary HIV prevention.
- Develop a multi-sector response policy guidance for HIV prevention.
- Develop a leadership and stewardship capacity strengthening programme.
- Develop guidance for social contracting.
- · Continue program capacity strengthening through the SSLN.
- That the Forum seek partnerships and publish relevant papers to inform the global HIV discourse.
- Establish review feedback mechanisms and develop guidance for an accountability framework.
- Develop Joint prevention system reviews.
- Strengthen the HIV multisector leadership forum secretariat.
- Document lessons from COVID to inform HIV prevention strengthening.

The Secretariat was tasked to develop these actions into the 2024 workplan and further identify and mobilize resources to deliver on the resolutions.



The 2nd Special Meeting of NACA Director Generals in session on 9th November 2023

## Closing of the 15th Meeting of the HIV Multisector Leadership Forum

Ms. Winnie Byanyima, Executive Director, UNAIDS Angeli Achrekar, Deputy Executive Director, UNAIDS

Ms. Winnie Byanyima
Executive Director, UNAIDS



**Angeli Achrekar**Deputy Executive Director, UNAIDS

- **Reminded** the meeting of the Prevention challenge, with 1.3million new infections in 2022 against a target of fewer than 370,000 by 2025.
- Congratulated the countries in the meeting that had made significant progress, while reminding them that progress was not equal to success.
- Noted that NACAs current weak positioning requires investments and strategic action from global and country levels to reposition if the world will address the persisting legal, structural and policy issues that are holding back progress.
- Congratulated the HIV multisector leadership forum for adopting the position paper to chat a way forward for NACAs, but also for broader health and pandemic preparedness issues that impact the HIV response.
- Noted: Sustainability and country informed transitions are the priority now in order to maintain progress on treatment and reducing incidence after 2030.
- Noted that gradual ownership of the HIV response means that countries must invest their domestic resources, and therefore HIV programmes must be aligned to broader public health agenda.
- Emphasized the importance of the meeting and the need for countries to take leadership of the HIV response and seize the moment to tackle the prevention crisis.
- Noted that Global and country gains are dependent on impacting the deeply ingrained socio-economic inequalities and NACAs need to engage in these areas.
- Reiterated the duty for NACAs to assume the pivotal leadership role to steward national HIV prevention responses, reach out and work across different sectors and stakeholders, use data to design interventions, galvanize political will to address laws and policies that claw back gains in human rights and service delivery.
- Urged NACAs to create space for community led prevention and financing for prevention responses.
- Urged the HIV leadership Forum to strategically position to engage with, guide and inform regional and global agencies on sustainability, broader health and pandemic preparedness.

### List of Participants

Name	Affiliation	Country
Dr. Maria Lúcia Mendes Furtado	National AIDS Coordinating Authority	Angola
Mr Ontiretse Letlhare	National AIDS Coordinating Authority	Botswana
Ms Mariha Vascovellos	National AIDS Coordinating Authority	Brazil
Mr. Chang Ji-Le	Vice Minister, National Disease Control and Prevention Administration (NDCPA)	China
Mr. Liu Qing	Deputy Director General, Department of Infectious Disease Control and Prevention, NDCPA	China
Dr. Zhang Da-Peng	Researcher, National Center for AIDS/STD Control and Prevention, China CDC (NCAIDS)	China
Ms. Shi Ying	Deputy Director General, Department of Science, Education and International Collaboration, NDCPA	China
Mr. Miao Xiao-Xiang	Senior Program Officer, Department of Infectious Disease Control and Prevention, NDCPA	China
Professeur Wilfred Sylvain Nambei	National AIDS Coordinating Authority	Central African Republic
Dr Benjamin ATIPO	National AIDS Coordinating Authority	Congo
Prof Lievin Kapend	National AIDS Coordinating Authority	Democratic Republic of the Congo
Ms. Heba Elsayed Mohamed Abdelkawy	National AIDS Coordinating Authority	Egypt
Mr. Kunene Dumsani	National AIDS Coordinating Authority	Eswatini
Mr Habtamu Kassa	National AIDS Coordinating Authority	Ethiopia
Kyeremeh Atuahene	National AIDS Coordinating Authority	Ghana
Dr Ruth Laibon Masha	National AIDS Coordinating Authority	Kenya
Dr. Caroline Ngare	HIV Leadership Forum secretariat	Kenya
Elizabeth Kingori	HIV Leadership Forum secretariat	Kenya
Ms. Lebohang Mothae	National AIDS Coordinating Authority	Lesotho
Fara Rakotomalala	National AIDS Coordinating Authority	Madagascar
Dr. Beatrice Matanje	National AIDS Coordinating Authority	Malawi
Dr Francisco Javier Quezada Juarez	National AIDS Coordinating Authority	Mexico
Dr Idalina Libombo	National AIDS Coordinating Authority	Mozambique
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Name	Organisation
Prof Sheila Tlou	GPC
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MUGABE, Mbulawa	UNAIDS
Fodé Simaga	UNAIDS
Hopolang Phororo	United Nations Namibia
Cheryl Amoroso	PEPFAR
Victoria Kamule	PLHIV Representative
Solomon Jonathan	Positive vibes - Young Key population
Dr El Hadj A. FAH	UNAIDS
GUO, Wei	UNAIDS
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Laura Muzart	USAID Namibia
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Bille Gloria	UNAIDS
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Rosemary Kindyomunda	UNFPA
Mitchell Warren	AVAC - GPC co-chair
Susie Mclean	Global Fund
Yogan Pillay	BMGF
Zhao Xulei	Embassy of China in Namibia
Winnie Byanyima	UNAIDS
Angeli Achrekar	UNAIDS
H.E Monica Geingos	Government of Namibia
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MoH HIV/Prevention Lead	Affiliation	GPC Country
Tania Chilumbo	Ministry of Health	Angola
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Dr. Yolande Danielle ADJAFI	Ministry of Health	Côte d'Ivoire
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Dr Hengameh Namdari Tabar	Ministry of Health	Iran
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Leticia Yasmine		









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