

Global HIV Prevention Working Group Meeting

New York, 27-28 February 2019

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Apologies: Heather Watts (PEPFAR OGAC), Raymond Yekeye (Zimbabwe NAC)

All presentations are available in the meeting folder.

SUMMARY OF DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

1. Opening session

a. Opening remarks: The UNFPA DED highlighted critical priorities for 2019 including the ICPD+25 Nairobi Summit and related efforts to accelerate the ICPD programme of action, the UNGASS on Universal Health Coverage and the importance of accelerating HIV prevention. He noted the criticality of accountability and clearly defining success and challenged the Prevention Working Group (PWG) to explore synergies with the new Global Partnership to reduce stigma and discrimination and building HIV prevention into broader work. He invited all PWG members to the ICPD+25 Nairobi Summit. The UNAIDS DED highlighted the need to make progress in prevention implementation in 2019, the importance of ongoing PEPFAR country operational planning, the 2019 GF replenishment and to keeping HIV prevention high on the agenda. Strengthening national capacity, civil society involvement and making progress in delivering basic prevention packages were highlighted. Both DEDs reaffirmed the importance of the Prevention WG (PWG) and the Global Prevention Coalition (GPC).

b. Overview on the current state of HIV prevention

This big picture session included an overview presentation by the GPC secretariat and a discussion. The following were the main points.

- An update was provided on the 57 action points from the previous meeting. A detailed list on the status of all actions is included in the meeting folder.

- A summary of progress in the five priority pillars and against the 10 Coalition actions was provided.
- **Five pillars:** The summary of the 2018 scorecards shows that there is great variation in progress and limited changes compared to 2017 scorecards. HIV prevention for adolescent girls and young women relies primarily on projects, some of which have made good progress, but scaled national programmes are not yet in place in most countries. There are still major gaps in programmes for key populations despite good country examples. Coverage of prevention programmes among key populations remains limited in particular for gay men and other men who have sex with men and people who inject drugs. For condom programmes, there is large variation in progress, incomplete reporting of distribution data and several countries face funding constraints for condom social marketing programmes. There was consensus on the need to improve action in condoms and key populations and ensure a continuation in AGYW. VMMC programmes have accelerated in 2017 when more than 4.0 million VMMCs were carried out, but there is need to diversify funding and increase domestic ownership. PrEP uptake has increased in all countries providing PrEP, but numbers are small and programmes are still at an early stage. Uptake and documented effectiveness is high among gay men. The role of PrEP in programmes for adolescent girls and young women is still emerging. There are specific successes in achieving uptake in countries such as Kenya, Lesotho and South Africa, but compared to global targets (3 million on PrEP by 2020) progress is still limited.
- **Ten Coalition Actions:** Good progress against the 10 priority actions of the Coalition has been made against the commitments for assessments, leadership, strategies, target setting and scorecards, although some targets rely on problematic population size estimates for key populations. The value of shadow reports in highlighting such challenges was confirmed. There are still substantial gaps in relation to actions on policy barriers, implementation, prevention capacity development and prevention management reviews.
- The great contributions of USG PEPFAR is making to the response across all core pillars of prevention were mentioned and the importance of participation of USG PEPFAR in the Prevention Working Group was highlighted.
- Financing gaps for prevention will need to be clearly illustrated given the large range of international funding priorities.
- The PCB session on prevention was very well received as documented by 26 supportive statements from member states. At the same time, it was observed that discussions in the PCB remained relatively generic. Given the nature of the PCB, detailed programmatic discussions are not possible, but keeping up the political momentum remains important.

Action points:

- *A meeting of the two Executive Directors of UNAIDS and UNFPA could be scheduled and could happen around the June PCB;*
- *A communication from the Executive Directors of UNFPA and UNAIDS to Country Directors and Representatives and Regional Directors should be sent later in 2019;*

Pending action points from the previous meeting:

- *Continue tracking status of the 57 actions from the previous meeting included in the meeting folder (UNAIDS) and follow up on tasks (all)*

c. Other Coalition updates

The following updates were provided:

- **HIV Research for Prevention Conference (R4P), Madrid in October 2018:** Six key presentations from the meeting were highlighted in the slides and links provided. Major themes included choice, balancing the portfolio, implementation challenges with PrEP and prevention product preferences for future prevention options. Product considerations include clinical, policy, programme and personal user aspects. Informed choice will require comprehensive approaches. The presentation also provides an update on the pipeline of new products at different stages of development and regulatory approval.
- **Consultation on sex work, Geneva, November 2018:** A diverse group of partners including female, male and transgender sex workers from different regions discussed current issues affecting sex workers and sex workers' programmes. Criminalization of sex work remains a core issue with only three countries that have completely decriminalized sex work. Full decriminalization requires decriminalizing sex workers, clients and third parties. Priorities identified at the meeting include sustainable financing for scaling up sex worker programmes, the involvement of communities in monitoring and strengthening the implementation of the Sex Worker Implementation Tool (SWIT).
- **Prevention cascades:** Draft programmatic guidance was developed on prevention cascades. The guidance will not be academic, but oriented towards showing programmatic gaps for use in planning and prioritization discussions. The guidance is under review by a core team and will be shared with the group.
- **Stay Free Working Group:** The Stay Free Working Group met on the day before the Prevention WG. Evaluations show reductions in new HIV diagnoses in sub-national areas, where the DREAMS programme is implemented. Other programme implementation includes Global Fund supported implementation in 13 countries and work on involving men (MENSTAR initiative). Reporting of age-disaggregated data remains limited, although facilities for age-specific reporting are available within GAM. An update on modelling impact of scaling up programmes for adolescent girls and young women was provided. A dashboard for the Stay Free Initiative was developed and an HIV prevention tool kit is under development. In the discussion, the need for working in full alignment with national programmes, avoiding parallel data systems and better co-ordination were highlighted.

Action points:

- *Share draft guidance on HIV prevention cascades (UNAIDS, BMGF - done);*
- *In the next HIV Prevention WG, organize updates in a way that they relate to accelerating implementation (UNAIDS, UNFPA);*

2. Update from major funding mechanisms

Global Fund

- An analysis was presented on Global Fund investments in HIV prevention based on data from 72 countries, which received funding in both New Funding Model (NFM) 1 and NFM 2. In absolute numbers the investment in HIV overall and in HIV prevention increased between NFM 1 and NFM 2, but the relative share of investment going into HIV prevention decreased from 21% to 18%. At the same time, the investment in the five priority pillars versus other HIV prevention activities increased. Investment in 4 of the 5 pillars increased and only VMMC investment declined. The largest share of investment was for programmes for key populations and adolescent girls and young women (see slides for details).
- For the next funding cycle, catalytic funding for condom programming may become available. The focus of this catalytic funding will not be on commodities, but on strengthening demand generation, strategic information and systems for condom programme delivery.
- Planning for the next cycle will require increased focus on defining prevention gaps. This will require detailed engagement of countries in gap analysis, because country planners in the CCM may not have a full understanding of prevention gaps.

PEPFAR

- A brief update on planned PEPFAR investments in 2019 Country Operational Plans (COPs) was provided. VMMC programmes will be funded at around the same level as in the previous years. Condoms will continue to be funded centrally. Key population investments will continue through the Key Population Investment Fund and through country operational plans. DREAMS programmes will continue within country operational plans at similar levels of investment with a soft earmark. PrEP investments will continue and additional geographical locations will be considered for young women.
- To understand any funding changes including cuts for prevention in PEPFAR COPs, it will be necessary to contact countries. Country letters for most countries are available on the website.

Collaboration between the Coalition and the Global Fund on portfolio optimization

- When the Coalition was launched in October 2017, most priority countries had already submitted their Global Fund grants and not yet set targets. Hence, several prevention priorities defined by the Coalition were not funded. Portfolio optimizations were considered as an opportunity to mobilize additional resources for prevention gaps. To explore the feasibility of this approach the possibility of making Prioritized Above Allocation Requests (PAAR) for six countries (Cameroon, Lesotho, Mozambique, Uganda, Zambia, Zimbabwe) was explored. Out of the six, Lesotho submitted a PAAR and Zambia will work on refining and existing Unfunded Quality Demand (UQD).
- Learnings for UN partners include that their country offices did not have a full understanding of making such requests in the context of portfolio optimization. Learnings for Global Fund includes that country teams know their countries and

portfolios well, but not necessarily understand prevention targets and gaps. In this context, a new approach for developing prevention gap tables was explored.

- Overall, the PAAR process proved to be relatively complex and pushing for high quality prevention PAARs within the next round of regular proposal development will be critical.

Action points:

- *Develop improved financial and programmatic gap analyses for prevention for the next round (Global Fund, UNAIDS);*
- *Share available documentation on COP planning at country level (PEPFAR);*
- *Develop guidance for UN offices on supporting high quality prevention PAARs for next round (UNAIDS, Global Fund)*

3. Updates on scorecards and technical assistance

Two updates were provided on HIV prevention scorecards and the status of technical assistance for prevention.

- The picture in the 2018 scorecard remains similar to the 2017 version with continued large variation in performance – some few countries with strong programmes across different pillars, but a majority of countries with continued large gaps. Of 253 indicator values that went into the scores 83 improved, 59 deteriorated and 111 remained stable (mostly survey indicators in countries where no new survey data was released in 2018). For a detailed summary of progress, see the draft Coalition progress report.
- It was emphasized that prevention programmes are often deprioritized because impact is not shown. Therefore the scorecards should explore ways to better show impact by sub-population.
- It was agreed that the most important step was to use scorecards for actual decision-making on prioritizing technical, capacity development and financial support to countries.
- The update on technical assistance found that prevention is still not highly prioritized in TSM requests despite continued gaps in countries. The mapping of technical assistance suggests that the relatively slow uptake may relate to a wide range of TA support being available through other channels including UN, Global Fund, community networks and bilateral partners. Details of the analysis on TA can be found in the presentation.
- Other capacity development activities include development of programme assessment checklists for the five pillars for review and reflection in countries, the planned communities of practice, updated consultant rosters, mapping of UN capacity in HIV prevention and exploring to better use bilateral agency capacities in national programmes.

Action points:

- *Adjust scorecards to reflect impact for specific populations by including change in HIV prevalence among young women 15-24 and young key populations (UNAIDS);*

- *Use scorecards for prioritizing country support and produce a table on priorities (UNAIDS to initiate, inputs from all);*
- *Share invitations on communities of practice for the five pillars with the relevant focal points in the group (UNAIDS);*
- *Share updated consultant rosters for the five pillars (UNAIDS).*

4. Accelerating action in countries

Progress in programme implementation at country level is still too slow in many countries and across different pillars. A discussion 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 actions. An introductory presentation outlined a number of core questions and options such as focus on specific high-impact countries and programmes, focus on capacity development or focus on core elements of implementation systems such as community programme monitoring.

A number of specific propositions were made in the discussion:

- As we are moving into implementation mode, NAC managers and other national programme leads need to be more in the driving seat. The need for an in-depth engagement with NAC managers was reiterated and agreed to take place in form of a meeting with NAC managers and key partners (see section 5 below). The group of NAC managers should be transformed into a community of practice with annual meetings.
- There are a range of other opportunities to enhance leadership on prevention beyond global and national levels - including leveraging regional bodies and local powerholders. Another opportunity is that some countries have functional civil society coalitions, which the Coalition through local UNAIDS and UNFPA offices could further engage. The human rights community could be leveraged more in relation to address rights related structural barriers. SRH communities could be leveraged more in relation to integrating HIV prevention into SRH services.
- Technical assistance through consultants has major limitations at a stage when continuous implementation is required. Consultants can perform specific tasks like producing reports but will typically not contribute to systems change. Long-term capacity support is needed, including in form of staff – an option that could be further explored by individual members of the Coalition.
- Successful programmes require a programmatic champion, someone who drives the implementation of an agenda. The Prevention Coalition could do more to develop such champions and leadership in programme management and programme delivery. Often such leadership develops organically in communities of key populations, in collaboration of different partners or the implementation of programmes. At the same time, the Coalition should support and stimulate programmatic leadership.
- A discussion was held on whether the composition of the group was still right for the purpose of accelerating prevention on the ground. On the one hand it was found that more involvement of country level HIV response managers and implementers was found desirable. On the other hand, the strength of this group representing many international organizations with hundreds of staff in regions and countries, was emphasized. Both types of exchanges will be needed in future. The planned group of

NAC managers could be made more regular to tackle more operational questions. In addition, selected country NAC or MOH managers could attend the global Coalition meeting for specific sessions when country issues are discussed.

- There was a call to focus on a selection of countries and a selection of pillars and really show a difference that the Coalition is making. This can further build on analysis of scorecards, available capacities and momentum in countries. The focus should be on solutions and financing.

Action points:

- *Develop options for supporting staff for prevention overall and the five pillars in those high priority countries, which have capacity gaps (UNAIDS, all);*
- *Develop and share a matrix on country and pillar priorities with detailed criteria for prioritization in the five pillars to identify top priority countries per pillar (UNAIDS to share, inputs from all);*
- *Call for a virtual follow up meeting to discuss specific country support options (UNAIDS, UNFPA with co-chairs);*
- *Explore whether resources allow for conducting an orientation of UN and government programme staff with a view to strengthen their roles as programmatic champions combined with stocktaking in priority countries (UNAIDS, UNFPA, BMGF).*

5. Key upcoming Coalition events

Two major milestones for the Global HIV Prevention Coalition were discussed: a meeting of NAC Directors and a meeting at Ministerial level.

Meeting of NAC Directors (tentatively on 7/8 May 2019 in Nairobi)

- The meeting could be designed as a stocktaking meeting on HIV prevention, in which NAC country managers present posters on the progress in HIV prevention. The meeting should also include key global funding and technical partners to develop a common understanding on priorities and gaps.
- The meeting should constitute a community of practice for NAC managers. There will need to be a preparatory discussion on what a community of practice entails and NAC managers will need to be consulted.
- The Maisha AIDS conference in Kenya will be held following the May meeting and it could be explored whether NAC managers can stay on for the conference.

Ministerial meeting

- For the Ministers' meeting timing is important because of the UN General Assembly including UHC session in September, the GF replenishment in October and ICPD+25 summit in November. Due to these competing demands the meeting was postponed to first quarter of 2020.
- In terms of the making the meeting action-oriented, it will be important to have country posters around progress in prevention to move beyond the political statements, which are important, but need to be closely linked to progress in implementation. In terms of running of the meeting, one could also consider new approaches such as video messages.

Action points:

- *Develop country posters for NAC managers' meeting (UNAIDS, UNFPA working with COs);*
- *Share and display updated country posters at ICPD+25 summit (UNFPA, UNAIDS);*
- *Hold meetings with Ministers around the High-Level Meeting on UHC in New York in September (UNAIDS, UNFPA);*
- *Hold a meeting of African NAC managers at ICASA (UNAIDS, UNFPA);*
- *Find and share a new date for the Ministerial meeting (UNAIDS, UNFPA, NAC Kenya):*

6. Development of 2025 targets

UNAIDS is conducting a global process to develop 2025 targets for the HIV response. As part of this process, a global model analysis of the impact of the HIV response will be conducted and resource needs estimates produced. The process does not aim to change the overall impact goals for 2030, but specifically define programmatic and outcome targets for 2025. These targets could inform a new UN High Level Meeting and a new 2021 Political Declaration (to be confirmed). The process will involve a range of steps and mechanisms including a steering group, stakeholder and expert consultations as well as a modelling team. Six areas will be covered including testing & treatment, primary prevention, social enablers, costs and resources, integration and longer-term technologies (2030-2050). There are discussions ongoing on how to reflect non-HIV benefits of HIV programmes and HIV benefits of non-HIV programmes as well as integration. Targets will focus on combining HIV prevention and bundles of services. Resource needs estimates will need to balance ambition, realism and financing in the context of Universal Health Coverage (UHC).

- In the discussion the need for more intensive country consultations than during the 2015 exercise was mentioned. There is a process in place for country consultations and national AIDS programme representatives are part of the steering group.
- Within PMTCT programmes, in countries with very high ART coverage, an increasing proportion of transmission occurs in the context of new HIV infections acquired during pregnancy and breastfeeding. This points to a gap or partial failure of primary prevention within PMTCT programmes.
- It was discussed whether the previous round of modelling was accurate in light of current epidemic trends, which suggest a much slower decline in HIV infections as expected. One core issue is that across different areas, programme coverage has not increased as much as was anticipated.
- Within prevention programmes, community-based components are critical, and these are more difficult to model, and so are structural programmes. These are, however, still considered in the process and in the resource needs estimates. Their effects on HIV prevention will be considered as much as possible and they will be further discussed in the consultation on social enablers.
- For the treatment target setting, 90-90-90 targets will be retained, but the target will be measured across 10 different populations (five key populations, children, young women, young men, older women, older men).
- Prevention targets for the fast-track model were:

2015-2020 model	Specific comments
90% service package for key populations;	
40% OST for PWID;	Appears relatively low

30% coverage with cash transfers among young women in high prevalence settings	Seems insufficient, consider using a 90% coverage target. Also need to look at SRHR targets
90% condom use among people with multiple partners;	Better to use “condom use with non-regular partners” and/or population specific indicators
90% VMMC (focused on men 10-29 in 14 priority countries);	
10% PrEP for FSW, MSM, serodiscordant couples (high-prevalence countries), young women in areas with HIV incidence exceeding 3%.	Will require a more nuanced discussion
80% coverage of PEP for rape	Was a minor component in the model

- The question of HIV resource needs estimates and resource needs estimates for Universal Health Coverage (UHC) requires nuanced discussions, in particular to avoid losing the great gains made in the HIV response.
- There is need to consider using better indicators, for example consistent condom use, or current use of PrEP (rather than being initiated on PrEP). Although there are limitations to what countries can realistically measure, a conversation is still needed on how targets and indicators are framed.
- Key population programmes are cross-cutting platforms for HIV prevention, treatment and addressing structural issues. Therefore key populations’ needs will be covered in all three thematic groups.
- Targets should not primarily be defined for modelling purposes, but primary criteria for choice of indicators should be the indicators’ relevance to programmes and measurability.
- In terms of the impact level progress, the 2030 target of a 90% reduction relative to 2010 (less than 200,000 new infections) will remain in place.

Action points:

- *Provide any further inputs to the UNAIDS Strategic Information Department on prevention targets (all) and participate in the prevention target setting meeting (invited colleagues).*

7. What do we do for young adult women and women out of school?

A brief introduction outlined that HIV prevalence in virtually all African Coalition countries increases substantially between ages 18-29. In some countries, HIV is also increasing among adolescent girls 15-17 or 30-39 year olds, but the increase among 18-29 year olds is very consistent across countries. Nevertheless, the majority of programmes focus on adolescents 10-19 and to a lesser degree young adult women 20-24.

An overview was provided on guidance on comprehensive sexuality education (CSE) out-of-school, which is currently being finalized. UNFPA working with UNICEF, UNESCO and other partners developed this guidance in response to the absence of comprehensive programmes on sexuality education for young people out-of-school who are often more vulnerable. The comprehensive guidance covers a similar spectrum of issues included for in-school CSE including sexual and reproductive health & rights, gender issues and HIV prevention, while considering needs of young key populations.

- A commentary was provided by the youth representative highlighting the particular challenges faced by young women out-of-school. The needs of young people out of school are comprehensive and go beyond health. Although HIV prevention remains a priority for young adults, it is not what young people think about first, as they think about jobs, relationships and aspirations. There is need to use the new platforms including electronic media that young people engage in. Young people including young professionals should be involved more directly in programming, including as staff.
- Involvement of young people requires systematic capacity development, so that young professionals can play a substantive role in programmes.
- It was suggested that the name of out-of-school CSE was not suitable in many countries' political realities. It was highlighted in response that the name was not important and could be changed at country level as long as the content focus remained intact. The example of the roll-out of CSE in the eastern and southern African region should be replicated.
- It was highlighted that young women who are in adolescent health programmes need to be retained in programmes and transferred to community-based programmes and facility-based SRH and HIV prevention services.
- Young adult women have differentiated needs and require differentiated packages. In order to provide such packages at scale, **three platforms** were proposed:
 - School-based HIV prevention: Although most young adult women 18-29 are not in school, some are. In addition to continuous CSE, intensified HIV prevention communication could reach young women before they leave secondary schools and in tertiary education institutions. Trainings of teachers to deliver such HIV prevention activities can be done at scale where HIV prevalence is medium to high.
 - HIV prevention through existing SRH/HIV services: Sexually active young women commonly attend contraceptive services, HIV testing and other health services. Not providing effective HIV prevention counselling and services to them is a large missed opportunity. There is need for more direct operational guidance on providing effective HIV prevention for young adult women within SRH services.
 - Community outreach: In order to reach young adult women at highest risk of HIV, there is also need to address community norms, increase personal risk perception and generate demand for combination HIV prevention. Such action can be provided at scale through a network of NGOs with one organization leading per district with high HIV prevalence.

Action points:

- *Develop a brief food-for-thought paper on scaling up HIV prevention for young adult women through three delivery platforms – schools, health services and community organizations (UNAIDS, UNFPA, UNICEF, Global Fund);*

8. Addressing human rights related barriers to HIV prevention

Four speakers provided introductory remarks on different aspects of the response:

- **Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination:** The Global Partnership was launched in New York and a number of

country consultations are being held. There will be specific thematic sub-groups including on health, work place, education, gender/household and legal dimensions. Groups will work towards developing specific actions in these areas. Linkages to the prevention scorecards could be explored, sharing of indicators, joint reporting or at least internal sharing of data. More systemic and regular communication is needed between the Coalition and the Partnership and could cover issues such as country planning, UBRAF resource allocation and synergies.

- **Global Commission on HIV and the Law:** An overview on global activities on the findings of the Commission and ongoing actions was provided. Legal Environment Assessments (LEA) & legal reviews were conducted in 45 countries and national dialogues with action plans were done in 37 countries. Since legal change is a long process, judicial dialogues have explored how existing law can be interpreted in a way that is not harmful to key populations. In eastern and southern Africa, a model policy framework for key populations was developed. The Global HIV Prevention scorecard illustrates gaps in KP programmes that are often related to unfavourable legal environments. A summary mapping of work on LEAs and other legal activities was shared.
- **Global Fund work on human rights related barriers and linkages to the Global HIV Prevention Coalition:** The Global Fund supports activities in the seven areas as defined by UNAIDS based on evidence on what works. One key challenge was that activities addressing human rights related barriers were never scaled up and sustained. To address this gap in scale, activities on human rights related barriers will be scaled up in 20 priority countries over five years. The scale up will start with a baseline assessment on key human rights issues and responses. These will be followed by multi-stakeholder meetings to develop costed plans and mid-term as well as end-term evaluations. Through the catalytic funding model combining core allocations and incentive funding, the allocation to human rights related barriers increased from 10 million USD in the previous cycle to 78 million in the current cycle. In South Africa, the actions around human rights-related barriers were fully integrated into the national strategic plan. There is increasing focus on integration into prevention and treatment programmes.
- **Linkages between human rights, gender and HIV prevention in UN work:** An analysis of human right and gender related deliverables in UN agency UBRAF plans was conducted. 11 Coalition countries have included human rights and gender activities in their work plans. An analysis of core issues in countries revolved around three main areas: Criminalization of HIV transmission, criminalization of key populations and age of consent requirements. There is progress in some areas in some countries including decriminalization of same sex acts in India and Angola, legal protections relating to Gender in India and Pakistan, new or updated HIV legislation in the Philippines, India, Ghana and Malawi, new domestic violence legislation in Eswatini, updated policies for service access by key populations and access to CSE in Ghana and South Africa's pledge against police violence. Key opportunities for action could be seized in the context of law reforms and national HIV strategic planning. Key barriers continue to include criminalization, specific key populations missing in programmes (MSM) and integration of NACs into UHC institutions.

A discussion evolved around priorities for linking work on human rights related barriers and HIV prevention:

- The effort to link human rights and HIV prevention work was welcomed given the various potential synergies.
- More immediate opportunities were discussed including using recent openings of discussions around policy issues such as harm reduction in Mozambique and Nigeria. Other actions such as police pledges on violence are useful, but are not sustainable and need to be transformed into long-term policy and law.
- From a country perspective, a lot was achieved in this field, but there are also challenges. Several different assessments and reviews of rights-related barriers with a similar scope are conducted in the same countries. Sometimes there is also an over-emphasis on legal aspects as compared to other barriers relating to gender norms and violence. There is also often limited ownership of the Stigma Index and it would be more helpful if it became a periodic country owned process. There is a need to link actions and approaches together at the country level.
- The Global Partnership and the Global Coalition are also at a critical moment, because of the partially increasing opposition to SRHR, CSE and key population rights. Despite existing laws criminalizing sex work and same sex relations, programmes on stigma, discrimination and the right to health services can be delivered, for example through integration into police curricula from schools to ongoing guidance on police service.

Action points:

- *Establish a more regular exchange mechanism between the Global Partnership and the Global Prevention Coalition; (UNAIDS, UNFPA, UNDP, GNP+, UN Women)*
- *Mutually share scorecards and tracking mechanisms (UNAIDS, UNDP, UNFPA)*
- *Strengthen accountability mechanisms in relation to tracking specific actions, eg relating to police and gender-based violence (UNAIDS, UNFPA, UN Women, Global Fund)*

9. Universal Health Coverage, Linkages and Sexual and Reproductive Health and Rights (SRHR)

The session had three segments, all of which had a brief introduction followed by a discussion and covered the following points:

International Conference on Population and Development, 25th Anniversary (ICPD25+ Nairobi Summit)

- The ICPD @ 25 summit is a conference of the world SRHR community to celebrate the progress on rights and choices for all, examine gaps that remain, continue financial and political momentum and create a space for a transition of the ICPD goals to the next generation of leaders. International steering and planning committees will look at 5 themes and 5 action accelerators. 25 years into the implementation of the ICPD the focus of UNFPA has never been more relevant: end unmet need for family planning, end preventable maternal deaths, end gender-based violence and harmful practices.

- The SRHR community can learn from the HIV community in building financial momentum and investment cases similar to the HIV response. Just as the HIV response, the SRHR response needs to consider demographic diversity – reaching the right people, at the right time, in the right places with the right interventions and in the right way. Both also share a need for concrete ways to communicate between communities (HIV and SRHR) and manage sensitivities. Global Fund committed to work in partnership on the summit.
- International and national steering committees for the Conference are in place and specific opportunities exist to promote HIV prevention. It was emphasized that condoms should be made a priority in Nairobi and SRH/HIV integration should be addressed in high-profile sessions. A specific side event on the HIV Prevention Coalition was proposed.

Universal Health Coverage (UHC) and SRH/HIV Linkages

- UHC has become a key overall theme for WHO's work and detailed strategic discussions in preparation of costing are underway. There is a proposed 7-step process to develop the UHC menu, through which all interventions including any HIV interventions will need to go. Outreach, community services and condoms are included among the UHC interventions as well as the theme of leaving no one behind. In that sense, UHC is an opportunity for HIV prevention, but despite the guidance there is still a risk that in operationalization of country UHC mechanisms key population programmes might not be adequately reflected.
- Inputs are possible through the WHO HIV department going through the Strategic and Technical Advisory Committee (STAC) and a civil society reference group. A civil society engagement mechanism is also in place. The June UNAIDS Programme Coordinating Board (PCB) will have a thematic focus on SDG 3.
- Dolutegravir (DTG), the recommended first-line ARV was associated with a 10-fold increase in neonatal neural tube defects in one study. Although it is the preferred and most effective ARV in its category, its use during pregnancy therefore requires caution. Although overall benefits of DTG outweigh risk, women taking DTG should be aware of the risk and have full access to contraceptive choices. More evidence is needed. The issue highlights the strong need for integration of ART and contraceptive service delivery –both in ART clinics and family planning clinics.
- ECHO trial results are expected to be released in Lusaka the second week of July. Results might show an HIV risk associated with injectable hormonal contraception or not, but high incidence among women using non-barrier methods of contraception will require condom use in any case. It is important to recognize differentiated needs – some women will want to continue with DMPA, some may want to switch, some will want to use DMPA plus condoms.
- It is important to remember that when the medical eligibility criteria were changed in 2012, the change and public communications around it did not have an effect last time. A different approach is needed this time, which is more practical and operational.

Mapping on family planning (FP2020) and HIV

- The results of a mapping were shared, which found that the two responses are facing similar challenges in funding and sustainability (donor reliance, lack of dedicated

budget lines, lack of follow up on budget commitments, lack of social contracting). Joint work on resource mobilization for specific elements could be considered.

- The two responses also share lack of uniformity across countries and fragmented scaling up. Service provider trainings and provision of youth friendly services overlap and are provided through both responses. For CSE there are shared objectives and ongoing collaboration. Condom programming and total market approaches mostly feature in HIV prevention plans but work on commodities is sometimes separate and even overlaps ('HIV condoms', 'family planning condoms'). Coordination for condom programming, which is at the heart of the joint work programming, is often weak. Efforts to advocate for an enabling environment also have weak leadership and are poorly coordinated. Data led accountability mechanisms are not sufficiently integrated.
- It was discussed that FP 2020 should consider including women at high risk of HIV including sex workers as a priority.
- Based on the mapping and the discussion, four quick wins were identified for family planning and HIV prevention integration:
 1. Revitalize condom programming for triple protection;
 2. Improve coordination for programming for AGYW and their partners;
 3. Scale up integrated SRHR/HIV services for sex workers;
 4. Promote and advocate for platforms to strengthen systemized community engagement;

Action points:

- *Share information on who was in the ECHO meeting in Lusaka (WHO/UNAIDS/UNFPA);*
- *Follow-up to provide calendar of events specific to ECHO preparation and response to results (WHO)*
- *Develop guidance document explaining that NACs/HIV departments should be part of national task forces (WHO/UNFPA/UNAIDS/IPPF/Frontline AIDS);*
- *Development of key messages regarding ECHO results (WHO, UNFPA, IPPF, Frontline AIDS)*
- *Convene a meeting on practical HIV prevention implications of the release of ECHO trial results – if not already taken care of by other (WHO, UNFPA, UNAIDS);*
- *Revise draft Coalition Position statements on UHC and SRH/HIV Linkages and make them two separate documents (WHO, UNAIDS, UNFPA);*
- *Include and prepare a plenary presentation on SRH/HIV linkages and integration at ICPD+25 in Nairobi (UNFPA, UNAIDS, WHO, IPPF, NAC Kenya);*
- *Develop key presentations for ICPD+25 in Nairobi on hormonal contraception and HIV with a focus on resulting actions (WHO, UNFPA, UNAIDS);*
- *Make condoms a priority for ICPD+25 in Nairobi and propose an appropriate modality for this (UNFPA, UNAIDS, IPPF);*
- *Consider holding a side event at ICPD+25 on the Global HIV Prevention Coalition (UNFPA, UNAIDS, NAC Kenya).*

10. Roadmap milestones and actions

2019 roadmap milestones and the calendar of events were introduced and specific actions proposed.

Action points:

- Circulate prevention-related documentation for the Global Fund Strategy Committee (Global Fund);
- Participate in UHC working group for the PCB and ensure integration of prevention (WHO, UNFPA, UNAIDS);
- Provide prevention inputs into the June PCB report as required (UNAIDS, UNFPA);
- Prepare for VMMC session at ICASA (WHO, UNAIDS);
- Prepare for African NAC managers meeting at ICASA (UNAIDS, UNFPA, NACs);
- Prepare an HIV prevention plenary presentation or special session at ICASA (UNAIDS, UNFPA, WHO).

11. Next meeting

The next working group meeting will be held on 10 and 11 September 2019 (venue tbc).