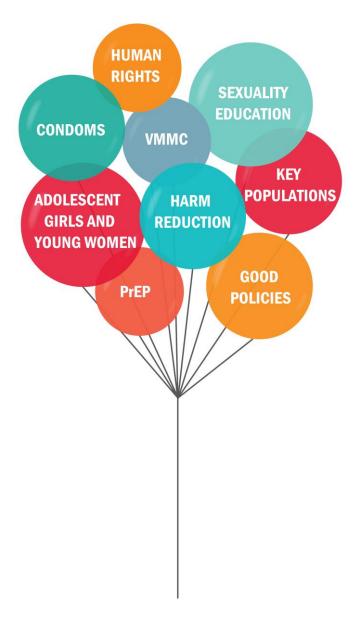
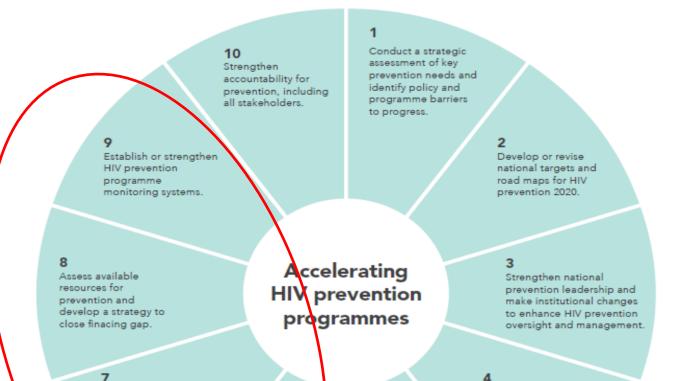
Progress with developing capacity building plans, strengthening CSO implementation, prevention monitoring and closing the prevention financing gap,



Hege Wagan, UNAIDS

Ten-point plan for accelerating HIV prevention at the country level



Establish or strengthen

social contracting

mechanisms for civil

based programmes.

society implementers

and expand community-

6

Develop consolidated

prevention capacity-

assistance plan.

building and a technical

Introduce the necessary policy and legal changes to create an enabling environment for prevention programmes.

4

5

Develop guidance, formulate intervention packages and identify service delivery platforms, and update operational plans.

Action item 6 Develop consolidated prevention capacity building and TA plans

- Some capacity gaps filled
- No clear evidence that any coalition country has undertaken systematic action and developed consolidated plan, despite major gaps presented previously

Action item 7 Establishing social contracting for CSO implementers and expand community-based programmes

- Experience exists: with longstanding social contracting in counties like India, Mexico and Brasil, more recently China established a fund for NGOs, with additional resources being mobilized to expand implementation
- Other countries are in preparatory phase including Kenya, Malawi, Indonesia, and Ukraine
 - World Bank support to Indonesia
- Interest in establishing such mechanisms have been expressed by Botswana, Namibia and Zambia
 - UNAIDS ready to support

Reminder: Key features and advantages of successful models

- Government ownership, support and investments plus and CSO implementation
 - Global target of 30% of all service delivery CSO implemented probably too low regards prevention
- Agreed packages and operating procedures facilitate systematic scaling up across the country
- CSO capacity to implement quality service packages critical – community systems strengthening needed
- Sustainable models independent of donor funding cycles

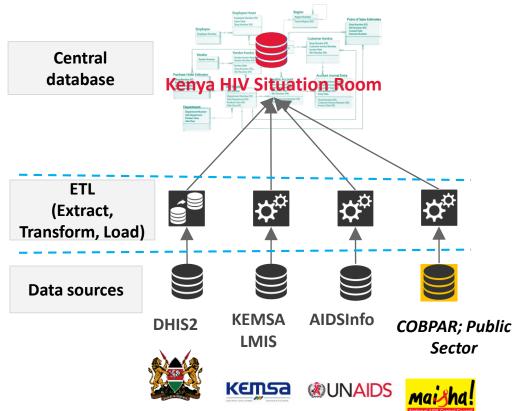
Action item 9

Strengthening HIV prevention monitoring and accountability

- Key issue is monitoring non-clinical services (other than VMMC and PREP) such as HIV prevention with key populations and AGYW, and condom distribution
 - Countries such as India, Ukraine, Kenya, South Africa have systems for tracking services for key populations, others working on it
- UNAIDS is supporting 7 countries in including prevention indicators in real-time health situation room monitoring mechanisms.
- SANAC is developing an accountability framework and a score card to regularly track the implementation of prevention activities at the subnational level, across implementers



ONE NATIONAL MONITORING AND EVALUATION SYSTEM: The Kenya HIV and Health Analytics Platform (The Situation Room)



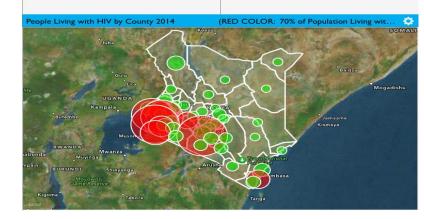
- LEVERAGES technology
- Artificial intelligence to draw different sub-systems, run by different agencies/units of Govt with indicators relevant to HIV
- Accessible from anywhere
- Expandable NEMIS
- Monthly data updates

...towards ending HIV and AIDS in Kenya



- Transforms data in different databases into graphical forms for ease of use
- Available to the MOH (Cabinet and Principal Secretaries, DMS)
- 100% Counties logged
- Prevention indicators
 - VMMC, condoms, school retention, teacher training, eMTCT etc availed
- Updated every 21st and email reports on key indicators dispatched on 22nd monthly to all

	6:30 РМ HIV Situation in Kenya		47% 📼
Adults and Children: N	ew Infections	Adult Male and Fema	le: People Living with 🔅
	Adult	Sex	Female
	New HIV Infections by Age	Year	# of People Living with HIV a AIDS by Gender
2010	51,970	2010	635,343
2011	50,150	2011	647,786
2012	48,534	2012	665,373
2013	48,193	2013	684,837
2014	48,126	2014	704,457



...towards ending HIV and AIDS in Kenya

Action item 8 Assessing available resources and closing the HIV prevention financing gap

 Key issue is lack of robust prevention targets and programmatic gaps - needed for estimating financing gap!

 At least 12 GPC countries have planned to undertake a prevention expenditure and gap analysis based on their new prevention targets, including subnational ones (Cameroon, DRC, Indonesia, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, United Republic of Tanzania, Uganda, Zambia).

Assessing available resources and closing the HIV prevention financing gap

- In a few cases, advocacy by national stakeholders already led to an increase in resource allocation for primary prevention (DRC, Lesotho and Swaziland).
- Namibia, in its 2017-2019 national strategic framework, commits to an increased resource allocation (over 25%) for all 5 prevention pillars.
- At global level overall expenditure on HIV programmes has been levelling off, while spending on HIV prevention may be decreasing
 - need for reversing this trend
 - advocacy with both domestic decision makers and Global Fund (e.g. at last Strategy Committee)

THANK YOU