National AIDS Commissions:
Leaders of the HIV Prevention Response

Hon Sicily Kariuki, Excellences, Ladies and Gentlemen,

New HIV infections among adults globally have declined by 16% since 2010. It was expected that the rapid scale up of HIV treatment and viral suppression would accelerate incidence reduction. However, it is increasingly clear that the efforts in treatment will require to be supplemented primary prevention efforts, and changes at structural and behavioural levels.

The NACs were established to provide coherent and coordinated policy direction, coordination of financial and technical resources, coordinated engagement of the diverse stakeholders through singular national coordination structures and to deliver on national monitoring and surveillance mechanism. These efforts were key to the current HIV ecosystem, that has taught health sectors and can be applied to current efforts of Universal Health Coverage.

The HIV response has taught us the power of common purpose with clearly articulated goals and priorities against which the entire world and countries commit to. It has taught us the power of data and its use in decision making. The roadmap and coalition have provided a rallying call and targets for HIV prevention that provide a shared vision and commitment for HIV prevention.

A second lesson is about the power of a multi-sectoral response with action across different types of stakeholders such as with private sector, faith communities, civil society. Sector specific action directed at Ministries of Education, Youth, Social Services and Justice Law and Order have positively impacted HIV policy reforms, service uptake resulting in reductions in stigma.
and discrimination and availability of services. While there remains gaps, there has been progress.

The NAC Directors have met within the context of Global HIV prevention roadmap and reflected on how to accelerate progress in HIV prevention, but importantly, bring our experience, expertise and infrastructure to broader health including non-communicable diseases. The following are the areas where we see strategic shifts.

#1: From coordinating existing projects → to overseeing a result-oriented national HIV prevention programme aligned with UHC
In many countries, prevention programmes remain too small in scale, and too scattered and poorly coordinated among different implementers who may be operating without national oversight. Here, NACs can play a vital role in linking and rationalizing different projects under a single national prevention programme and facilitating oversight and management.

#2: From fragmented services → to integrated service & community platforms
Community responses to HIV are the cornerstone of effective, equitable and sustainable prevention programmes. They mobilize communities to demand services and exercise their rights; they deliver services, support health systems and reach those most vulnerable. Integrating HIV into existing community health services, including for sexual and reproductive health, creates a platform for increasing coverage, normalizing HIV and making services more sustainable. NACs can play a key leadership and convening role in expanding other disease areas, tracking indicators and reporting at the community level.
#3: From intervention-centered projects → to people-centered choices
Effective and rights-based combination prevention programmes for and with the people who are most vulnerable and at highest risk must be rapidly scaled up and focus on where the HIV epidemic is concentrated. By working with global partners, local authorities, communities and people living with HIV, NACs can guide the development and implementation of evidence-informed, rights-based and people-centered combination prevention programmes.

#4: From single sector prevention programmes → a comprehensive multi-sector approach
The NACs can identify specific sectors and define specific actions that very targeted action can be undertaken to across sectors in order to address structural barriers, that often do not sit within the health sector. NACs can play a key role in convening policy dialogues, involving communities and advocating for policy change to guide national prevention responses guided by principles of human rights, gender equality and social justice.

Shift #5: From Political commitment → to political courage
Finances are required for the HIV response and to deliver Universal health coverage. Thus resources must be availed for the soft issues including community mobilization, social contracting, investments in singular national systems, requirements for donor and NGO coordination and Government accountability through instituting long-term mechanisms.

Ladies and Gentlemen,
NACs have played, and will continue to play, an instrumental role in the global AIDS response. Their long-standing mandate of multi-sectorial engagement is relevant and can offer essential lessons in facilitating people-centered, community-led approaches as countries scale up implementation of universal health coverage.
Three opportunities will serve to support NACs as they undertake these shifts, drive momentum towards progress:

First, is the community of practice of NAC managers to facilitate learning and exchange. This is a south-south learning network for prevention established, coordinated and managed by the NAC Directors here with the aim to determine our priorities and hold each other accountable for results.

The second is a peer review mechanism. This self-monitoring, voluntary mechanism will support Member States in engaging in regional dialogues and facilitate reviews of progress, particularly among countries with similar epidemics and contexts.

Third is continuous NAC reviews of national prevention leadership. NACs will hold period progress reviews of national HIV prevention responses with relevant government staff, civil society implementers and communities at local and national levels focused around performance and problem-solving.

As I conclude, I note that NACs have a unique value in the HIV response that can be leveraged for broader Health and this opportunity must be harnessed by partners. I note that these strategic shifts have been defined by National AIDS Council representatives, who gathered at two Meetings of Directors of National AIDS Commissions of the Global HIV Prevention Coalition Member States, in May and August of 2019 and have established a steering committee. They represent the inputs of 28 countries as well as stakeholders from international partner organizations and civil society.