

Global HIV Prevention Working Group Meeting

Geneva, 11-12 September 2018

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Opening, individual sessions and observers: Tim Martineau (UNAIDS, acting Deputy Executive Director), Ann Fordham (IDPC, SAG Chair), Anton Basenko (Alliance for Public Health Ukraine), Clemens Benedikt (UNAIDS), Damilola Walker (UNICEF), Hege Wagan (UNAIDS), Johanna Herat (UNESCO), Judy Chang (INPUD), Lycias Zembe (UNAIDS), Monica Ciupagea (UNODC), Naomi Burke-Shyne (HRI), Obinna Onyekwena (Global Fund), Peter Hansen (Global Fund), Saul Johnson (Genesis Analytics), Shona Dalal (WHO), Susie McClean (Global Fund).

SUMMARY OF DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

1. Opening session

a. Opening remarks: The meeting was opened by Tim Martineau, the acting Deputy Executive Director of UNAIDS. He highlighted three priority dimensions to be considered in the HIV prevention agenda in the coming years: 1) Addressing policy and programmatic obstacles to effective prevention programming, 2) Scaling up prevention programmes, 3) Improving HIV prevention financing including domestic financing. The Global Prevention Coalition (GPC) has laid a solid foundation, but several years of additional work at global and country levels will be required to help countries to actually implement programmes towards achieving global targets. Political momentum has been generated, which is now critical to sustain, especially at country-level. In brief reflections, participants noted that the needed shift towards implementation also required to move the dialogue towards quality of prevention programmes. While increased domestic financing is critical, international prevention continues to play an important role, in particular with regards to key population programmes.

b. Overview on the current state of HIV prevention

This big picture session comprised of an overview presentation by the GPC secretariat and following discussion (all presentation are available upon request to the Global HIV Prevention Coalition Secretariat). The following were the main points.

- New HIV estimates launched at the International AIDS Conference in Amsterdam show that globally new HIV infections have only declined very slowly in recent years, and progress has remained uneven between countries and varied between epidemic types. Estimated new infections in eastern and

southern Africa have declined moderately, but new infections among sex workers and people who inject drugs have remained relatively stable – with significant regional variation in incidence and among sex workers, while new infections among men who have sex with men are estimated to have increased since 2010.

- New research shared in Amsterdam suggests that PrEP on demand works for MSM, while one study on PrEP among adolescent girls and young women in Kenya found very high rates of loss to follow up. The various community ‘combination prevention’ trials (in reality test+treat trials) have had only moderate population-level effects, suggesting that population-level effects of these programmes are often substantially lower than those in randomized clinical efficacy trials.
- Major risks for the global prevention agenda include continued overly optimistic assumptions regarding the population-level effects of biomedical-only approaches focussing on treatment plus PrEP.
- There was agreement to keep the focus of primary prevention on the five pillars resources for which the two large funders, Global Fund and PEPFAR, have agreed to track, and avoid re-opening the discussion for at least another two years.
- There is more progress with political commitment than with actual scaling-up and resource allocation. Despite a slight increase in overall HIV resources in 2017, prevention funding falls short and has been declining including in Global Fund budgets.
- We are at a critical junction regarding the global HIV prevention agenda, with at present possibly the last chance to make a coherent approach to combination prevention work. The GPC has provided us with a massive political opportunity, but also enormous challenges conceptually, e.g. to maintain consensus regarding the importance of primary prevention and the five prevention pillars, and managerially, to make Road Map implementation a reality.
- The future of the prevention agenda will determine the role and future of NACs and, to large extent, UNAIDS as a joint multi-sectoral programme. Their convening role is not consistently recognized, and some NACs are at risk of being dissolved, which could substantially weaken the prevention response, in particular its non-health sector, health promotion and community dimensions.
- In terms of prevention financing, the international community and the GPC will only be successful if resource increase (the prevention part of the response is comparatively inexpensive). This implies stable or increased PEPFAR allocations, an increase Global Fund and domestic allocations, and increased focus on neglected components such as key population programmes and condoms.
- A key challenge for HIV and prevention advocacy is that the public health agenda has moved on, and many health policy makers are simply not interested in key populations. Hence, it is important to consider and develop new approaches to mobilize support. The upcoming launch of community health worker guidance in Alma-Ata, provides an opportunity to emphasize not

only community health workers, but the importance to reach the most marginalized communities. Without them, UHC is not universal at all.

- After the first year since the Coalition was established, the prevention agenda is in a new phase which the Global Prevention Working Group needs to consider. The group has been successful in shaping the global agenda, but the current challenge at hand is much more related to supporting and tracking road map implementation. In the coming years it will be important to sustain key directions, provide systematic support to countries, increase capacity development at all levels for accelerated scale-up and further strengthen prevention and human rights linkages.

Action points:

- *Illustrate the key role of National AIDS Commissions in leading the prevention response and engage with Ministers of Health to ensure key prevention functions are retained and strengthened whether the architecture and lead roles changes or not (UNAIDS, NAC representatives);*
- *Prepare for positioning HIV prevention in the Alma-Ata process on community health work (WHO, UNICEF, UNAIDS, UNFPA, co-chairs)*

Pending action points from the previous meeting:

- *Convene a meeting with Executive Directors of Co-Conveners (UNFPA, UNAIDS) and the new Executive Director of the Global Fund and, perhaps, the PEPFAR Ambassador to ensure their continued support to the Coalition and the prevention agenda (Co-chairs);*
- *Identify low hanging fruits on policy changes for HIV prevention (HIV Alliance)*

2. UNAIDS Programme Co-ordination Board (PCB) session on prevention

There will be a short 90-minute session to provide an update on prevention at the upcoming UNAIDS PCB in December, 2018. A draft outline of the report for the session was shared for input by working group members. The following points were discussed:

- The request by the PCB for regular updates on primary prevention is welcome and will help keep prevention on the political agenda.
- The core message needs to remain that prevention works if effective programmes are implemented at sufficient scale. Unfortunately, there remain large gaps in a majority of countries.
- Messages on progress in HIV prevention, especially with prevention among key populations, need to be balanced, too. There are good examples, but there also particularly large gaps in coverage.
- The proposed mention in the outline of the trainings for HIV prevention of UNAIDS secretariat staff and consultants that have been conducted and/or planned should go beyond the UNAIDS secretariat and include other co-sponsors and agencies. Other agencies should indeed train their staff.
- The recommendations at the end of the PCB paper that remain to be worked out will be critical, as they could give countries leverage for moving the prevention agenda.

Action points:

- *Identify one key message for the PCB background paper to UNAIDS (all members of the Coalition)*
- *Prepare the draft PCB report and circulate for comments (UNAIDS)*
- *Consider briefings/training of staff in HIV prevention (all international members of Global Prevention Working Group, especially UNAIDS co-sponsors)*

3. State of harm reduction for people who inject drugs (PWID)

The session consisted of four presentations on different HIV and drug use policy and programme perspectives followed by discussion. This was the first time that UNODC HIV/AIDS Section and members of the global Strategic Advisory Groups on HIV and Injecting Drug Use (SAG) were invited to the Prevention working Group. The following were the main points emerging.

- At global level, policy discussions remain characterized by a discordance in policy between drug control agencies' law enforcement approach and health/HIV agencies' harm reduction approach. The Outcome Document of the UNGASS held in 2016 includes clear language upholding human rights in drug control, and was adopted following important advocacy efforts that had led to a mobilization around and increased recognition of harm reduction approaches. Despite the progress made in countries around the World, however, there have also been major setbacks, for example in relation to some countries, specifically in South East Asia, supporting extra-judicial violence against people involved in drug use and trade.
- In 2017, there were an estimated 11 million people who inject drugs globally, of whom 1.3 million are infected with HIV. In eastern Europe and Central Asia more than one third of new infections were estimated to be among people who inject drugs. Coverage of Needle-Syringe Programmes (NSP) and Opioid Substitution Programmes (OST) for PWID remains limited globally. Furthermore, prisoners are five times more likely to be living with HIV than adults in the general population.
- Key recommendations include to prioritize, invest in and scale up programmes for people who inject drugs and harmonize drug control, law enforcement, criminal justice and health policy.
- A comparison of the Global Prevention Coalition scorecard and the most recent report on the Global State of Harm Reduction shows that 10 of the 25 original coalition countries are also priority countries for UNODC, and 13 of the 25 coalition countries endorse harm reduction.
- Major progress in harm reduction has been made in Ukraine and Indonesia, while some countries In Africa are developing new harm reduction programmes including Uganda and Mozambique, in addition to Kenya and Tanzania that are already established.
- 64% of programmes for PWID in low- and middle-income countries are funded internationally, but international funding has declined in the past decade, which is one major reason for limited coverage.
- From a community perspective, even where harm reduction is accepted, many programmatic responses remain driven by implicit moral objectives of abstinence, which can alienate people who inject drugs.

- There are also specific other obstacles that may act as barriers to PWID accessing services such as mandatory bio-metric data collection, urine testing, mandatory counselling, caps on the number of needles individual users can receive, and, more generally, failure to involve communities in programme design leading to low uptake of services.
- Ukraine's programme for people who inject drugs was shared as a case study. Among 340,000 PWID more than 220,000 access needle and syringe programmes and 11,000 access OST. The transition to domestic financing is experiencing challenges in terms of state funded packages being limited to testing, treatment and counselling, while harm reduction commodities are supposed to be funded by local authorities. Although HIV prevalence is stable overall, there are increases in infections in specific locations.
- Opportunities for country-to-country co-operation include showcasing progress and providing learning opportunities regionally, including sharing Ukraine's experience in eastern Europe and that of Kenya in Africa.
- There are shifts in drug purchasing patterns in that more people buy drugs through the internet, and in Ukraine efforts have been made to include HIV prevention messaging through moderators of online platforms.
- Age-related policy-level inconsistencies may affect young people who can be punished for drug related offenses, but not yet access harm reduction services.
- There are some unique challenges in funding harm reduction in that most affected countries are middle-income countries, but programmes remain highly dependent on the Global Fund that is phasing out and encouraging transitioning to domestic financing. Meanwhile, many governments remain reluctant to fund services for PWID.

Action points:

- *The data on the overall HIV epidemic trend among people who inject drugs presented did not match with recent UNAIDS data and need to be reconciled (UNAIDS Strategic Information Department and UNODC);*
- *UNODC, as the convening agency for HIV prevention, treatment, care and support among people who use drugs and the SAG should be invited to provide regular updates on recent policy trends and the HIV response at the country, regional and global level to UNAIDS and the GPC secretariat (UNAIDS, UNODC, SAG);*
- *To establish a formal link between the SAG and the Global Prevention Coalition, the SAG Chair will be asked to join the broader coalition and be included in the GPC mailing list (SAG Chair, UNAIDS);*
- *Comments and feedback on the indicators on people who inject drugs in the GPC country score cards which will be updated shortly, are most welcome (SAG Chair);*
- *A more systematic approach to South-to-South collaboration, country exchanges and establishing a community of practice supporting programmes for people who inject drugs is recommended (UNODC, SAG Chair) – several examples of country exchange were mentioned during the session.*
- *Specifically, such sharing of experiences could aim to strengthen networks of people who inject drugs in affected countries (UNODC, SAG Chair).*
- *Lessons from harm reduction policy change might be transferable to SRH policies and the DG of IPPF proposed an exchange of experiences (IPPF, SAG members, UNAIDS).*

This session on harm reduction including its community perspectives was very much appreciated by all participants.

4. Consultation on HIV prevention among Adolescent Girls, Young Women (AGYW) and their Male Partners

An update was provided on a consultation in May 2018 focusing on improving geographic coverage, identifying service delivery platforms, policy actions and strengthened monitoring of programmes for adolescent girls, young women and their male partners. This was followed by a brief discussion including on proposed follow-up actions.

- A number of follow-up actions are currently ongoing including updated HIV incidence mapping and engagement of national stakeholders around geographical prioritization, programme delivery platforms and packages.
- A draft coverage indicator was developed and co-ordinating mechanisms were reviewed.
- There are opportunities for harmonization with existing health services and structures, for example taking advantage of existing sexual and reproductive health services such as young women accessing family planning services. There is a particularly large growth in use of contraception in eastern and southern Africa, which represents an opportunity to expand HIV prevention during information on and provision of contraception to young women, and advocate for dual protection as needed.
- At the same time, it is important to recognize the need for focused action in high-incidence communities that go beyond health services and include intensified community outreach for HIV prevention and related issues.
- UNICEF has recently undertaken a mapping of AGYW programmes, as part of the Stay-Free Initiative

Action points:

- *Re-distribute May meeting report (which was also in the meeting folder) to working group participants and national officers in charge of AGYW programmes ([UNAIDS Secretariat](#))*
- *Share mapping on programmes for adolescent girls and young women ([UNICEF](#))*

5. Condom programming update

An update was provided on condom programming issues including a stakeholder meeting held in May 2018 and a recent landscaping report, which is due to be finalized in October 2018. There are a number of key issues arising from the two exercises:

- The role of condoms in historic HIV declines is still often not appreciated and HIV incidence decline mostly attributed to ART although HIV incidence declines in a number of countries started declining at a time when condom and behaviour change programmes were still in the focus of HIV prevention.
- The Amsterdam satellite on condom programmes clearly showed condom promotion in a state of crisis.

- While condom procurement numbers are not significantly declining, there are wide gaps in availability and demand generation efforts have been reduced. Overall there have been declining investments into condom programmes.
- Social marketing programmes have been highly affected by reduced funding. In the context of the Total Market Approach to condom programming, UNAIDS and BMGF are working with social marketing organizations towards developing a comprehensive funding proposal to revitalize social marketing programmes with a focus on high-prevalence countries.
- While it is important to embed condoms in SRH programmes, there are specific components of condom programmes that are often missed. Whether condom strategies are integrated into SRH strategies or framed separately, is less important than ensuring that all key condom programme functions (supply, demand, management) are performed effectively.
- Family planning organizations such as UNFPA and IPPF do not seem to have a distinct strategy towards condoms as part of contraceptive mix (e.g. one that advocates for dual protection in high HIV incidence locations, or sets condom distribution targets), and their investments in condoms and condom promotion appear to have been declining.
- UNFPA noted the possibility to update its 10 step-guidance on comprehensive programming as an operational tool.

Action points:

- *Share condom landscaping report once finalized (BMGF);*
- *A strategic background paper is required before the condom donor meeting planned for November, highlighting key gaps that need addressing (UNAIDS, UNFPA, BMGF);*
- *The UNAIDS Secretariat called for IPPF and UNFPA to consider clarifying their corporate commitments/ position vis-à-vis condom distribution, promotion and investments (UNFPA, IPPF, UNAIDS Secretariat).*

6. Sexuality education and education sector as HIV prevention platform

The session included an introduction by UNESCO focussing on comprehensive sexuality education followed by a plenary discussion.

- The current approach towards Comprehensive Sexuality Education (CSE) is informed by comprehensive systematic reviews of evidence. A recent review suggests that gender focused programmes, SRH service linkages, and fidelity to programme design improve outcomes. In early 2018, 6 UN entities published the revised International Technical Guidance on Sexuality Education.
- A 2015 Global Review provided a comprehensive situation analysis which documented that there is progress at country level in adopting CSE policies, but there is a major gap between policy and implementation.
- In Eastern and Southern Africa (ESA), the status of implementation is systematically monitored at regional and country level in collaboration with Ministries of Education. A multi-country assessment from 23 African countries suggests that additional technical support is required in terms of improving quality of implementation.

- There are number of practical implementation challenges including limited curriculum times, limited teaching materials, large class sizes and embarrassment or other personal reservations on the part of teachers.
- In eastern and southern Africa (ESA) there is a particularly strong regional process driven by the ESA Ministerial Commitment with multiple outcome targets relating to sexual health and reproductive health, HIV prevention and child marriage. A multi country programme 'Our Rights, Our Lives, Our Future' is being implemented aimed at reaching 10.7 million learners, 30 million people through community engagement and 30,000 pre-service teachers and 186,000 in service teachers.
- Resistance to comprehensive sexuality education is in part related to the label and terminology 'comprehensive sexuality education' and what is meant with it, as well as concerns by some parties about teachers discussing sex with children and young people. However, there is a strong basis in all education systems of teaching core life skills issues and some basic sex education.
- Whilst the focus of CSE has largely been on formal, traditional teaching methods, there is agreement that alternative sources and channels of information and communication should also be considered. Surveys suggest that young people access significant amounts of information on sex and relationships on-line, often in a one-sided way, but there are also examples of bloggers, websites and youtubers who provide useful information with contents that are accurate, age-appropriate and promoting healthy norms, and which are extremely engaging. At the same time, face-to-face sexuality education in schools continues to play an important role, to build skills of young people including to critically review or manage online content.
- In Global Fund proposals for adolescent girls and young women in eastern and southern Africa, school-based sexuality, life-skills and HIV education has been the component, which was most consistently included within the pillar for adolescent girls and young women (raising questions on how other parts of the package e.g. those related to service provision are delivered).
- Schools should be viewed as potential platforms for more than sexuality education including provision of SRH services including condom promotion and distribution, linkages to VMMC services as well as HIV prevention information that addresses key local epidemic factors such as age-disparate or transactional sex. One other dimension to be considered is the role of schools in preventing discrimination of children of key populations and young key populations.
- In Africa overall, a substantial proportion of young people are out of school and may be missed by in-school CSE, especially if it is only delivered in secondary school. Young people out-of-school are often most vulnerable in relation to sexual and reproductive health challenges. A review of comprehensive sexuality education out-of-school has been conducted, and guidance on effective approaches is underway.
- Out-of school programmes have the potential to complement in-school programmes, as they reach and empower marginalized young people with comprehensive HIV prevention, including CSE and service provision.
- Preliminary information shows that education sectors are rarely involved in national prevention coalitions in coalition countries.

Action points:

- *Map involvement of education sectors in national prevention coalitions and facilitate their engagement (UNESCO, UNAIDS);*
- *Conduct comprehensive analysis on HIV prevention service access in and around schools including recommendations on how to advance this agenda (UNESCO, UNFPA, UNICEF);*
- *Re-circulate Harare 2016 pre-ICASA report on the use of ICT for HIV prevention among young people in Africa and explore new ICT learning opportunities (UNICEF, UNAIDS, UNESCO, UNFPA);*
- *Propose concrete steps to strengthen and institutionalize links between VMMC programmes and school health programmes (WHO, UNAIDS, UNESCO).*
- *Share guidance on CSE out-of-schools upon its completion in early 2019 (UNFPA)*

7. Developing an improved narrative and action plan around HIV prevention-SRH integration and the SDGs

This session was recommended after discussions before and at the Amsterdam conference had shown a lack of clarity on what the global discourse on integration, the SDGs and UHC may mean for HIV prevention and whether the need for specific, dedicated HIV prevention efforts as part of these agendas needs to be re-confirmed.

- In introductory commentaries, it was outlined that there is still a major division between the global communities working on sexual and reproductive health and rights (SRHR) and HIV. At global level, this is often reflected in absence of experts on one issue in fora addressing the other issue, while at service delivery level opportunities for integration such as integration of HIV testing or condom promotion into family planning services and vice versa are still being missed. Some of today's challenges are similar to the challenges 10 to 20 years ago.
- At global level linkages to different initiatives are being explored including through mapping out potential synergies of HIV prevention with *Family Planning 2020, Every Woman Every Child/H6* and the *Global Financing Facility*.
- Country mappings of SRH/HIV linkages, e.g. the 25 country snapshots by UNFPA, suggests that there is great variation in integration of SRH issues into HIV strategies between countries with some positive examples, but large gaps in other countries.
- It is important to be prepared for the potentially major implications of findings of the ECHO trial. If an association between the use of DMPA and HIV is found in the study, this will have major implications for family planning and HIV programming.
- The potential effects of Dolutegravir on maternal and neonatal health are another critical example for the importance of enhanced integration of family planning services into HIV treatment programmes.
- Better SRH linkages are particularly important in programmes and services for key populations (which should include condoms, family planning, sexually transmitted infections, Hepatitis B, cervical cancer etc), and globally agreed packages already reflect this integration.
- The promotion of Universal Health Coverage (UHC) is expected to provide opportunities, but also risks for HIV prevention and key populations. Opportunities include calls for increased general health service access, while risks may include

- losing specific service delivery platforms that address specific needs of key populations such as outreach programmes, safe spaces, dedicated clinics, etc
- One reason for the complexity of the debate is frequent limited clarity on the level of the desired linkages, synergies or integration. It was proposed to distinguish the following levels:
 - Synergies of global political agendas and meetings;
 - Linkages in promoting shared policy issues (e.g. addressing underlying women's empowerment needs);
 - Linkages or integration at programmatic level (e.g. management of national programmes);
 - Linkages or Integration at service delivery level;
 - Community-level programmes and services;
 - Linkages in terms of merged or separate funding streams and resource tracking
 - With regards to services, it may be particularly important to focus our efforts on cadres that actually deliver them including nurses, midwives and community health workers.
 - Additional clarification may be required to explain where SRH/HIV linkages and integration as well as UHC fit within the Global Prevention Coalition and its Roadmap, and vice versa.
 - Country case studies for successful linkages and integration were seen as a potential pathway towards improving linkages. Rwanda was cited as an example where integration has worked. A good country case study is also needed for contraceptive service delivery in the context of introduction of dolutegravir as a first-line ARV.

Action points:

- *Working group members to reach out to colleagues working on guidance, and prepare themselves to be able to communicate, on potential HIV prevention-related findings of the ECHO trial ([WHO](#), [PEPFAR](#), [BMFG](#), [UNAIDS](#), all);*
- *WHO has conducted an analysis of the inclusion of key populations in strategies and policies in national HIV and health strategies and will share this with the group ([WHO](#));*
- *Identify a country example for enhanced family planning in the context of introduction of Dolutegravir ([WHO](#), [IPPF](#));*
- *Develop/share existing papers on UHC and key populations ([WHO](#));*
- *Develop a brief GPC position paper on linkages/integration ([UNAIDS/UNFPA](#), co-chairs) to be posted on the GPC website*

8. Scorecards

An update was provided on the next steps regarding the global HIV prevention dashboard and the country scorecards. Next steps include updating with data from 2018 Global AIDS Monitoring and the inclusion of new Coalition countries (Botswana, Iran, Myanmar). In the next update, particular attention will be paid to programme coverage data, and a specific summary on programmatic coverage of the five pillars displayed. Attempts will also be made to populate indicators on some of the structural issues and interventions.

Action points:

- *Provide any feedback/ observations on current data and scores (all);*
- *Update global and country scorecards and circulate for review (UNAIDS);*
- *Advocate for use of scorecards in national HIV prevention coalitions in next round of country calls (UNAIDS);*
- *Include a question on the use of scorecards in the next round of the country progress review survey (UNAIDS);*

9. Update on PEPFAR and Global Fund Contributions to prevention

Updates on Global Fund and PEPFAR prevention funding patterns and trends were provided and discussed. This has been a regular agenda item at these working group meetings and acquired additional importance following reports showing that Global Fund prevention budgets have been declining and statements by the PEPFAR ambassador in Amsterdam that PEPFAR is already spending 25% of their total budget on primary prevention. Here the main points for the two presentations and the discussions.

Global Fund

- Although HIV budget allocations increased over the 2008-2020 period, Global Fund allocations to HIV prevention declined, both in absolute numbers and as a percentage of total HIV spending. Based on current projections, the proportion of HIV resources allocated to HIV prevention will decline to around 10% by 2020, representing a reduction by half over the past decade.
- In terms of expenditure, median annual expenditure was around 76% of budgets. In terms of thematic focus, there has been a shift from general population activities including various communication programmes and VMMC to programmes for key populations and adolescent girls and young women.
- It was discussed that although the shift towards increased funding of key population programmes was welcome overall, it would have been desirable for the overall prevention budget to have increased and general population budgets be reallocated to programme areas with gaps such as condom and VMMC programmes rather than being cut.
- In terms of expenditure levels, there are bottlenecks in implementation capacity, which technical partners in the room could assist in addressing, while the Global Fund is also working on reducing bureaucratic factors that may have influenced underspending.
- There are specific funding opportunities for Global Fund applicants, which countries can explore including updates to Priority Above Allocation Requests (PAARs). Allocation decisions are based on disease burden and policy as well as intervention filters, which include ART service continuation and core primary prevention activities (5 pillars). One specific source for re-allocation of resources are savings from within grants, for example procurement-related savings. Such reallocations can be done within portfolio optimization exercises.
- Participants agreed that increased prevention above-allocations and re-programming can help, but that major strides will only be made when the much larger core allocations become more balanced. Considerations within the Strategy Committee and the Global Fund Board to ask the Global Secretariat to become slightly more prescriptive

regarding balanced proposals and to safeguard a certain level of prevention funding are therefore welcome.

PEPFAR

- The annual HIV prevention allocation for 2018 is around USD 704 million. There were declining funds for PMTCT (with ARV commodity costs now included in treatment budgets) and programmes for people who inject drugs, while blood and injection safety programmes are being phased out.
- A total investment of USD 360 million is planned to be spent on key populations in the coming 12 months. From COP resources around USD 260 million are directed towards key population activities, of which USD 100 million will go to the Key Populations Investment Fund. An additional USD 10 million are within the LGBT Fund.
- VMMC funding has further increased and will reach approximately 300 million in 2018. In 2017, there were 3.4 million PEPFAR supported VMCMs. Preliminary data for the first two quarters of 2018 suggests that the number of VMCMs in 2018 is increasing in virtually all countries except Botswana and Swaziland.
- Central funding for condoms increased from around USD 21 million to USD 28 million.
- The overall PrEP target for key populations is around 85,000, representing 60% of the overall PrEP target with sex workers being the largest group followed by men who have sex with men. A target of around 54,000 receiving PrEP was set for adolescent girls and young women. Index partner HIV testing will be increasingly used as an entry point for both treatment and prevention.
- The DREAMS allocation for 2018 is around USD 189 million (and is partially included within the total above), but partially also under the OVC budget line. DREAMS is tracking the number of new diagnoses in DREAMS districts based on data from antenatal clinics. A large proportion of districts recorded reductions in new HIV diagnoses with some indications that declines were steeper in higher intensity programmes. Currently deep-dive evaluations are being conducted.
- The prevention and OVC allocations add up to about 26% of total budgets, close to and even slightly exceeding the globally recommended quarter for prevention. However, the prevention budget still contains a modest non-ARV PMTCT budget line and the OVC might be further disaggregated into primary prevention prevention, e.g. DREAMS, mitigation and other activities.
- In principle there is agreement by both Global Fund and PEPFAR on using the 5 pillars for expenditure tracking.

Action points:

- *Further clarifications about opportunities arising from PAAR and re-programming may be needed (Global Fund)*
- *Working group members should engage the Global Fund political and policy and strategy processes, through its Strategy Committee and Board, to advance discussions on being a little more prescriptive regarding ensuring an adequate level of prevention allocations (all, Global Fund)*
- *Further disaggregate prevention and OVC budget lines to determine funding against the 5 pillars (PEPFAR)*

- *Use HIV prevalence among specific age-cohorts of young pregnant women to analyse trends and compare DREAMS and non-DREAMS districts (PEPFAR, BMGF, UNAIDS);*

10. Roadmap implementation, capacity development, technical assistance (TA)

The GPC secretariat provided an overview of the status of country implementation of country-level roadmap commitments.

- Countries have made substantial progress in some areas. All countries developed 100-day-action plans, most assessed HIV prevention needs and virtually all validated their HIV prevention scorecards. Progress has been more mixed in relation to the development of HIV prevention strategies, country roadmaps and targets. Most countries have engaged in their reviews and updates, but processes are still ongoing and GPC secretariat feedback is being incorporated.
- There are also still substantial gaps in addressing specific roadmap commitments in relation to operational and sub-national planning, updating of prevention packages, addressing underlying policy issues, capacity development plans and strengthening of accountability mechanisms.
- It was mentioned that reviews of prevention strategies and operational plans needs to happen fast to be able to inform Global Fund proposals.
- An update on the status of technical priority actions, technical assistance needs and action on accessing technical assistance illustrated that the type of work on which the GPC Coalition has led, including identifying a wide range of capacity development and TA needs, most of which, however, still need to be formulated more precisely.
- An introduction into the newly re-configured UNAIDS Technical Support Mechanism (TSM) was provided. The TSM is one possible option for accessing technical assistance. WHO, UNAIDS, key populations networks and other agencies also provide technical support funding to countries directly, or TA is provided by staff.
- A discussion was held on the quality of work provided by consultants and the importance of quality assurance. More generally it was emphasized that TA through external consultants was just one possible modality for TA.
- The need for a more holistic approach to capacity development was emphasized including aspects of improved staffing, south-to-south learning, training, mentoring and technical assistance with in-built capacity development actions. These actions could be elaborated at country-level in form of capacity development plans. Sample ToR for developing such plans were shared at the meeting, for comments by participants.
- WHO has shared a list of TA requests they have responded to in 2018, while other agencies' feedback is pending.

Action points:

- *Technical partners (other than WHO) to share the prevention TA requests and the TA they have provided in 2018 with the GPC secretariat (UNFPA, UNICEF, PEPFAR, CSO networks);*
- *Map UN system capacity in prevention (UNAIDS, UNFPA, UNICEF, WHO and other co-sponsors).*

- *Conduct internal capacity strengthening on the Prevention Roadmap and Coalition with staff (all agencies); prepare for brief orientation of TA focal points (UNAIDS with convening agencies for the different pillars)*
- *Provide feedback to sample ToR for capacity development and HIV prevention planning shared at the meeting (all);*
- *Re-circulate the most recent versions of the pillar specific consultants' rosters, for comments by CSO networks and other working group members, and exchange rosters and information on key population hubs (UNAIDS, Alliance, NSWP, others)*
- *Develop communities of practice to share priorities, latest technical guidance, coordinate TA and other country support on HIV prevention overall and the five pillars (UNAIDS working with other agencies and existing groups on some of the pillars);*
- *Include a session on longer term TA in the next meeting of the Working Group (UNAIDS).*

11. Country support requests

A short special session was held to discuss specific needs and requests for technical and financial support of 4 coalition countries. The session was included in the meeting agenda to test a new modality how the Global Prevention Working Group could discuss and respond to country needs.

- The Ghana UNAIDS office had mentioned support needs around expanding coverage of programmes for sex workers in specific sites, for MSM programmes, for analytical support to understand patterns of HIV transmission among young women, for strengthening capacity in the NAC and for condom programming. The group agreed that these prevention gaps were critical to address with the identified focus on key populations to be shared with the ongoing high-level mission to Ghana, among other actions.
- The Mozambique country team had reported making progress in implementation of the Coalition agenda. Priority gaps identified included funding for sex worker programmes. In addition, a number of technical support requests on mapping of prevention services, condom strategy finalization as well as support to development of programmes for PWID and prisoners were made.
- Some of the items the Zambia UNAIDS Country Coordinator asked for support for included support strategy development processes on prevention overall, condoms, key populations including size estimates, addressing policy barriers and male engagement in prevention. Study visits were proposed as a modality.
- For Lesotho, support to the finalization of a new national prevention strategy, further strengthening NAC, the development of a technical capacity building plan, faith-based organization (FBO) capacity-building, developing key population service packages and exploring opportunities for social contracting in the medium term were mentioned.
- A number of suggestions were made by participants on how to respond to these needs, with some agencies planning to go back to their HQs to check on the issues that had emerged. As for Ghana, a high-level mission involving the Global fund was taking place at the same time.

Action points:

- *The GPC secretariat should provide feedback on the discussions to the 4 UNAIDS country offices (UNAIDS)*
- *Share the prevention priorities identified and discuss with the ongoing high-level mission to Ghana and provide feedback on the outcome of the mission (UNAIDS, Global Fund team).*
- *For Mozambique, explore advocacy for additional investment in prevention programme areas where quick wins may be possible such as condom programming and programmes for sex workers and consider discussing Mozambique at the next Global fund situation room (Global Fund, BMGF, UNAIDS)*
- *The Zambia team may benefit from a study visit to Zimbabwe focusing on condom programmes and sex worker prevention programmes; (UNAIDS HQ and Zambia, Zimbabwe NAC)*
- *For Lesotho, engage in south-to-south learning with another country, potentially Kenya, to address several aspects on the list including NAC capacity strengthening and social contracting; (UNAIDS, Kenya NAC).*

Overall, there was too little time for the session, which would also have benefited from prior sharing of proposed country priorities.

12. Coalition architecture

The current Global HIV Prevention Coalition architecture, including composition, convenorship, working group, donor and CSO liaison and secretariat were presented and possible adjustments discussed.

Global Prevention Coalition

- The main change since the last meeting was the addition of 3 priority countries so that the Coalition now includes 28 countries with large numbers of new infections;
- In terms of capacity to provide technical support countries and maintain score cards, it is not feasible to cover all countries worldwide, but a small number of additional countries that are committed to the Road Map and have a relatively large number of new infections could still join. Others may be kept informed, e.g. through the PCB.
- Coalition members currently receive 3-monthly updates

Global Prevention Working Group

- Potential changes or modalities for rotation were discussed, but ultimately it was agreed that the group should retain its current name, functions and composition.
- One core function that would need to be strengthened is the country engagement on prevention implementation, which is at the heart of the next phase of the Coalition.
- Different options were discussed including involvement of additional NAC members in the working group (which however is already quite large), more situation-room type discussion, and developing a sharing mechanism from current NAC representatives or a sub-group with some selected NAC managers. Ultimately a full NAC managers' meeting on Road map implementation, separate from and additional to the 6-monthly working group meeting, was recommended for May 2019.

Donor members of the coalition

- A dedicated briefing is planned for November

Civil Society Organizations

- The GPC secretariat has engaged with and briefed PCB NGOs and will further engage with them before the PCB meeting in December
- CSO networks have not yet implemented the survey to assess country engagement in national coalitions

Action points

- *Develop a more formal mechanism for sharing Coalition approaches and lessons with other non-Coalition countries (UNAIDS, UNFPA);*
- *The survey to assess CSO country engagement should be implemented before the December PCB or the next working group meeting at the latest (NSWP, Alliance, AVAC, AFRIYAN, etc)*
- *Establish a NAC managers community of practice or learning network around HIV prevention, and consider holding a dedicated coalition country NAC managers' meeting in May 2019 (UNAIDS, Kenya NAC, Zimbabwe NAC)*
- *Hold a full Coalition meeting at ministerial level in October 2019 in Nairobi (UNAIDS, UNFPA, NAC Kenya);*
- *Establish a mechanism for the 2 co-convening agencies UNAIDS and UNFPA to exchange information at Deputy Executive Director level (UNAIDS, UNFPA);*

13. Upcoming events

Several upcoming HIV prevention related meetings were discussed including global, regional, over-arching prevention and pillar-specific meetings, some of them discussed in previous sessions like the PCB and the planned coalition meeting in Kenya. A preliminary calendar of events prepared by UNAIDS was shared. It was proposed to formalize this calendar and come up with a modality for real-time sharing.

The following action points were agreed:

- *Develop a calendar of events and an appropriate modality to share it within the group and with other partners (UNAIDS, all);*
- *Engage ICASA leadership on prevention (NAC Kenya, NAC Zimbabwe, UNFPA through ESARO Director, co-chairs)*
- *Provide feedback to the group from R4P in November (WHO, AVAC)*

14. Next meeting

The next working group meeting will be held on 27-28 February 2018 in New York.