Meeting focus and objectives

The second NAC Directors meeting was hosted by the Government of Kenya and convened by UNAIDS and UNFPA on behalf of the Global HIV Prevention Coalition.

The meeting provided a platform to peer review country progress using a country poster format based on the Second Progress report on the Coalition. The meeting also allowed for reflection on leadership and the need for strengthened stewardship and response management while reinforcing community engagement.

28 countries were represented and more than 90 delegates attended including Directors of NACs, UNFPA representatives, UNAIDS Country Directors, other senior staff from UNFPA, UNICEF, WHO and UNAIDS, the Global Fund, the Gates Foundation, Frontline AIDS, national civil society organisations and the Institute of Tropical Medicine Antwerp.

The objective of the two-day meeting was to review progress and identify key areas to improve, accelerate and scale up implementation across the five HIV prevention pillars, leverage NAC’s strategic position to strengthen leadership, agree on strategic actions to sustain political leadership for primary HIV prevention in and beyond 2020 and to promote South-to-South learning platform models.

Figure 1: Inspiring progress - peer review of country HIV prevention responses shows variation
Key discussion points

• The NAC Directors of 26 participating countries (Ethiopia and Iran were unable to attend) conducted peer reviews of performance based on draft posters, which will be updated later this year for a High-Level Session at the Nairobi Summit on ICPD25 in November 2019.

• The meeting highlighted the importance of strengthening HIV prevention programme stewardship overall and for the five pillars and to ensure that institutions and individuals are directly accountable for prevention overall and the relevant pillars.

• The meeting stressed the need to strengthen people centred approaches and applying the lessons from the multi sectorial HIV response in the Universal Health Coverage discussion.

• There is need to address SRHR/HIV linkages and the lessons for NCDs in concrete ways, while ensuring HIV combination prevention is provided using more integrated approaches.
Sharing knowledge to strengthen country leadership and quality of HIV prevention programmes

Recognising that progress towards prevention targets needs to be improved, it was stressed that a new approach to global and country response management needs to be adopted. The new model will need to go beyond the old model of multi-sectoral co-ordination of an emergency response, but also not fall back into the model of business-as-usual health care. The model requires proactive management of evidence-based and community-owned responses implemented at scale with a focus on achieving 2030 targets. Such a new approach of managing a sustained multi-stakeholder effort to achieve targets has the potential to become a model for 21st century public health and be replicated for other communicable and non-communicable diseases.

To make NACs fit for purpose for prevention a set of strategic shifts were put forward and discussed including:

- From co-ordinating what’s happening (deliberations) to making prevention happen (solutions)
- From co-ordination of projects to ensuring programme approaches at scale
- From focus on singular products (one strategy, one analysis, one conference …) to moving core functions synergistically (leadership, strategy, financing, implementation scale up)
- From fragmented prevention, testing and treatment to integrated service & community platforms for prevention, testing and treatment
- From intervention-centred projects to people-centred choices
- From political commitment to political courage

Reinforcing community leadership and engagement to bring to scale quality HIV prevention programmes

- The meeting emphasized the importance of community leadership, implementation and monitoring of prevention. The civil society shadow report on the implementation of HIV prevention 2020 roadmaps raised concerns on key issues that impact on HIV prevention. These include
  - incomplete size estimates for key populations that affect country reporting,
  - lack of sub-national targets and defined packages of services and civil society excluded in financial dialogues and
  - the lack of detailed strategies to address policy and legal barriers, even when identified.
- Site visits were conducted to drop-in-centres for sex workers and men who have sex with men as well as a clinic providing methadone to people who inject drugs. The visits illustrated the feasibility of scale up of key population programmes in a challenging legal context.
Agreed action areas

The following key actions were agreed:

1. Inspiring progress: Peer review of the state of country prevention responses
   - UNAIDS will update the HIV prevention scorecards and support the data for the country posters based on 2019 Global AIDS Monitoring (GAM) and consider how to reflect linkages to HIV treatment, human rights and SRHR.
   - Countries with support from UNAIDS and UNFPA will develop the final HIV prevention country posters in consultation with all stakeholders for the Ministerial High-Level Meeting during ICPD in November 2019.

2. Sharing knowledge to strengthen country leadership and quality of HIV prevention programmes
   - A Community of Practice of NAC Managers will be established to facilitate south-south learning and exchange including an email exchange group and potentially regional and global follow up meetings.
   - Countries will accelerate work on the 10 Roadmap actions ahead of the Ministerial Session in November 2019.

3. Intensified support to strengthen HIV prevention management capacity and systems.
   - Countries in collaboration with UNAIDS will increase countries’ preparedness for the next round of Global Fund applications, including completing financial gap analysis for HIV prevention.
   - UNAIDS and UNFPA will support the NAC Directors to draft a concept paper outlining the NAC’s role and functions for HIV prevention in the new health eco-system along the lines of a response management approach.
   - Country needs vary and different options of support will include catalytic support for prevention management capacity and systems which can include senior HIV prevention focal points, short-term support for reorganizing the prevention response and support for young professionals supporting scale up of specific prevention pillars.

4. Reinforcing community leadership and engagement in HIV prevention
   - Countries agreed to enhance meaningful civil society engagement in prevention strategy development, programme implementation, budget planning and accountability systems (periodic reviews, policy evaluations, shadow reporting).
   - Civil society will facilitate additional shadow reports and provide platforms at country, regional and global level to share findings and recommendations.

5. Start mobilising for continued leadership and investment for HIV prevention programmes beyond 2020 building on the Global HIV Prevention Coalition model for commitment towards the 2025 targets under development.