



**SUSTAINING EFFECTIVE
LEADERSHIP TO SECURE GAINS,
BRIDGE DISPARITIES AND
EXPEDITE PROGRESS**

A policy brief from the HIV Multi-Sector Leadership Forum: a community of practice of Directors-Generals of National AIDS Coordinating Authorities

**HIV
Leadership
Forum**



Far fewer people are acquiring HIV or dying of AIDS-related causes, compared with two decades ago. Globally, annual new HIV infections have been reduced to 1.3 million in 2022, a 38% decline since 2010, and annual AIDS-related deaths have decreased to 630 000, a 52% decline since 2010. Approximately 29.8 million people living with HIV were receiving life-saving antiretroviral therapy, which is also highly effective at prevention HIV transmission.

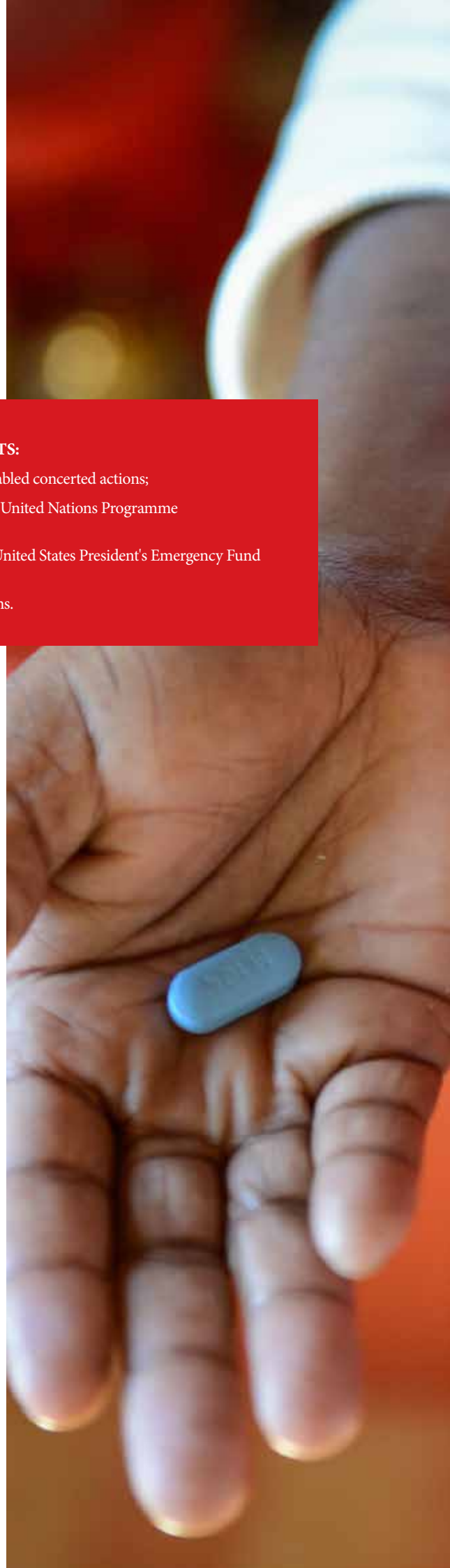
SEVERAL FACTORS HAVE CONTRIBUTED TO THESE ACHIEVEMENTS:

- Global solidarity and political commitment which yielded clear targets and enabled concerted actions;
- Intergovernmental and interagency collaboration (including through the Joint United Nations Programme on HIV/AIDS, or UNAIDS);
- Dedicated funding via new financing mechanisms (the Global Fund, and the United States President's Emergency Fund for AIDS Relief, or PEPFAR); and
- The committed activities of community-led and other civil society organizations.

At the country level, National AIDS Coordinating Authorities (NACAs) developed HIV strategies, mobilized political support, and integrated communities in their governance and operations. They also promoted joint activities across multiple sectors, and they monitored and assessed programmes against sets of indicators that have become a global best practice. Scientific advances, including improved diagnostics and increasingly effective antiretroviral regimens, continue to accelerate progress.

Important challenges remain, however. Approximately 1.3 million people still acquired HIV in 2022. HIV responses are performing unevenly, with significant disparities between different places and populations. Vulnerable and key populations are especially affected by unequal access to HIV services, tools and support, and by stigma and discrimination, which remain rife.

The high numbers of new infections each year add substantially to the numbers of people who require lifelong HIV treatment, a commitment that imposes great demands on individuals and families and entails significant financial and institutional obligations across societies.



DIRECTORS-GENERAL OF NACAS, IN THEIR COMMUNITY OF PRACTICE, THE HIV MULTISECTOR LEADERSHIP FORUM, NOTE THE EVOLVING LANDSCAPE OF THE HIV RESPONSE, INCLUDING:

- widening disparities in health-care access between and within countries (highlighted also during the COVID-19 pandemic);
- the transition of vertical HIV programmes into integrated models;
- constraints imposed by restrictive legal environments and structural factors that undermine effective HIV responses and limit communities' access to resources; and
- funding shifts and emerging challenges such as chronic care costs, pandemic preparedness needs, and climate change imperatives, all of which could diminish resources for HIV.

HIV prevention is especially vulnerable during these transitions. It therefore offers a potentially instructive pathway for addressing emerging challenges and achieving future sustainability.

DELIVERING THE LAST MILE OF THE HIV RESPONSE: HIV PREVENTION THAT WORKS

A steady but slow decline in new HIV infections, especially among adolescent girls and young women in sub-Saharan Africa and among key populations globally, galvanized the United Nations General Assembly in 2016 to commit to reduce new infections to under 500 000 by 2020.

Subsequently, the UNAIDS Programme Coordination Board (PCB), at its 39th session established the Global HIV Prevention Coalition (GPC) to help revitalize HIV prevention. In 2019, at a Ministerial meeting in Nairobi, Directors-General of NACAs established a community of practice, the HIV Multisector Leadership Forum.

Since the development of the first HIV Prevention 2020 Road Map by the GPC, HIV prevention has regained political attention at global and country levels, with many countries developing their own prevention road maps and targets and overhauling their HIV prevention programmes.

Although annual reports show important progress in the reach and quality of those programmes, primary prevention efforts are not yet achieving sufficient coverage and impact. The availability and use of condoms are limited, access to Pre-Exposure Prophylaxis (PrEP) is highly uneven, and harm reduction services for people who inject drugs remain

scarce in most of the countries where injecting drug use has been documented.¹ Programmes have not dislodged many of the factors that generate high HIV vulnerability and risk, such as social, economic and gender inequalities, legal and policy barriers, and stigma and discrimination.

The second HIV Prevention 2025 Road Map, developed in 2022, is aimed at enabling countries to reduce the number of new HIV infections to fewer than 370 000 annually by 2025 by addressing those challenges. The Road Map identifies five priority population- and programme-based pillars and sets out a 10-point action plan, with the actions directed at a mix of national and global factors that affect HIV prevention. The HIV Multisector Leadership Forum reflected on the “stubborn” issues that are holding back quicker progress.

¹ The path that ends AIDS: global AIDS update 2023. Geneva: UNAIDS; 2023 (https://www.unaids.org/sites/default/files/media_asset/2023-UNAIDS-global-AIDS-update_en.pdf).

THE BIG CHALLENGES

Fragmented and duplicated investments and coordination

Poor coordination and a lack of joint accountability mechanisms between international bodies, donors and national structures have resulted in fragmented HIV prevention investments at country level. Programmes, data systems and donor reporting are often duplicated and are insufficiently visible to national leaderships.

Consensus around the key elements of person-centered and differentiated prevention is not yet shaping implementation. Actions that span different sectors--such as education, justice, or social services--are essential for reaching the HIV prevention targets, but effective multisectoral responses are not yet the norm. Joint data-based performance reviews for all prevention programmes and that include government, donors, communities, and nongovernmental implementing partners are not routinely done, even though they can reduce fragmentation.

National HIV prevention management systems

Basic systems are needed if prevention programmes are to reach the required scale across all pillars of primary prevention. They include commodities forecasting and quantification mechanisms within national supply chain systems; defined differentiated country specific service packages, local consensus on prevention indicators, data collection and aggregation in district health information and other national systems; clearly defined competencies and sufficiency of human resources for prevention; and referrals between delivery sites and overarching health system. Many of these elements are still insufficiently present. Few countries have mapped prevention providers or costed services based on government systems.

Cross-sector platforms with strategic sectors--for example, those needed to promote condom uptake or address legal and structural barriers that require multisector action --are not receiving enough attention. Investments in management capacities

to coordinate the smooth interaction of disparate systems and stakeholders are lacking. The design of prevention programmes and the technical support accompanying them are often donor-driven and are not always sufficiently informed by the country's realities, needs and expertise. Short-term approaches do not always serve the more long-term management and systems-strengthening needs of country programmes.

Legal and structural barriers

Restrictive legal environments and structural barriers are limiting access to HIV prevention services for key and other priority populations, including adolescents and young people. They are also fueling ongoing stigma and discrimination.

Sustainable domestic financing for prevention

Domestic resources for HIV are under strain and many countries have limited fiscal scope to significantly increase their HIV funding. Some HIV prevention programmes (particularly those that focus on key populations) rely chiefly on donor funds.

Support for civil society

Domestic funding and other support for community-led HIV activities is limited, despite their vital importance for HIV prevention.

THE OPPORTUNITIES

Universal Health Coverage (UHC) can leverage the lessons, expertise and infrastructure of national AIDS coordinating authorities

UHC focuses on the coverage and quality of services and on the access and financial protection which national health systems can provide. HIV lessons and expertise can be applied to UHC efforts, while safeguarding HIV prevention. For example, voluntary medical male circumcision can be included in UHC packages of services in priority countries, and condoms can be included in UHC essential commodities lists, as can pre-exposure prophylaxis. Specific pathways for integrating HIV prevention into UHC, health or other social systems need to be identified and defined for different services and populations.

Leveraging country resilience for sustainability of the HIV response

The COVID-19 pandemic demonstrated the resilience of countries as they drew on internal resources, institutions and personnel to for their responses. NACAs played a variety of roles. For instance, Kenya's NACA was charged with resource mobilization, South Africa's NACA took up community health worker coordination, while Ghana's counterpart focused on mass testing. Country leadership and strong institutions are vital to achieve sustainable transitions in both financing and programming. Mobilizing finance appropriations from national treasuries will require new costings of HIV programmes

that are based on national health, social and economic service delivery systems, without the added donor and implementer administrative charges which currently form part of HIV service costs.

Applying science and innovation

Scientific advances and the scale up of treatment are generating substantial declines in HIV incidence and new modelling data underscore the powerful role of primary prevention for accelerating those declines. Technological innovations offer opportunities to boost people's access to services which used to be beyond their reach.

Strengthening community responses

Community-led organizations are central to the success of HIV responses. They reach and serve the most marginalized populations, advocate for improvements in policies and services, and innovate continuously, yet are underutilized and underfunded. Community HIV structures can offer UHC and integration efforts the expertise and platforms to implement, track and improve public health interventions. Social contracting is an opportunity to leverage the agility and leadership of affected communities for more efficient services.

Support for civil society

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THE LEADERSHIP ROLES OF NATIONAL AIDS COORDINATING AUTHORITIES

Originally set up for emergency responses, NACAs have evolved into multifaceted agencies with broader mandates of community service, public health education and communication, general health partnership management, and resource mobilization.

Their authority to mobilize political commitment, convene across sectors, advocate for human rights, and promote community leadership and people-

centered approaches across health and other sectors is arguably unique among government entities. NACAs therefore present an opportunity to: strengthen coordination for joint prevention planning and performance reviews; define country-led sustainability; safeguard prevention in the integration discourse; advocate across government for human rights approaches; and facilitate social contracting for communities.

SECURING A SUSTAINABLE FUTURE FOR THE HIV RESPONSE

HIV programmes are contending with financing transitions, competing national and global priorities, restrictive legal and structural environments, and slower-than-expected reductions in the numbers of people acquiring HIV. In that challenging context, countries must define what country-led sustainability entails. To secure the gains made against the AIDS pandemic, bridge disparities and expedite progress, NACAs will need to undertake several strategic pivots.

STRATEGIC PIVOT 1: Strengthen multisectoral leadership and stewardship

NACAs will develop guidance on and implement country-led multisectoral platforms that draw together priority sectors (for HIV prevention) and stakeholders (including communities), as well as develop cross-sector planning and reporting mechanisms. The platforms will be used to mobilize political action to enhance legal and policy environments, prioritize HIV prevention as part of UHC and other forms of integration, leverage innovations and promote community leadership. Partnerships and collaborations with communities are essential and will be utilized to mobilize additional resources, including through social contracting.

STRATEGIC PIVOT 2: Build strong national HIV prevention systems

NACAs will unpack the systems, processes and people that are needed to deliver people-centered HIV prevention at scale. This will include articulating planning and performance processes for coordinating the diverse stakeholders, delivery structures, common indicators, reporting tools and mechanisms that are needed to reduce service fragmentation. An accountability framework that includes 360-degree performance reviews of governments, donors and communities is planned.

STRATEGIC PIVOT 3: Inform and shape country-led sustainability

NACAs will reflect on what country-led sustainability entails in their specific circumstances, develop appropriate positions, and guide and shape this discourse. Thus, NACAs will inform county-led sustainability efforts, steward responses to the main prevention challenges, and galvanize the political commitment that is needed to increase domestic resources and advance HIV prevention and human rights.

STRATEGIC PIVOT 4: Advance country-led HIV global and regional agendas

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POLICY RECOMMENDATION

Countries and development partners should leverage the decades of experience, expertise, and institutional strength of NACAs to:

- Secure and extend the gains made in reducing new HIV infections;*
- Create bridges that link people, sectors, and systems to remove the disparities and inequalities that hold back progress; and*
- Increase and optimize investments for the HIV response, broader public health, and future pandemic preparedness.*

**LEADING THE NEXT PHASE OF HIV PREVENTION
AND HEALTH IN COUNTRIES:
Leveraging National AIDS Coordinating Agencies (NACAs) for
success**

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