TALKING POINTS: The High-Level Meeting of the Global HIV Prevention Coalition (GPC)
“Accelerating Progress Towards the 2020 HIV Prevention Targets –
The promise of comprehensive HIV Prevention and Sexual and Reproductive Health Rights for all”

Talking Points

Where we are:
✓ The Coalition has undoubtedly had a positive impact.
✓ It has helped to re-frame the debate and catalysed action on HIV prevention in the 25+ priority countries.
✓ The Coalition has also helped push other stakeholders to re-prioritise HIV prevention:
  • Global Fund: For 2020-2022 several catalytic funding opportunities will be available for prevention among young women, community-led key population programmes. The condom strategic investment fund also represents a new opportunity to strengthen condom programme stewardship and demand generation.
✓ Much can be learned from the impressive gains that have been observed in GPC countries, both in scaling up HIV prevention programs for those most in need (e.g. programmes for AGYW in Lesotho and Eswatini), and scaling up access to key interventions like VMMC.

× Just five countries (South Africa, Democratic Republic of Congo, Uganda, Lesotho and Namibia) have reduced annual adult HIV infections by a third or more since 2010. The majority of the Coalition countries have made only limited progress, and new infections have increased in four countries (Mexico, Angola, Nigeria and Pakistan).
× The provision of a comprehensive package of HIV/SRH services to the people in greatest need (especially key populations and AGYW) remains far from universal.
× Despite the availability of a widening array of effective HIV prevention tools and methods and individual country successes in their implementation—and a massive scale-up of antiretroviral therapy in recent years—progress is significantly off track.
× Approaches to HIV programming are often fragmented, with fastest gains in increasing access to HIV testing and treatment. There are still persistent service coverage gaps—especially among key populations and AGYW and low coverage rates for PrEP and condom programming.

Where we need to go:
- In 2020 there will be a review of the GPC. It will be important to think about prevention more broadly and understand its links to SRHR (including contraception, reproductive coercion and SGBV).
- Functions and composition of the Coalition will also need to be reviewed to maximise impact.
- It’s clear more intensive efforts are needed in countries/pillars that are underperforming:
  • In countries with large numbers of new HIV infections, or large gaps in programming, there’s a need for a more nuanced discussion with key stakeholders about specific challenges and bottlenecks, to be addressed at national level.
  • Pillar-specific support should be pursued by different agencies across countries. IPPF is committed to strengthening condom programming and is currently working with other SRHR partners to develop a strategy for this. This process is informed by several recent developments, including the ECHO trial results and the resultant WHO guidance, the launch of the WHO Self-Care Intervention Guidelines, and the growing recognition of the need to strengthen SRHR/HIV integration.
Increased focus on new multi-purpose prevention technologies (MPTs). MPTs increase efficiencies by providing simultaneous protection against multiple health issues (pregnancy and STIs including HIV). MPTs under development include:

- **Oral pill**: CIFF and the Population Council have been working to develop a single pill that delivers oral PrEP and a combined oral contraceptive (COC) and is likely to be the fastest route to creating a female-initiated MPT, with the potential to enhance uptake of PrEP, especially among current oral contraceptive users. This is in Phase 4 clinical trials.

- **Topical gel**: Various microbicides or topical gels are in development with various active ingredients and preventing HIV, other STIs, and/or pregnancy. One targeting chlamydia, gonorrhoea and pregnancy in Phase 3 clinical trials.

- **Barrier method with a drug**: Starting with an existing contraceptive barrier method and including other active ingredients is one option for developing an MPT. PATH, Population Council and others are collaboratively trialling the use of a diaphragm to prevent pregnancy, and adding active ingredients to prevent HIV, HPV and HSV-2. This is currently in Phase 3 clinical trials.

- **Intravaginal ring**: Using an intravaginal ring as an MPT delivery method is being studied by several developers, including the International Partnership for Microbicides (IPM) further developing their Dapivirine ring to include Levonorgestrel to prevent both HIV and pregnancy. Others in development also target HSV-2. All are in Phase 1 clinical trials.

- While not classified as MPTs, other options include dual packaging of currently effective prevention interventions. Of greatest promise would be a dual packaged, once daily oral PrEP to prevent HIV and a once daily oral contraceptive. However, no existing dual packaging examples could be found.