Global HIV Prevention Working Group Meeting

New York, 8-9 March 2018

Participants: Ade Fakoya (Global Fund, via teleconference), Alvaro Bermejo (IPPF, Coalition Co-Chair), Chewe Luo (UNICEF), Christine Stegling (Alliance), Elizabeth Benomar (UNFPA), Geoff Garnett (BMGF, via teleconference), Gina Dallabetta (BMGF), Heather Watts (PEPFAR OGAC), Lorence Kabasele (AFRIYAN, via videoconference), Mitchell Warren (AVAC), Rachel Baggaley (WHO), Ruth Morgan-Thomas (NSWP for key population networks), Tapuwa Magure (Zimbabwe NAC), Karl Dehne (UNAIDS); Sheila Tlou (UNAIDS, Coalition Co-Chair)

Apologies: Nduku Kilonzo (Kenya NAC), Marie Laga (Antwerp/UNAIDS MERG), David Wilson (World Bank)

Opening, individual sessions and observers: *Natalia Kanem (UNFPA Executive Director), Damilola Walker (UNICEF), Janet Saul (PEPFAR-OGAC), Clemens Benedikt (Consultant)*

SUMMARY OF DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

1. Opening session

a. **Opening remarks:** The opening remarks by the UNFPA ED highlighted the continued need for a rights-based prevention response and the critical role of the Coalition and its roadmap in this regard. She emphasized that there can be no wavering on human rights including the right to access health services. There is need to counter the notion that the “innocence” of young people is threatened by engagement of young people around sexual & reproductive health & rights (SRHR) and their HIV prevention information and services. Health systems are often failing adolescent girls and legal barriers such as parental consent laws prevent adolescents from accessing SRH and HIV services. Key populations continue to face discrimination in many countries, which prevents them also from accessing services. The Roadmap has a critical role in addressing these rights dimensions of HIV prevention, while ensuring that HIV prevention information and services are accessible to all who need them. In the discussion, opportunities for strengthened integration of HIV prevention into other health, gender and social development agendas were highlighted.

b. **Working group format and welcome to new members:** The format of the group was slightly adapted and changed from an informal HIV prevention focal point group into a Global HIV Prevention Working Group. Ruth Morgan-Thomas (NSWP) was welcomed to the Working Group to represent key population networks and Lorence Kabasele (AFRIYAN) was welcomed to the Group to represent organizations working with adolescent girls and young women.

c. Overview on the current state of HIV prevention

Presentation (available upon request): UNAIDS overview on status of global HIV prevention situation & response

- *Overall HIV prevention agenda:* The launch of the Coalition appears to have contributed to enhancing momentum around prevention, and virtually all countries have taken specific actions such as strengthening leadership, revitalizing prevention structures and updating strategies.
- *Programmatic gaps across the 5 prevention pillars remain large:* The operationalization of 90% access and coverage targets for key populations and young women remains limited, and there are gaps in standard operating procedures, social contracting and actions to address policy barriers. Regarding condoms, weak distribution systems, improving access for low income users and outside the health sector, and addressing demand generation are core issues to be addressed. The Pre-Exposure Prophylaxis (PrEP) agenda has moved in high-income countries, while progress in other regions is limited. There has been quite good progress with voluntary medical male circumcision (VMMC), but programmes remain too vertical program in many contexts with opportunities for greater government ownership, and beyond the implementing health sector. (See below for detailed updates)

Action points:

- *Share notes of the Working Group more widely considering its new format and role in support of the Coalition and the potentially wider audience (UNAIDS)*

2. Update on HIV Prevention Programmes among Adolescent Girls and Young Women (AGYW)

Presentations (available upon request):

- UNAIDS: Geographic analysis of HIV incidence and programme coverage
- Global Fund: Update on Global Fund support to programmes for adolescent girls and young women
- PEPFAR: Update on the DREAMS programme
- UNICEF: Update on UNICEF support to programmes and the database
- UNFPA: Update on UNFPA programming for young people
- BMGF: Update on BMGF supported analysis and implementation science

An introductory presentation provided an overview of programmatic need and geographical coverage of HIV prevention programs for adolescent girls and young women. Five presentations followed providing agency-specific updates on programmes for young women (see slides for details). Key points from the discussion included:

- Geographic coverage of AGYW programmes is increasing, but variation between countries is large (from less than 10% to 100% of districts covered) and substantial gaps remain. Overall there seems to be good geographic alignment, i.e. different partners complement each other well in selection of districts. In some country cases,

geographic coverage of programmes is not fully aligned with areas with highest estimated incidence.

- Alignment of programmatic packages is more complex. DREAMS provides a very comprehensive and defined package of HIV prevention and contextual health and social support interventions. The Global Fund supports country gaps depending on country gap analysis and prioritization.
- The scalability of DREAMS packages is a challenge because countries have insufficient domestic and international resources to scale up the expensive comprehensive packages, and implementable national plans are often not in place.
- There is need to further strengthen national co-ordination of programs including systematic engagement with civil society organizations, so that coherent scalable community responses are developed.
- It is important to align the advocacy and data initiatives of different UN agencies to ongoing programmatic efforts.
- The diversity of needs of young women (including drug use, selling sex) was highlighted, while considering that young women do not want to be labelled as belonging to a specific single risk category.
- The large number of international initiatives and programs is very helpful, but there is a risk of confusing country partners and creating complexity in managing the response. It is important to map out geographically and technically how best to simplify approaches.
- More in-depth discussions will be held at a dedicated meeting later this year with a focus on packages for different settings and improved measurement of coverage, outcomes and impact.

Action points:

- Convene global stakeholder consultation meeting in May 2018 and ensure that key issues identified in the discussion are considered in the agenda (Co-conveners of the May Meeting)

3. **Prevention cascades**

Presentation (available upon request):

- Two slides by BMGF on status of the discussion around prevention cascades

An overview was provided on past meetings on cascades (global consultation in 2016 in Geneva, and technical consultation in 2017 in Harare) and publications (theoretical cascades, cascades for PrEP, VMMC and key populations). It is important now to bundle the several strings of work in this field towards more tangible guidance for countries on how to use the cascade approach for programming.

Action points:

- Hold a small consultation with people working on prevention cascades (BMGF, UNAIDS);
- Develop soft guidance for countries to use cascades in the design and management of programs (BMGF, UNAIDS);

- Vet draft guidance on prevention cascades at the International AIDS Conference (BMGF, UNAIDS).

4. Update on the Global Coalition and Roadmap Implementation

Presentations (available upon request):

- UNAIDS summary presentation on progress made
- Zimbabwe summary of target setting and implementation status of roadmap
- Alliance presentation on India civil society meeting to discuss contributions to Roadmap implementation

a. Overall progress

- Potential interest in joining the Coalition has been expressed by additional member states, (Botswana, Myanmar, Norway) and there is also interest in joining amongf a number of regional and international organizations, including the African Union Commission, SADC, European Commission, IAPAC, Reproductive Health Commodity Coalition).
- There is good progress in operationalizing the Prevention Roadmap 2020 in countries:
  - 100-day action plans were developed in 24 of 25 countries
  - Institutional changes to enhance HIV prevention leadership have occurred in several countries (including new multi-sectoral national coalitions, re-established working groups, reactivated lead agencies, some new staff positions, new prevention strategies)
- A country example presentation was given from Zimbabwe on their target setting process and their 100-day action plan illustrating how targets were put in place and the response updated. Overall, about half of coalition countries have now shared their target tables, though there are often gaps with regards to key population coverage
- There is good progress on strengthening national political leadership in many countries, but it would still be useful if two or three countries could emerge as leaders who mobilize other countries. Prevention leadership at international organization level is being generated through the Coalition, but also needs to be further strengthened (e.g. routine mentioning of the Coalition and Roadmap agenda by Heads of Agencies).
- Less progress was made in relation to addressing structural policy barriers, financing and systematic implementation. There is potential to use Global Fund catalytic resources around human-rights issues to address policy barriers. These funds could be linked more concretely to address policy-level gaps in the prevention response.

b. Civil society and key populations communities

- A summary report from a prevention consultation held in India of Alliance affiliated civil society organizations (CSO) was provided. A range of issues related to person-centered approaches to prevention, rights of key populations and engagement of policy-makers was discussed.

- Participating CSOs perceived issues facing people who inject drugs as a gap in Coalition Roadmap discussions so far and it was proposed that this component should be strengthened in upcoming meetings.
- Eight video-statements from community organization representatives emphasized the need for communities to be at the centre and involved throughout the response to own prevention programmes.
- Addressing policy barriers should not only be focusing on long-term legal changes, but also on specific practices, which can be changed in the short-term. For example, condoms or needles being used as evidence by police.
- The focus of civil society involvement should be where the action occurs. This is primarily at country level, but for specific sensitive policy issues the regional level also has a comparative advantage in mobilizing support.
- Feedback from countries suggests that involvement of key population communities in the Coalition at national level has not been consistent enough and needs more emphasis. Civil society involvement cannot necessarily be equated to involvement of key population communities and participation of key populations should be specifically promoted including at country level.

Action points:

- Co-chairs to 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

- Convene an initial call with the 4 CSO representatives on the Working Group to discuss a mechanism for improving communication and facilitating more systematic civil society / community involvement in the HIV prevention Coalition at global level and national levels, and strengthen collaboration with UNAIDS (and UNFPA) regional offices to that effect (UNAIDS, UNFPA).

5. Update on PEPFAR and Global Fund Contributions to prevention

Presentations (available upon request)

- PEPFAR: Update on HIV Prevention in PEPFAR

An update on PEPFAR prevention contributions was provided including achievements so far, guidance and funding trends. Cumulatively more than 15 million VMMCs were supported with increases in 2017 after a slowdown of uptake in 2016. In 2017, more than 460 million condoms and 18 million personal lubricants were procured and financial investment remained relatively stable. Around 20,000 people received PrEP and the 2018 target is to increase coverage to nearly 100,000. Proposals to the Key Population Investment Fund are currently being reviewed. Performance monitoring of coverage, outcome and impact remains a critical priority for PEPFAR. The innovative concept of laser-focused prevention was introduced and implies the use of recency assays for locating and mapping new infections. More detailed funding information will become available in April or May when COPs will have been approved.

Global Fund prevention expenditure trends were not presented, as the recent analysis by the Global Fund secretariat is under embargo until the dedicated session on the subject at the upcoming Strategy Committee meeting on 21 March.

In the discussion, the need for alignment of funding partner and national coverage targets was emphasized. It was explained that ongoing discussion processes in country were supposed to address this. In some contexts, this implies that in some areas such as for programs for young women national targets (beyond project targets) need to be newly defined and gaps against those national targets assessed.

6. Thematic updates

Presentations (available upon request)

- UNFPA: Overview on condom landscaping analysis and state of programming around lubricants
- AVAC: Selected slides from CROI

a. Condoms & lubricants

Updates on initiatives to support condom programming were provided. The condom needs estimation and decision-making tool developed UNAIDES, UNFPA, BMFG and will be finalized in the coming months. The tool aims to estimate the total condom need in a country as a basis for assessing country gaps. The tool will not yet be ready for the current round of Global Fund proposals.

A condom landscaping analysis was presented reflecting on African condom markets. Private sector condom markets have not yet developed because of regulatory barriers and also because potential urban users who could afford to pay for condoms are covered by free and socially marketed condoms.

An example from KwaZulu-Natal/South Africa was provided where condoms were unavailable in a newly developed mining area, where HIV prevalence rapidly increased. More broadly, there are major condom programming gaps and due to funding cuts for social marketing, condom availability is now more often limited to health facilities and urban higher-income groups who can afford to pay for condoms.

There appears to be an overarching gap in condom programme stewardship, which may also partially reflect a reduction in condom programme funding. The continued gap in condom funding is not a single partner's issue and not only a commodity issue as it requires combined supply and demand generation approaches.

A systematic review on the effects of lubricants on vaginal and rectal tissues was conducted and found that there may be side effects, but evidence is inconclusive and more studies are needed.

UNFPA condom procurement has declined, but exact data were not available at the meeting.

A condom donor meeting is planned for June or September.

- A strategic/position paper is required before the condom donor meeting highlighting key gaps that need addressing (UNAIDS, UNFPA, BMGF)
- Provide an update on UNFPA condom procurement trends (UNFPA).

- Conduct an analysis of gaps in harm reduction programmes for people who inject drugs, similar to what has been done for condoms; (UNAIDS to request SAG);

b. Voluntary medical male circumcision

Around 16 million VMMCs have been performed since the inception of VMMC programmes. An additional 27 million VMMCs were estimated to be required to meet outcome targets. Further analysis is planned to review country data and gaps in preparation of the International AIDS Conference. The VMMC response currently primarily relies on PEPFAR support and there has been a perception by other funders that no additional support is required. It was mentioned that in a context of increasing STI prevalence, VMMC will also be an important contributor to broader STI prevalence reduction.

In a context of limited resources, integrated demand generation for HIV prevention among those at risk, covering several HIV prevention methods including VMMC and condoms, is more important than ever.

c. Pre-Exposure Prophylaxis (PrEP)

PrEP was a focus of CROI 2018 and a number trends were observed and discussed:

- PrEP works for young women and works for safer conception, time to protection is likely to take a few days (2-7), and PrEP is perceived as life-style not just a medication;
- Female PrEP users in South Africa were found to have substantial other health needs (high prevalence of curable STIs, half had symptoms of depression and experience intimate partner violence;
- Impact data of PrEP in MSM communities with high PrEP use are emerging, but access and uptake is not universal and minority communities often have lower access.
- For women in sub-Saharan Africa, uptake and continuation rates have been lower, but conclusions on reasons are not yet possible as programmes are still fairly recent.
- PrEP should not be seen as a stand-alone tool, but an entry point for comprehensive prevention programming including HIV testing, risk counselling, condom promotion and other SRH/GBV services.
- While there is progress in high-income countries, Brazil and some African countries, in Asia only one country has national PrEP guidelines (Thailand).
- Open-label extension results on the vaginal ring suggest that the ring had sustained effects and HIV incidence was half of what is was expected to be in the participating communities. (Note: there is no placebo-control and other factors may have contributed to lower than expected incidence)

d. Other trends emerging from CROI

Specific other findings from CROI were briefly discussed:

- Population-level HIV incidence reduction in Rakai/Uganda occurred at a time of scale up of VMMC and ART
- Several studies suggest that there is increasing STI incidence.
- Increasing STI incidence among MSM in the US may relate to a range of factors (emerging communication technologies, dating apps, ART, reducing condom use, PrEP, …), and it is currently not possible to attribute it to a single factor.
- One study suggested that 15 % of people who think they are virally suppressed are actually not.
- Increased HIV acquisition risk during late pregnancy and lactation was confirmed.
- Men being left out from treatment contributes to continued very high HIV incidence among females as documented in South Africa.

7. Events

Upcoming key prevention and coalition events are as follows:

- Global Fund strategy committee session on prevention expenditure (21 March 2018)
- AGYW stakeholder consultation (May 2018)
- World Health Assembly (WHA) Ministerial Meeting (planned lunch session between 22-25 May)
- Condom donor meeting (tentatively June 2018)
- International AIDS Conference (Amsterdam)
    - Coalition country NAC managers' meeting at IAC, 22 July 2018
    - Leadership meeting (date between 22-28 July 2018 tbc)
- Meeting of Prevention Global Working Group (11-12 September 2018)
- HIV Research for Prevention (RVP) conference (Madrid, October 2018)
- Reporting 1st year implementation to PCB (December 2018)

The following action points were agreed:

- Additional advocacy is required for the WHA side event
    - → The WHO Executive Director should be approached directly to request a side-event at the World Health Assembly (Co-Chair).
    - → Additional countries (Pakistan, Ukraine, Zambia) should be approached (UNAIDS).
    - → Support from Kenya and Zimbabwe should be secured (Kenya and Zimbabwe NAC).
    - → Sweden should be engaged to support the WHA side event (Alliance).
- Develop a brief concept of the leadership meeting in Amsterdam including identification of a committed high-level personality such as First Lady of Namibia (UNAIDS)

8. Technical assistance (TA) for HIV prevention

Presentations (available upon request)

- UNAIDS overview presentation

The launch of the Coalition and Roadmap has triggered an increase in TA demand. A number of TA requests have been for general support for national HIV prevention strategy development. A few pillar-specific requests related to the definition of prevention packages and standard operating procedures (SOPs) for young women and key population programmes, condom strategies and others also reached UNAIDS. A number of observations were made:

- The exact scope of needed TA is often not clearly defined, and some countries will require support in formulating specific TA needs.
- Draft expert rosters for each of the prevention pillars have been prepared and are now available, but not yet for prevention generalists. Additional capacity exist in different agencies including civil society and that coalition TA rosters should build on these existing resources.
- In terms of the process, some TA requests are being made through the UNAIDS Secretariat, while in some specific areas (PrEP, VMMC) requests are commonly made directly to WHO. There are also other streams of technical support that are channelled through agencies such as PEPFAR or civil society organizations.
- It is not clear if all TA requests made by in-country teams of UN agencies are emerging out of country government requests (or if stakeholders are fully consulted).
- It is important to connect the dots and ensure that technical assistance requests are indeed focused on areas with the largest gaps.
- Civil society and key population networks have capacity to provide TA, which is often underutilized.
- For key populations it was suggested to come up with a specific mechanism for the co-ordination of technical assistance, because no single civil society network or technical partner would be suitable to provide the co-ordination function for free or within existing capacities.
- So far, funding has not been a major obstacle to TA provision.
- The support through the Prevention Coalition Secretariat will be complementary to the work of the Technical Support Facilities (TSF). The Coalition Secretariat can guide TSFs and recommend prevention experts to the TSFs, while the TSF can serve as contracting and funding mechanism for TA provision.

.Action points:

- All technical agencies (UN & PEPFAR) to emphasize the need to fully avail their in-country capacity and expertise to the national response in the five pillars;
- Support countries in better expressing their TA needs and establish adequate capacity in eth coalition secretariat to do so (UNAIDS)
- Develop communities of practice on specific prevention components (UNAIDS to propose modalities)
- Review and vet the draft TA rosters and focal point lists and add qualified experts from other rosters (UNAIDS to share with all); exchange rosters and information on hubs for key populations (Alliance, NSWP, other networks);
- Develop a roster of prevention generalists that can assist countries with their national prevention strategies, plans and coalitions (UNAIDS)
- Share self-assessment tools for key populations (BMGF)

- Prepare for brief orientation of TA focal points (UNAIDS with convening agencies for the different pillars);
- Share information on TA requests received with the Coalition Secretariat (WHO, UNFPA, UNICEF, PEPFAR).

9. Coalition work programme in the coming months

The following actions are planned for the coming months:

- Country progress reports are due in March and will need to be reviewed. The information from the reports will be used for a summary report to be delivered at the World Health Assembly. It was proposed to actually identify specific/concrete changes emerging from the progress reports and document them.
- A more action-oriented approach towards addressing policy barriers is needed. The limited progress on addressing policy issues is often related to a perception that long assessment processes are required before any action can be taken. However, a lot of information is already available including recent human rights assessments conducted by the Global Fund. Also, civil society consultations have revealed some lower level changes such as work with police or other practical steps, which can be implemented while longer-term legal changes are discussed.
- There was a question of how partners such as CIFF, Germany, SIDA and China, that are supporting the Coalition, Coalition Secretariat or specific regions will be involved in the coalition architecture. It was felt that their interest would be different from the technical detail being discussed in 6-monthly 2-day working group meetings. Therefore a separate forum for briefing funding partners was proposed.
  - Share the report from civil society consultations and identify opportunities and examples how to reach low hanging fruits on policy changes (Alliance)
  - Invite key funding partners of the Coalition Secretariat (BMGF, CIFF, SIDA China through UN SDG Fund, Germanym and possibly others) for regular briefings (UNAIDS, BMFG),
  - Share an overview of UN HIV prevention capacity and staffing by next Working Group meeting (UNAIDS)

10. Next meeting

The composition of the Working Group will remain the same as in the current meeting (including members who have missed recent meetings). The following special agenda items were proposed for the next meeting:

- HIV prevention among people who inject drugs
- Comprehensive sexuality education

It was proposed to dedicate up to 2-3 hours for sessions on these items during the meeting at a convenient time for call-in participants. The proposed dates for the next meeting are 11-12 September 2018 in Geneva.