

# Global HIV Prevention Working Group Meeting

London, 10-11 September 2019

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**Opening, individual sessions and observers:** Gunilla Carlsson (UNAIDS, Executive Director ai), Shannon Hader (UNAIDS, Deputy Director, Programmes), Tim Martineau (UNAIDS, Director, Fast-Track Implementation Department), Damilola Walker (UNICEF), Daniel McCartney (IPPF), Dean Peacock (MenEngage - online), Fiona Campbell (DFID), Matteo Cassolato (Frontline AIDS), Susie McClean (Global Fund), Taryn Baker (CIFF), Clemens Benedikt (UNAIDS, Rapporteur).

**Apologies:** Geoff Garnett (BMGF).

All presentations are available in the meeting folder.

## SUMMARY OF DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

### 1. Opening session

- a. **Opening remarks:** The UNAIDS Executive Director ai emphasized UNAIDS' continued commitment to the HIV prevention response and informed that a new Global Coordinator for HIV Prevention, Paula Munderi, will join the team in mid-October. The Executive Director ai recognized the contribution made by the working group in re-establishing political commitment to put primary prevention of HIV back on the agenda. The decline of new HIV infections – a 13 % reduction since 2010 among young people and adults – is far too slow to meet the global target of a 75 % reduction by 2020 and at the current pace the envisaged 90% reduction by 2030 will also remain out of reach. The slow decline of new HIV infections substantially increases the future cost for HIV treatment. In this context, scaling up a combination of primary HIV prevention, testing and treatment services for key populations as well as adolescent girls and young women in priority locations remains central to ending AIDS as a public health threat by 2030 and to achieving the global target of fewer than 200,000 new infections. NAC Directors, civil society, the Global Fund and other partners have all taken on critical roles within the Coalition. This political momentum created through the HIV Prevention 2020 Road Map and the energized prevention work at country level must be maintained, funded and implemented with increased urgency.

  - In the discussion it was highlighted that key populations accounted for 54% of new adult HIV infections but received insufficient attention in the response and also required more attention within the prevention working group.

- Other contributions highlighted the need to optimize the use of current HIV prevention funding and the UN role in strengthening implementation of HIV prevention with existing funding, in particular Global Fund investments.
- The need for UNAIDS to have a balanced approach in promoting both primary prevention and HIV treatment was highlighted.
- Regarding upcoming political events the need for critical voices was emphasized, in particular, the voices of key populations and young people.

## **b. Overview on the current state of HIV prevention**

This session included an overview presentation by the Global Prevention Coalition Secretariat and a discussion. The following were the main points:

- The slow progress in new HIV infections of only 13% against a 75% target can to a large extent be explained by the limited progress in implementation against the five prevention pillars.
  - Preliminary information from the prevention scorecards suggest that only a third of the locations with high HIV incidence among young women have dedicated programmes.
  - In the Global Prevention Coalition countries, less than half of *sex workers* and less than a third of *gay men & other men who have sex with men and people who inject drugs* are reached with services.
  - Condom promotion has stagnated and only half of the estimated full condom need is met in sub-Saharan Africa.
  - Although there is good progress in Voluntary Medical Male Circumcision (VMMC) with 83% of the annual target for 2018 having been met, progress against 2020 targets only stands at 46% (when it should have been 60% by end of 2018).
  - The number of people using PrEP in low and middle-income countries remains very low and stood at 87,000 in the 28 GPC countries.
  - Although there is substantial progress against 90-90-90 HIV treatment targets, progress is uneven and key populations remain left behind.
- Phylogenetic analyses of PopART data suggested that four factors have limited HIV prevention effects of HIV treatment in the trial. These factors included missing important age groups (men 25-34 and women 20-30), transmission from outside communities, approximately 40% of new infections being transmitted by people infected less than one year ago (suggesting a potential glass ceiling for annual test & treat) and increasing HIV drug resistance.
- An update on the ongoing validation of HIV prevention scorecards was provided. Preliminary analyses suggest that there are great examples of progress in all five pillars of HIV prevention, but overall progress in 2018 reporting compared to 2017 reporting is very slow. It was discussed that it was too early to assess an effect of the Prevention Coalition on coverage and outcomes of programmes in 2018 as the Coalition was launched at the end of 2017, when most plans and funding for 2018 implementation had already been decided upon. The progress survey on the 10 Coalition actions was still ongoing at the time of the meeting. This survey should be used for assessing progress against targets.

- In the discussion, it was suggested to further disaggregate data for transmission patterns and assessing country progress.
- The HIV prevention financing gap was discussed in the light of new data from the Institute of Health Metrics and Evaluation suggesting that international HIV prevention financing peaked in 2012 and since then declined by 44%. This would imply that unlike earlier initiatives the Prevention Coalition is faced with a need to scale up at a time of declining financing.
- In terms of the way forward, the need for the Coalition to continue focusing on acceleration in countries was highlighted.
- The session ended with reflections on the status of HIV prevention by the UNAIDS Deputy Executive Director. The reflections called for an increased focus on communities at highest need, in particular key populations and young women in locations with high HIV incidence. One opportunity that could be further explored is to better use 90-90-90 as a platform for primary prevention. There are examples from the Fast-Track Cities project that illustrate that some cities have been successful in promoting a combination of primary prevention and HIV treatment.
  - Considering the major gaps in prevention and treatment, there is continued need for the HIV community to be bold and put scaling up of HIV programmes on the global agenda. At the same time, there is need for increasing granularity in understanding country level implementation through use of granular data for more differentiated analysis of gaps in coverage of HIV prevention, testing and treatment for different locations and populations. Such analysis can also serve as an entry point for common access platforms for HIV prevention, testing and treatment and thereby overcome the divide between prevention and treatment programming.

*Action points:*

- *Strengthen the emphasis on HIV prevention among key populations on the PWG agenda in the next meetings (UNAIDS, UNFPA).*

## **2. Bolstering leadership for the HIV prevention agenda and expanding our reach**

In this session, a summary was provided on the NAC managers' meeting on HIV prevention held in Nairobi in May 2019 and updates on other recent global events were discussed.

- The meeting served as a platform for peer review of the prevention response in the 28 countries and it was agreed to set up a community of practice on south-to-south knowledge sharing among NAC managers.
- A first virtual meeting of the community of practice was held in August with a view to intensify collaboration in strengthening HIV prevention management capacity & systems.
- The role of NACs as custodians of HIV prevention targets, political engagement around HIV prevention, their ability to push and track services that are outside health facilities, and their role in addressing matters of discrimination were highlighted.
- The NAC's comparative advantage in driving primary prevention was emphasized. It includes oversight on implementation, data systems for prevention, coordination,

advocacy for linking HIV prevention into in-country budgeting processes and country-level ownership (including for HIV within Universal Health Coverage).

- In implementation, NACs can be an interface to non-state actors and should work towards institutionalizing systems to implement community work. This will include the need to strengthen measurement of prevention, engaging community groups' in monitoring work and improved outcome evaluation.
- Another important area for exchange between NACs is managing the politics of prevention: how to position the Coalition, how to position NACs themselves, how to position the linkages to sexual and reproductive health and rights (SRHR) as well as work with key populations.
- A steering committee of the community of practice of NAC managers was formed. The importance of considering West and Central Africa in the NAC managers' steering committee was highlighted. It is also important to consider the heterogeneity of NACs within the group.
- Looking into future the NACs will evolve beyond HIV as several have already done. There are great examples of NAC leadership in shaping the Universal Health Coverage agenda. Convincing the broader health community of the importance of the distinctive multi-sectoral approach towards health is one major contribution that NACs can make beyond HIV. In this regard, it is critical for NACs to continue engaging with other Ministries.
- It was highlighted that it was important to be bold, but there is also need to focus limited resources on the most critical priorities. Specificity by NACs in formulating the needs in terms of management systems will be important.
- In some countries there is a trend towards closing spaces for civil society engagement and criminalization of key populations. The community of practice of NAC managers will need to reflect on how to articulate and build capacity of NACs and other stakeholders in addressing sensitive legal and policy issues.
- An update on the Women Deliver conference was provided including sessions to strengthen SRHR and HIV linkages. The absence of discussion on HIV in the Women Deliver conference was noted, which was surprising given that HIV remains the primary cause of death among women of reproductive age. Key populations' concerns were also not discussed widely in the conference.
- There is potential for similar dynamics at ICPD+25 and it will be important to ensure that HIV and key populations are discussed as a core integral element of the SRHR response.
- Young people's participation in preparations for ICPD+25 (International Conference on Population and Development, 25<sup>th</sup> Anniversary) was discussed including the engagement of young women during country reviews and consultations.

*Action points:*

- *Prepare for the HIV specific concurrent session at ICPD+25 and ensure inclusion of a discussion on key populations (UNAIDS, UNFPA);*
- *Include NACs from West and Central Africa into the NAC managers group (UNAIDS, Kenya and Zimbabwe NAC).*

### 3. Accelerating country action for SRHR and HIV linkages following the ECHO trial

The session started with a brief summary presentation on findings of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial. The following key points were discussed:

- The ECHO Study found that there is no large difference in HIV risk among 7 829 African women who were randomly assigned to use (1) a progestogen-only hormone called depot medroxyprogesterone acetate given through intramuscular injection (DMPA-IM); (2) a non-hormonal copper intrauterine device (IUD); and (3) a sub-dermal implant containing the progestogen levonorgestrel (LNG).
- The ECHO trial found no significant difference in HIV acquisition risk between the three methods. At the same time, it cannot rule out a small risk of DMPA. For individual women at very high HIV risk, even a relatively small risk might be relevant in contraceptive and HIV prevention decision-making.
- HIV incidence in young adult women participating in the ECHO trial was extremely high. It was pointed out, however, that such high HIV incidence is not exceptional in the locations of the study and that it would be useful to document incidence data from trials systematically.
- It was highlighted and agreed that women want, need and should have – as a priority – more choices, both for contraception and HIV prevention.
- Young women are coming to use contraception, which presents an important potential entry point for comprehensive SRHR service provision including HIV prevention, but they are faced with barriers at the clinic. There is need to overcome issues such as provider bias and reluctance to discuss HIV and sex as part of family planning services.
- Young women are often not part of the conversation in defining follow up actions at country-level, access to choices is currently limited and the biomedical approach is insufficient on its own. Continuous participation of young women in defining follow up actions will be critical.
- It was observed that funding streams often cause lack of integration and resources including prevention tools such as condoms are allocated to either HIV or family planning.
- It was highlighted that the window of opportunity for following up on the ECHO trial will close with ICPD+25. It was agreed that the current momentum should be translated into specific feasible actionable plans in a handful of highly affected countries.
- HIV prevention service options within contraceptive services need to include basic services such as risk assessment, counselling, condom promotion, HIV testing and access to treatment, but also require innovation.
- HIV self-testing services can reduce burden on providers and provision of self-tests can be an additional entry point for partner HIV testing. Considering that HIV incidence among women using contraceptive services exceeded the WHO indicative threshold for PrEP (HIV incidence >3 in 100 person years), it was recommended to integrate PrEP into contraceptive service delivery. The option of co-capsulated PrEP and oral contraceptives is currently being explored. Given the high prevalence of STIs, it is important to consider strengthened STI diagnosis as part of contraceptive services.
- It will be critical to engage the International Planned Parenthood Federation (IPPF) and Mary Stopes International (MSI) as large international players in the provision of contraceptive services.

- It was concluded that there is need to rally together between SRHR and HIV community and there is need to focus on how services are delivered. The conversation is political and there is need for strong government leadership including specific actions such as circulars providing guidance on integration, which structures, which services, which institutions are required to make specific changes. Policy makers need to listen to women, fast track programmes and overcome regulatory barriers.

*Action points:*

- *Explore, which syntheses of HIV incidence data from trials are available and summarize directly observed HIV incidence data from trials (ITM, BMGF);*
- *Hold meeting of WHO SRH and HIV departments and the UNAIDS Deputy Executive Director (UNAIDS/WHO);*
- *Develop a financing proposal on follow up actions in a handful of highly affected countries and share for discussion (WHO, UNAIDS, UNFPA);*
- *Convene a discussion on breaking down silos leading to commodities like condoms being assigned to single disease programmes (Global Fund);*

#### **4. Update on HIV prevention financing**

Two presentations were given on the status of US government PEPFAR and Global Fund support. The following were some of the key points (for details refer to slide decks):

*PEPFAR*

- Voluntary medical male circumcision (VMMC) remains a major focus of PEPFAR with an annual investment of USD 300 million. More than 20 million VMMCs were supported by PEPFAR so far, which includes a record number of 3.7 million in 2018. 2019 performance is promising as numbers for the first half of 2019 exceed numbers for the first half of 2018.
- Condom and lubricant procurement (central plus country operational plans) increased between 2016 and 2018 from USD 21 to USD 31 million. The current focus is on strengthening country condom programme ownership. A separate discussion on condom programmes was proposed.
- PEPFAR continues to support PrEP roll-out with targets increasing from 24,000 people accessing PrEP in the financial year 2017 to 297,000 people in 2020. Key programmatic discussions centre around increasing access for people at highest risk and integrating service delivery in antenatal, family planning, key populations and other relevant services.
- Key population coverage of both primary prevention and HIV treatment increased. For example men who have sex with men programme coverage increased from 450,000 in 2017 to 600,000 in 2018. Linkage to ART improved both for sex workers and men who have sex with men. For the key population investment fund, preliminary plans were approved.
- In terms of programming for adolescent girls and young women, the DREAMS initiative will be continued through a USD 190 million annual investment. New HIV diagnoses are declining in a majority (>60%) of DREAMS supported districts. The programme continues to evolve based on continuous evaluation providing new insights and

directions for action. For example, programmes have made good progress in reaching young women at high risk, but more effort is needed to consistently reach young women at highest risk. PrEP service provision is being expanded within the comprehensive DREAMS package.

- Male partner characteristics were analysed in priority countries of the DREAMS initiative and gaps in HIV treatment literacy established. The faith-based initiative on HIV prevention focuses on reaching men with HIV testing. The Men-Star Coalition has set out to initiate one million men on HIV treatment. Prevention targets are implicit but have not yet been explicitly formulated.

### *Global Fund*

- In Global Fund processes much attention has been placed on support to national strategic plans and concept notes. There is need for more focus on implementation quality. Along the same lines, in the past there has been far more focus on allocative efficiency – improving allocation of resources to higher impact interventions - than implementation efficiency. The new information note from the Global Fund is more directive including on the five pillars of primary prevention. It also calls for prioritizing populations and programmes.
- In the past, there has been relatively weak articulation of demand for HIV, in particular for prevention. Requests that were made on top of country allocations (priority above allocation requests) often consist of small amounts and fragmented activities, which often do not seem to fit into a coherent strategy for scaling up.
- Both in New Funding Model (NFM) 1 and NFM 2, around 13% of HIV resources were allocated to HIV prevention. Support to prevention expenditure and achieving a higher absorption rate – remains a critical area for HIV Prevention Coalition support. In terms of allocation patterns, the following trends were observed:
  - AGYW programmes increased from US\$147 to 277 million;
  - KP programmes increased from US\$ 349m to 388m;
  - For condoms there appears to have been a turnaround - although at a relatively low level of investment – as investment increased from US\$ 17 to 58 millions;
  - VMMC investment declined from US\$21 to 14 million as countries continue to rely on PEPFAR funding;
  - PrEP investments increased from US\$0 to 11 million.
- For 2020-2022 several catalytic funding opportunities will be available for prevention among young women, community-led key population programmes, key populations, sustainability and condoms. The condom strategic investment fund represents a new opportunity to strengthen condom programme stewardship and demand generation if Global Fund replenishment is successful.

The broader discussion revealed a number of cross-cutting challenges

- A number of challenges and opportunities were discussed including that
  - technical discussions on prevention are often not happening in preparation of GF grants;
  - fragmented projects often dominate the landscape – and this is why national programmes and systems for prevention remain important,
  - in some countries there are new policies that push key populations out of the focus,

- quality at scale in community programmes is critical, but is also what is often missing most,
- The splitting of programmes, districts and communities between different funding streams was considered a major challenge.
- It was concluded that it was important to strengthen the overall HIV prevention muscle and capacity to plan, implement at scale and monitor quality of prevention programmes.

*Action points:*

- *Convene a meeting to discuss how to overcome splitting of programmes between different funding streams (Global Fund, PEPFAR, UNAIDS);*
- *Convene pre-application dialogue meetings on prevention within priority countries (UNAIDS, UNFPA);*
- *Accelerate preparations for condom catalytic funding including finalization and dissemination of the relevant tools (Global Fund, UNFPA, BMGF, UNAIDS);*
- *Consider similar preparations for other pillars including dissemination of programmatic assessment tools (UNAIDS, UNFPA, UNICEF, WHO);*
- *Conduct a follow up discussion on condom programmes (UNAIDS, UNFPA, PEPFAR, Global Fund);*
- *Develop strengthened mechanisms for non-health sector monitoring (UNAIDS, BMGF);*
- *Share additional information on the status of the key population investment fund (PEPFAR);*
- *Consider briefing TRPs and mock TRPs on HIV prevention (Global Fund, UNAIDS, UNFPA, WHO).*

## **5. Review and evaluation of the GPC**

In order to shape the future of HIV prevention, it will be critical to carry out a review and/or evaluation of the Global HIV Prevention Coalition. A brainstorming session was held on the scope of the evaluation.

- The Coalition has had an impact on the framing of HIV prevention across countries and has also influenced Global Fund approaches to HIV prevention. It will be important to look at such institutional changes as interim indicators as it will be too early to review progress and changes to implementation coverage and outcomes.
- In this review, it will be important to think about prevention more broadly and what is needed as a starting point for a new format of the Coalition post-2020. Functions and composition of the different groups needs to be reviewed.
- The review needs to critically assess what changed and what did not change based on the original rationale and then outline what needs to be done next.

*Action points:*

- *Develop draft terms of reference for a progress review on HIV prevention with a special focus on the Coalition (UNAIDS);*



## 6. Accelerating action in countries

A follow up discussion to the previous working group meeting was held to explore, which elements of pillars and Roadmap actions could be emphasized or whether there could be additional levers to address beyond the current ten Coalition Roadmap actions. An introductory presentation reflected on the scale of country epidemics, the relevance of pillars in different countries and the level of country gaps as a basis for discussing where to focus intensified global support.

- It was highlighted that it is critical to understand context and also consider treatment gaps, in addition to HIV prevention gaps.
- Countries with a large number of new HIV infections and particularly large gaps across different pillars include Mozambique, Tanzania, Uganda, Zambia, Indonesia and Cameroon.
- There is need for nuanced discussion to analyze specific country challenges and bottlenecks. For example, in one country (not among the countries mentioned above), the core challenge appeared to be capacity of the Global Fund PR for key populations. In another one it is community capacity outside the capital city. This raised the question how to work in contexts where the capacity to deliver is simply not there.
- A related key challenge is that countries often have projects and capacity within those, but no national programmes. People and systems are required for programmes and need to be the focus of support to countries.
- It was emphasized that technical assistance and its modalities needed to be designed based on what countries really needed. The needs for upstream advocacy will need to be defined in individual discussions with countries. In addition, the discussion needs to focus on where additional staff can be placed. In most country contexts, hiring staff including through secondments and developing capacity of programmatic champions will be more important than support in form of consultants.
- A virtual touch base with countries was recommended as a next step in support of accelerating action in countries.
- In addition to overall collective support, the idea of pillar-specific support should be pursued by the different agencies.

### *Action points:*

- *Prioritize country calls to Mozambique, Indonesia, Zambia and Cameroon (UNAIDS, UNFPA);*
- *Finalize programmatic self-assessment tools for countries to identify capacity and systems gaps (UNAIDS, BMGF, other agencies in their technical areas);*
- *Circulate a template for agencies to assign global and regional focal points for supporting specific countries in specific pillars (UNAIDS);*

## 7. Key upcoming Coalition events: Preparing for HIV prevention meetings at ICPD+25

A summary of preparations for the meetings to be held in Nairobi before, during and after the ICPD+25 summit (12-14 November 2019) was provided and discussed:

- The main Ministerial Session on the Global HIV Prevention Coalition will be held on 11 November 2019 before the start of the actual ICPD summit. In order to accommodate travel of Ministers it was proposed to hold the session in the afternoon.
- An HIV specific concurrent session will be held as part of the main conference. It will be important review optimal scheduling to avoid overlaps with other sessions relevant to the HIV response.
- In order to make the Ministerial meeting productive, it will be important to be prepared to have difficult conversations on gaps in prevention including for key populations. At the same time, examples should be shown where countries have been able to move the prevention agenda.
- It will be important to be clear what the ask for Ministers is and what the results will be. As the main drive of the Nairobi meeting is making national commitments, the meeting needs to be prepared in a way that Ministers can make specific commitments.
- It was reiterated that it was critical for the meeting to focus on a particular topic. The core focus of the Ministerial Meeting will be to review progress made on HIV prevention, which will be supported by country poster discussions. Considering the context of the conference, an additional focus will be on addressing SRH/HIV linkages and specific commitments on linkages/integration could be added.
- On the progress reporting one persistent challenge for countries is the annual updating of new HIV infection estimates. The retrospective adjustment of estimates for the entire trajectory of the epidemic is a necessary consequence of updating the model, but it leads to changes in the baseline, which continues to confuse policy makers.
- The third progress report should adequately reflect key issues of management for scale and communities including a strong key population focus. Given the launch at ICPD+25 the dimension of SRH-HIV prevention links should also feature in the report. It was emphasized that the report should provide actionable recommendations.
- After the main summit an interagency working group on SRH/HIV linkages will be held on 15-16 November, which can be a platform to further discuss implications of the ECHO trial and the specific follow up actions.

### *Action points:*

- *Finalize country posters for NAC managers' meeting and hold country consultations (UNAIDS, UNFPA through their country offices);*
- *Consider afternoon/ early evening session for Ministerial Meeting (UNFPA, UNAIDS);*
- *Ensure that the HIV concurrent session does not overlap with other sessions critical for HIV programming (UNFPA, UNAIDS);*
- *Find and share a new indicative date for the 2020 Ministerial Meeting (UNAIDS, UNFPA);*
- *Share a draft outline for the third progress report and form a small sub-group on key messages (UNAIDS, WHO, AVAC).*

## **8. Engaging men – rights, roles and responsibilities of men in the HIV prevention response**

The session was introduced through a presentation by MenEngage and a presentation on the MenStar Coalition and IPPF followed by a discussion:

- A Men and HIV fast-track acceleration plan was developed in eastern and southern Africa to be launched at the ICPD+25 meeting in Nairobi.
- To make progress, to transform gender norms, advance gender equality and get men into services, there is need for a more nuanced understanding of men's norms, motivations, behaviors and choices.
- Men's poor health seeking behaviour is often used as primary explanation for low service access, but the reality is often more nuanced and commonly opportunities for access are missing.
- Various examples for increasing uptake of services exist, for example a recent ILO campaign, increased uptake of couples' testing in Uganda and success of male motivation campaigns as part of Zimbabwe's family planning programme in the early 1990s. At the same time policy and systems gaps persist, for example men are not included in South African PMTCT policies.
- Hyper-masculine norms are strongly associated with risky behaviours. Predictors of violence against women include alcohol, trauma, depression and childhood abuse experienced by men in their own childhood. Harmful norms and concepts of manhood are amplified through marketing. Positive marketing examples exist for how marketing of products can be combined with changes in social norms.
- There is a gap between aspirations or social expectations of men on the one hand and reality on the other hand. Men are often scared. There are gaps in risk perception, internalization and coping potential for HIV positive tests.
- Transforming gender norms is possible and there is evidence for what works. The SHARE trial reduced both HIV incidence and partner violence, Stepping Stones achieved reductions in different types of partner violence. However, although it has been shown that adaptations of such programmes can be scalable, these evidence-based programmes were not taken to scale.
- IPPF provides SRH/HIV guidance for a range of SRH services for men including adolescents, gay men, bisexual men, other men who have sex with men.
- The MenStar Coalition has so far primarily focused on HIV positive men and access to HIV testing and treatment. Good progress has been achieved in these areas. There is a need to strengthen primary HIV prevention within the MenStar Coalition. There is a broader role for the MenStar Coalition in filling in the blank space in terms of support to countries on men.
- Additional opportunities for reaching men include condom social marketing and STI clinics. There is need for a new demand generation approach for young men on condoms. Not all interventions for men do need to be gender-transformative, for example self-testing. The MenStar Coalition was encouraged to include primary prevention interventions including condoms.
- Country action plans are commonly too ambitious and wish lists – technical assistance is needed to make plans implementable. Current initiatives often rely on project style approaches, which is insufficient. For example in Kenya, there are 17,000 bars. Having

impact at population-level will require a systematic approach towards prioritization and scale up.

- Comprehensive sexuality education is changing norms in schools, but there are gaps in teacher attitudes. There is need to have more positive role models.
- Men's health has benefits for all. While dedicated efforts are needed on the aspects outlined above, caution is needed not to exceptionalize men.

*Action points:*

- *Collaborate in preparations of launch of Men & HIV fast-track plan (UNAIDS, UNFPA, MenEngage).*
- *Suggestions on prevention to be included and addressed in MenStar (CIFF)*

## **9. Planning for ICASA 2019,**

Working group members provided an overview of their focus relating to HIV prevention at ICASA 2019.

- WHO informed about planned sessions on SRH/HIV programmes for men including voluntary medical male circumcision, PrEP in the context of programmes for men who have sex with men and self-testing.
- UNICEF informed about sessions on adolescent girls and young women, a DREAMS symposium and a plenary on eMTCT addressing incident infection during pregnancy and breastfeeding.
- UNPFA informed about sessions on integration, condom programming and key populations. A training on new condom implementation support tools will be held right after ICASA.
- Frontline AIDS will address HIV prevention from a community perspective and launch shadow reports. PITCH and REACH sessions will focus on barriers to access for key populations. Another key theme will be UHC for adolescents.
- UNAIDS plans one session on HIV prevention with NAC managers present at the meeting.
- AFRIYAN will promote young women leaders' active participation in the Conference and the HIV response.
- It was proposed for working group members to promote a common theme. One proposed key message was that we want African leaders and policy makers to focus on prevention and taking programmes to scale. It was recommended to make a statement at the beginning and work with high-level leaders to promote this message.
- The group was informed that in parallel to the AIDS2020 conference in San Francisco an alternative HIV2020 conference will be held in Mexico, which will emphasize access for all key populations.
- A broader question was raised on the usefulness of large annual AIDS conferences in their current frequency and it was proposed to organize conferences differently around what is critical and what is missing?

*Action points:*

- *Prepare a summary leaflet on HIV prevention at ICASA for sharing with groups interested in prevention and participants (UNAIDS);*

## **10. Final reflections:**

In a final round of reflections, the chairs highlighted that

- there is need to shape the agenda for upcoming meetings around systems for prevention for all key and priority population communities, while also considering the shortages of health workers for achieving UHC and the role of communities in this context;
- the need to be prepared in upcoming events for a new generation of Ministers in the GPC who were not part of the launch, which means that there is both need to renew commitment to the current agenda and prepare them for looking forward beyond 2020;
- for HIV prevention integration into contraceptive services, *success* would mean that 200 sites in 4 countries had strong HIV prevention services within contraceptive services in two years.

## **11. Next meeting**

The next working group meeting will be held in February 2020 and the option of holding the meeting at country-level, possibly in Mozambique will be explored.