

The Ministerial Meeting  
of the Global HIV Prevention Coalition

# HIV Prevention 2021-2025, taking stock, planning the future

Hosted by UNAIDS and UNFPA,  
on behalf of the Global HIV Prevention Coalition

18 November 2020

## Table of Contents

Introduction.....	1
Opening by GPC Co-conveners and partners .....	1
Overview of progress in the implementation of the HIV Prevention 2020 Road Map .....	3
Taking stock and planning for the future – Country actions for HIV prevention 2021-2025.....	6
Conclusion .....	9
Appendix 1. Agenda.....	11



## Introduction

On 18 November 2020, the Global HIV Prevention Coalition (GPC) convened a Ministerial Meeting on 'HIV Prevention 2021-2025, taking stock, planning the future' with the aim to provide a platform to review global progress and identify continued challenges in achieving HIV prevention targets.

The specific objectives of the meeting were to:

- Review global, regional and in particular country progress in implementing the HIV Prevention 2020 Road Map and country commitment statements to expand and amplify HIV prevention efforts during the period 2021-2025.
- Steer a way forward for the next phase of the GPC, agreeing on advocacy towards bold targets in HIV prevention and HIV prevention resourcing to inform the deliberations and outcomes of the planned United Nations High-Level Meeting on HIV and AIDS in 2021.

And the expected outcomes were to get:

- An overview of the status on country progress in implementing the HIV Prevention 2020 Road Map (10-point action plan and 5 prevention pillar targets).
- Information about the country commitments on expanding and amplifying HIV prevention efforts during the period 2021-25.
- A clear steer on the way forward for the GPC in the period 2021-2025, including a consolidated approach towards the High-Level Meeting on HIV and AIDS and HIV-prevention related global commitments.

Around 300 participants, including the Vice-President of Zimbabwe, 12 Ministers of Health from GPC countries, the Executive Directors of UNAIDS, UNFPA and the Global Fund, civil society representatives and bilaterals attended the virtual event.

## Opening by GPC Co-conveners and partners

The meeting was facilitated by Mahesh Mahalingam, UNAIDS, who welcomed the Honourable Ministers and Delegates, introduced the theme of the meeting and highlighted the meeting purpose and objectives as mentioned above.

Liya Tadesse Gebremedhin, Minister of Health, Ethiopia chaired the morning session and Lizzie Nkosi, Minister of Health, Eswatini the afternoon session. Both highlighted the fact that 2020 is a milestone year for the 2016 United Nations Political Declaration commitments on Ending AIDS by 2030 whereby member States agreed to reduce new adult HIV infections by 75% at the end of 2020 based on 2010 levels. The meeting gave an opportunity to reflect on progress made in the 2016 commitments and discuss the way forward building on the findings and recommendations from the External Review of the Global Prevention Coalition and HIV Prevention Roadmap 2020. Acceleration in the response will be needed for the next five years and a strong commitment to HIV prevention – already showcased by the fact of participants coming together for this meeting.

This was followed by opening remarks from Winnie Byanyima, Executive Director, UNAIDS (morning session) and Natalia Kanem, Executive Director, UNFPA (afternoon session):

Winnie Byanyima indicated that in 2020, there is much unfinished business when it comes to HIV prevention: The number of new HIV infections remains unacceptably high at 1.7 million new infections last year; Among key population groups like people who inject drugs, gay men and other men who have sex with men new infections are increasing rather than declining; There are high numbers of new infections among adolescent girls and young women. Winnie Byanyima highlighted bold leadership is needed to continue accelerating the HIV prevention efforts initiated under the Global Prevention Coalition. This includes leadership from governments, the Global Fund and other international donors, to allocate resources and increase coverage of proven HIV prevention programmes; Leadership to take action on the critical legal and policy requirements; Leadership by civil society organizations to engage meaningfully in the design, implementation and monitoring of national HIV prevention responses and hold governments and donors accountable for delivering on joint commitments. With the colliding pandemics of HIV and COVID 19 leadership is even more crucial and UNAIDS and UNFPA will continue leading the GPC and support its further expansion and partnerships during the coming 5 years.

Natalia Kanem reiterated some of the above and indicated that we need to reflect on where we have fallen short and we need to learn from each other. Despite progress made, gaps remain in i.e. legislation, data, accessible services for key populations, finances, social contracting. Furthermore, we need to take into account the impact of COVID-19 in terms of disrupted health services and education, deteriorating economic climate and an increase in gender based violence. Commitment is needed to get HIV prevention back on track.

Peter Sands, Executive Director of the Global Fund to Fight AIDS, TB and Malaria, indicated that the prevention response is not on track, it was not even before COVID-19, and currently there are even more challenges than before. One of the issues that needs to be addressed is increased allocation of available funding to HIV prevention, but also more effective spending. Interventions need to be tailored to the needs of the recipients and disaggregated and timely data is needed to realize this. Furthermore, optimal use needs to be made of existing tools (especially condoms) and innovations that become available (e.g. long-acting pre-exposure prophylaxis (PrEP), self-testing, lessons learned from the COVID-19 rapid response). Barriers and stigma have increased under COVID-19 and this needs to be reversed in order to make progress in the area of HIV.

The opening remarks were concluded by representatives from key population organisations:

In the morning session, Charan Sharma, Indian Drug User's Forum, highlighted the importance of focussing on people who inject drugs in order to end AIDS and prevent Hepatitis C. Widespread criminalization and punishment of people who use drugs continues and hampers prevention and treatment of HIV. Harm reduction efforts need to be increased. People who inject drugs need to be meaningfully engaged in programs at local, state, national, regional and global level to increase their impact. Political commitment and domestic funding are crucial for the HIV prevention program. The National AIDS Control Organisation in India has done commendable efforts of reaching out to ensure care, treatment and harm reduction services are accessible, also during COVID-19 including multi-month dispensing of antiretroviral treatment (ART) and take home doses of opioid substitution therapy.

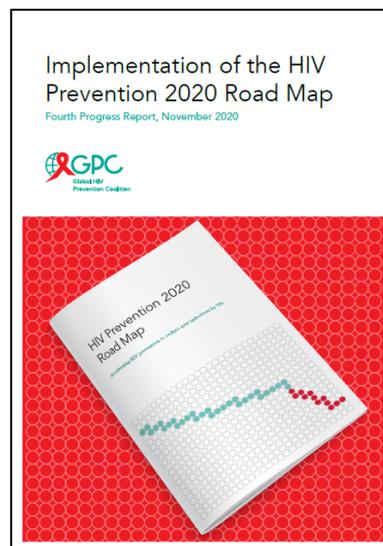
In the afternoon session, Raphaela Fini, Integral Health Municipality Committee - lesbian, gay, bisexual, transgender and intersex (LGBTI) of São Paulo, Brazil, put a spotlight on the position of transgender people in the country. This population is disproportionately affected by the HIV epidemic, but is hardly reached by interventions. The main barrier to access is discrimination and stigma. Investments should be made in efforts that combine HIV prevention with the promotion of comprehensive health. It is furthermore important to strengthen the community of transgender people, make them visible and provide them with opportunities in

life. International organizations have a fundamental role in advancing the expansion of human rights to all populations.

## Overview of progress in the implementation of the HIV Prevention 2020 Road Map

Paula Munderi, GPC Secretariat, UNAIDS, presented the highlights from the [fourth GPC progress report](#) that was launched on 20 November:

- The decline in new HIV infections among adults has accelerated in several countries, mostly in eastern and southern Africa, but varies between countries and overall progress remains too slow.
- In the 28 countries, 41% of high-incidence locations are covered with comprehensive programming for adolescent girls and young women; 55% of sex workers, 30% of gay men and other men who have sex with men and 34% of people who inject drugs were covered with prevention services; 56% of condom distribution need is met; 60% of the voluntarily medical male circumcision target is achieved; and globally 20% of the PrEP target is met.
- In 2019, all 28 countries had completed a needs assessment, all but one had a prevention strategy in place, and all had developed prevention targets or were busy preparing them. Twenty-seven countries had initiated or completed the development of prevention service packages for key populations. Service packages for adolescent girls and young women had been completed in all but three of the 19 reporting countries. Monitoring has also been substantially strengthened and performance reviews are much more common. Almost two thirds of countries have done financial gap analyses and legal and policy reforms were in progress in all but three countries. Important gaps remain: capacity development and technical assistance planning is still rare, and social contracting is uncommon and becoming more difficult.

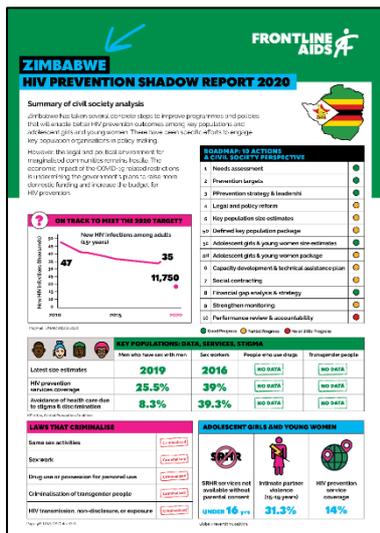


**HIV prevention adaptations during COVID-19**

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
	Adopted multi-month dispensing	Expanded alternative access
Condoms	No	No
PrEP	No	Yes
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

- In terms of the COVID-19 epidemic and HIV prevention response, about two thirds of countries had taken steps to continue safe outreach services for young women and key populations. Almost all the countries reported providing multi-month dispensing of condoms, and more than two thirds did the same for PrEP.



Christine Stegling, Frontline AIDS, reported on the findings from the HIV prevention shadow reports that are developed together with community organisations in Kenya, Malawi, Mozambique, Nigeria, Uganda, Ukraine, and Zimbabwe. These reports showed that:

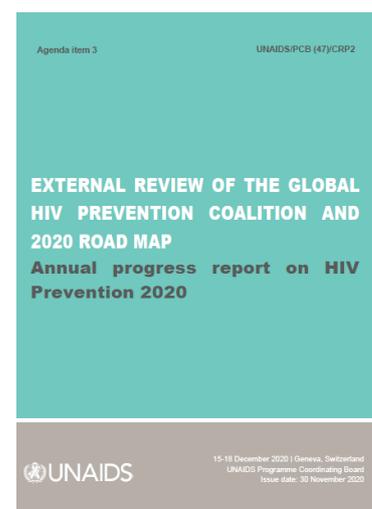
- Strengthening political leadership for HIV prevention (at national, district and local level) is critical. Countries where civil society advocates could easily name political leaders that are championing HIV prevention have seen the greatest expansion of services or effective action on harmful laws and policies.
- Countries have made minimal progress when it comes to addressing policy gaps and legal barriers. Substantive legal reform remains out of reach in most countries. Decriminalisation remains the number one advocacy priority for key population leaders.
- The proportion of funding allocated to prevention remains

inadequate particularly when it comes to KP programming. Despite commitments from some countries the implementation of social contracting mechanisms is too slow and need more technical support.

- Implementing quality services at scale continues to be a challenge and programmes are often externally funded, particularly for key populations.
- COVID-19 has led to delays in decision-making and disrupted HIV prevention services. While in some instances governments and civil society worked jointly to avoid disruption of services, in other countries women and marginalised groups experienced an increase in human rights violations and violence.

The main findings and summary recommendations of the [independent external review of the GPC](#) and the HIV Prevention 2020 Roadmap were presented by Hege Wagan, UNAIDS, on behalf of Larry Gelmon, University of Manitoba (morning session) and Barbara de Zalduondo, Independent Consultant (afternoon session). The following overall recommendations were highlighted:

- Update and renew the commitment to the GPC and Roadmap to extend to 2025 and conduct an impact evaluation in 2025.
- Further strengthen the architecture of the GPC at global, regional, national and sub-national level.
- Address obstacles to implement HIV prevention programmes at scale, with increased attention to building a prevention workforce, with skills to tackle social change and structural issues of financing, harmful policies and laws and political barriers.
- Mobilise domestic as well as international funding to contribute to national ownership and to the national 2025 road map implementation.
- Increase support for community engagement, and more civil society participation in the global and national prevention coalition.



The final presentations in this session were on HIV prevention services in the time of COVID-19.

During the morning session Ihor Kuzin, Director ad interim, Public Health Centre, Ukraine presented challenges and solutions for the key population HIV prevention programme in the country:

- Programs access restrictions due to the lockdown: Outreach routes working hours and service delivery points were adapted to quarantine restrictions; with the support of the Public Health Centre, employees of non-governmental organisations could receive a pass for travel in public transport; 81.3% of patients on opioid substitution therapy were switched to prescription and self-medication.
- Infection prevention control of key population representatives and service providers: personal protection equipment was procured via Global Fund; information materials and a screening questionnaire were developed; a training video was prepared on providing services during a pandemic.

Bernard Madzima, Executive Director of the National AIDS Council of Zimbabwe presented in the afternoon session the strategic positioning and actions in the country:

- HIV is strategically positioned in the national COVID-19 preparedness and response plan.
- Rapid adaptation of HIV service delivery in the COVID-19 context.
- Repurpose HIV investments for information, education and communication as well as personal protection equipment for communities and health workers; to mobilize transportation of ART to local areas to ensure easy access by people living with HIV; and to incorporate COVID-19 into all community HIV prevention programmes.
- Monitoring the impacts of COVID-19 on HIV programs (rapid assessment, modelling) and addressing the effects.

## Taking stock and planning for the future – Country actions for HIV prevention 2021-2025

Statements by Ministers of Health and other senior officials were given for 27 of the 28 GPC countries (no representative of the Democratic Republic of Congo was online at the time the statement should have been given). All statements available in writing are available on the GPC website link <https://hivpreventioncoalition.unaids.org/meeting/ministerial-meeting-november-2020/>. A summary of key themes is provided below.

Countries reflected on the main achievements and/or good practice examples to scale and build on as well as challenges in relation to HIV prevention. The following was mentioned:

- Several countries indicated that they have a new National Strategic Plan for HIV and that prevention is high on the priority list and high targets are set (Ghana, Islamic Republic of Iran, Mozambique, Ukraine, Zimbabwe). In addition, Cote d'Ivoire included HIV prevention prominently in the new Global Fund funding proposal.
- Many countries implemented interventions for adolescent girls and women:
  - Angola developed a campaign focussing on prevention actions for women, adolescents and young people and female sex workers.
  - South Africa released a strategic plan on gender based violence and femicide (2020-2030).
  - Zambia revised the national framework for adolescent girls and young women, focussing also on boys and men.
  - Kenya implemented a fast track plan for adolescent girls and young women.
  - Lesotho focussed on combination prevention for adolescent girls and young women.
- Uganda scaled-up livelihood programs for women and youth to mitigate a socio-structural driver of the epidemic.
- With respect to key populations, the following achievements were highlighted:
  - Ethiopia developed key population friendly-services and a minimum service package.
  - Ghana released a comprehensive strategy for addressing human right barriers to access care for key populations.
  - Brazil are accelerating the roll out of PrEP as part of combination prevention programmes with a particular focus on key populations
  - China also continued the efforts on combination prevention provision by promoting condom, carrying out "Internet +" based interventions, providing PrEP.
- In Botswana there is integrated condom programming in the HIV/AIDS basic package of services, essential health services package and key population HIV prevention minimal package, and a standard operating procedure on condom programming for service providers has been disseminated.

The first ladies from Namibia (adolescent girls and young women), Botswana (gender based violence) and Angola (elimination of mother-to-child transmission) are all involved in the HIV response in their countries.

- The number of people on PrEP increased in several countries (Brazil, China, Eswatini, Kenya, Lesotho, Nigeria Uganda, Ukraine) and Botswana also developed PrEP implementation guidelines.
- Strategic partnerships with the community have proven to be important. In Botswana, there is social contracting of community based organisations to improve key population and young people programmes. India also uses social contracting whereby the targeted interventions programme is implemented with the support of non-governmental organisations. Zambia established strategic partnerships with community leaders for voluntary medical male circumcision. In Mexico innovative models of community participation have been implemented that allow the inclusion of all voices and do not leave out the most vulnerable and under-represented populations .
- In Angola same-sex relationships are decriminalized (penal code). Furthermore, in Tanzania the HIV and AIDs prevention and control act was amended to lower the age of consent of HIV testing from 18 to 15 and allow self-testing as standard care.
- South Africa developed a National Drug Master plan that outlines the role that each Government department should play in addressing substance use and abuse..
- Cameroon has removed user fees including free HIV services
- In terms of monitoring and evaluation: Kenya has conducted a key population size estimate and made progress on providing data on coverage. Mexico is implementing a new registry to e.g. collect data related to PrEP rollout.

*“The Government gave permission to do a population size estimate for key populations, which will be a gamechanger.”*

(Zambia)

Countries were asked to indicated **what actions they planned to overcome identified gaps** and introduce strategic change in its HIV prevention efforts in the period 2021-2025 and as part of the GPC, including country-level priorities to inform the deliberations and outcomes of the planned United Nations High-Level Meeting on HIV and AIDS in 2021. In summary:

- Many countries highlighted the development / implementation / scale-up of diversified prevention programme packages for adolescent girls and young women (Cote d’Ivoire, Eswatini, Kenya). Tanzania wants to increase the geographical coverage of the programme. Malawi in addition indicated increased access and retention of adolescent girls in school. Tanzania is embarking on a HIV, sexual and reproductive health and life skills programme in schools for adolescent girls and boys. Ethiopia wants to create adolescent friendly services.

*“We plan to align and prioritize interlinkages between the gender based violence, femicide and HIV, STIs and TB national strategic plans.”*

(South Africa)

- Several countries mentioned the implementation of interventions for key populations as a priority (Cote d’Ivoire, Eswatini, Myanmar, India). Ethiopia aims to implement different packages for high, medium and low incidence areas. Iran aims to increase PrEP coverage and access as part of a combination prevention package. Pakistan also focuses now on other vulnerable populations (prisoners, migrants, truck drivers) as an increase in infections in these populations is seen.

- Revitalization of the condom program is planned in some countries, with Mozambique having a new national condom strategy, South Africa focussing on more nuanced messaging and Tanzania having a total marketing approach plus distribution at community level. In Mexico female condoms were for the first time funded by government.
- Many countries indicated that expansion of PrEP is high on the agenda (Angola, Mozambique, Ghana and Mexico) or starting with PrEP roll out (Indonesia, Myanmar). South Africa is focussing on increased acceptability and availability of existing and new PrEP options as well as scale up within and outside facilities.

*“Action is undertaken in order for PEP to be accessible for occupational and sexual exposure, to overcome this gap.”*

(Mexico)

- To overcome legal/policy barriers, Botswana developed a comprehensive plan to remove human rights and gender related barriers to HIV and TB services which will now be implemented. Addressing legal and policy barriers specifically for key populations and adolescent girls and young women was also mentioned by Cote d’Ivoire.

- Several countries consider it important to increase domestic funding (Cote d’Ivoire, Namibia, Nigeria, Pakistan) and Zimbabwe also indicated exploring local manufacturing of HIV prevention commodities. Malawi is planning to increase investment in HIV prevention and sexual and reproductive health services through discussions between government, civil society and development partners. Uganda will advocate for additional government resources once the HIV prevention gap analysis, capacity assessment and building plan is finalized.
- Social contracting is mentioned by several countries: Zimbabwe made domestic resources available to support civil society led HIV/AIDS service delivery. Ghana is involving community-based organisations to provide complementary HIV services; more community led/ based services is expected to improve condom, AGYW and KP programming in the country.

On the question **“What alterations were / are needed in the national HIV prevention response in reaction to the COVID-19 pandemic?”** countries highlighted the following:

- Malawi highlighted how the sense of urgency related to COVID 19 has shown that we can also accelerate the implementation of HIV prevention before moving into the adaptations and responses to the dual epidemics.
- Most countries mentioned multimonth dispensing of ART, adapting protocols, providing PPE etc.
- Some countries specifically stated that HIV (prevention) services and sexual and reproductive health services were labelled as essential and hence disruption was minimalised (Botswana, Indonesia).
- There is a move to online platforms e.g. South Africa provided robust online counselling including mental health for adolescent girls and young women and key populations. Lesotho is exploring online counselling for all populations. Pakistan introduced a helpline for key populations in need of services and for people living with HIV that need treatment.

*“Revised protocols were developed for service delivery with a minimum basic staffing and smart outreach.”*

(Pakistan)

- The following innovations were mentioned: Increase in the number of access points for ART (South Africa), using online delivery services (Indonesia), alternative access points / routes of distribution for HIV prevention commodities (Nigeria, Lesotho), take home dosages of methadone maintenance treatment (Myanmar), equipment of mobile units to provide essential HIV services to hotspots (Islamic Republic of Iran).
- Countries indicated that in the response to COVID-19 lessons learned from the HIV response were included. Mozambique specifically indicated that communities need to be placed at the centre of the COVID-19 response: provide resources to support connectivity; include community representatives in planning and implementing COVID-19 activities. Nigeria also indicated that HIV prevention programmes were integrated in the COVID-19 community engagement, risk communication and community led monitoring. Zambia highlighted that it can also be the other way around: lessons learned from the COVID-19 response can be applied to HIV.
 

*“We can also learn from the COVID-19 response to bring back the sense of urgency in our HIV response. This will get us back on track and gain the speed we lost due to COVID-19.”*

(Malawi)
- Some countries mention inclusion of COVID-19 services into the HIV prevention service provision (Botswana). India scaled up viral load testing facilities, some of which are now also used for COVID-19 testing. Other countries linked HIV prevention to the COVID-19 response:
  - More specifically, Cote d’Ivoire indicated that awareness and screening for COVID-19 was integrated in HIV prevention services.
  - In Ghana new HIV PCR screening platforms are now also used for the diagnosis of COVID-19.
  - Condom distribution through community COVID-19 screening and contact tracing happened in South Africa.
- HIV is included in COVID-19 contingency (Zambia) and recovery (Kenya) plans. Integrated resource mobilization for COVID-19 and HIV prevention is conducted in Nigeria. China insists on fighting both battles of HIV and COVID-19 concurrently.
- A few countries mentioned active monitoring of the impact of the COVID-19 disruptions on HIV prevention services (Brazil) to understand what is needed and better target uptake (Eswatini).
- Countries report active provision of social relief services (Ghana), social support for people living with HIV, linking key populations and people living with HIV to social welfare schemes (India).
 

*“We hope that all countries learn lessons that will help us deal with public health challenges and also bring more urgency to achieve the “last mile” of the HIV response.”*

(Myanmar)

## Conclusion

The timeline and next steps towards the GPC 2021-2025 was presented by Paula Munderi (morning session) and Elizabeth Benomar, UNFPA (afternoon session). In summary, on World AIDS Day the new HIV prevention targets will be released and in December the UNAIDS PCB will review the annual progress report on HIV

prevention and give feedback on the Global AIDS strategy beyond 2021 (which will be adopted in March 2021). It is anticipated that in June 2021 there will be a high-level meeting on HIV and AIDS whereby a new Political Declaration will be adopted. With the leadership of the countries and the partners in the Global Prevention Coalition a consolidated approach for a strong and renewed vision informing bold HIV prevention targets is expected in the UNGA High-Level Meeting and Political commitment to HIV/AIDS.

In quarter 3 of 2021 the Global AIDS monitoring data on HIV prevention will be available and the GPC will have regional and country consultations to update the new 2021-25 Roadmap which will be endorsed in quarter 4 and lead to country-level commitments for implementation and support (at the 2021 GPC meeting).

Sheila Tlou, Co-Chair of the Global HIV Prevention Coalition, reflected on both sessions of the meeting: highlighting the external review finding that the members of the Global Prevention Coalition has successfully re-established national and global leadership around HIV prevention as reflected in the meetings impressive country reports. However, more needs to be done, as most countries are far from reaching their targets, and key populations are being left behind. But coalition countries and partners stand ready to renew their commitment to the GPC and Road Map for 2021–2025, taking into account new conditions and opportunities. Together countries will continue strengthening HIV prevention through the joint leadership as part of the GPC. Work needs to be done to ensure increased domestic and external investment including in national stewardship and coordination. Civil society and community engagement in both national and global HIV prevention coalitions must be increased and the legal and policy barriers that are hindering progress must be addressed. Lastly, only by engaging all partners and investing in our AIDS responses can we accelerate our pace to ensure that the most vulnerable and all key populations can access HIV prevention and sexual and reproductive health services that respond to their needs.

*“HIV prevention requires the whole of government and society. Together we can protect key populations, adolescent girls and young women, women and new-borns, men, everyone ....”*

(Natalia Kanem, Executive Director, UNFPA)

*“We must respect the right to health of everyone, including key populations ... if we all want to enjoy this right. Otherwise we will not win the fight against AIDS.”*

(Winnie Byanyima, Executive Director, UNAIDS)

## Appendix 1. Agenda

*The Ministerial Meeting of the Global HIV Prevention Coalition (GPC)*

### **HIV Prevention 2021-2025, taking stock, planning the future**

Hosted by UNAIDS and UNFPA, on behalf of the Global HIV Prevention Coalition (GPC)

**18 November 2020 from 09.00 to 12.00 CET**

#### AGENDA

Time	Session(s)	Speaker
<b>Opening by GPC Co-conveners and partners</b>		
9.00-09.30	<b>Welcome, introduction and meeting objectives</b>  <b>Opening remarks</b>	<b>Facilitator:</b> Mahesh Mahalingam, UNAIDS  <b>Chair:</b> Liya Tadesse Gebremedhin, Minister of Health, Ethiopia  Winnie Byanyima, Executive Director, UNAIDS  Peter Sands, Executive Director, The Global Fund  Charan Sharma, Indian Drug User's Forum, India
<b>Overview of progress in the implementation of the HIV Prevention 2020 Road Map</b>		
09.30-10.15	<b>Highlights from the 4<sup>th</sup> GPC progress report</b>  <b>Findings from HIV prevention shadow reports</b>  <b>HIV prevention services in the time of COVID-19</b>  <b>Highlights and recommendations of the external review of the GPC</b>	<b>Facilitator:</b> Mahesh Mahalingam, UNAIDS  Paula Munderi, UNAIDS  Christine Stegling, Frontline AIDS  Ihor Kuzin, Director a.i., Public Health Centre, Ukraine  Hege Wagan, UNAIDS
<b>Taking stock and planning for the future – Country actions for HIV prevention 2021-2025</b>		
10.15 – 11.20	<b>Statements by Ministers and other senior officials</b> <b><i>Running order of countries based on seniority</i></b> <ul style="list-style-type: none"> <li>• <i>Ethiopia, India, Indonesia, Lesotho, Myanmar, Pakistan</i></li> <li>• <i>Islamic Republic of Iran, Uganda, China</i></li> </ul>	<b>Facilitator:</b> Mahesh Mahalingam Ministers and other senior officials
11.20 – 11.30	<b>Timeline and next steps towards the GPC 2021-25</b>	Paula Munderi, UNAIDS
<b>Closure</b>		
11.30-11.40	<b>Summary remarks</b>  <b>Closure</b>	Liya Tadesse Gebremedhin, Minister of Health, Ethiopia and Winnie Byanyima, Executive Director, UNAIDS

Time	Session(s)	Speaker
<b>Opening by GPC Co-conveners and partners</b>		
15.00-15.30	<p><b>Welcome, introduction and meeting objectives</b></p> <p><b>Opening remarks</b></p>	<p><b>Facilitator:</b> Mahesh Mahalingam, UNAIDS</p> <p><b>Chair:</b> Lizzie Nkosi, Minister of Health, Eswatini Natalia Kanem, Executive Director, UNFPA Peter Sands, Executive Director, The Global Fund Raphaela Fini, Integral Health Municipality Committee LGBTI of São Paulo, Brazil</p>
<b>Overview of progress in the implementation of the HIV Prevention 2020 Road Map</b>		
15.30-16.15	<p><b>Highlights from the 4<sup>th</sup> GPC progress report</b></p> <p><b>Findings from HIV prevention shadow reports</b></p> <p><b>HIV prevention services in the time of COVID-19</b></p> <p><b>Highlights and recommendations of the external review of the GPC</b></p>	<p><b>Facilitator:</b> Mahesh Mahalingam, UNAIDS</p> <p>Paula Munderi, UNAIDS Christine Stegling, Frontline AIDS Bernard Madzima, National AIDS Council of Zimbabwe Barbara de Zalduondo, Independent Consultant</p>
<b>Taking stock and planning for the future – Country actions for HIV prevention 2021-2025</b>		
16.15 – 17.20	<p><b>Statements by Ministers of Health and other senior officials</b></p> <p><b>Running order of countries</b></p> <ul style="list-style-type: none"> <li>• <i>Zimbabwe, Eswatini, Angola, Botswana, Nigeria, Malawi</i></li> <li>• <i>Ukraine, Namibia, Zambia, Côte d'Ivoire, Tanzania, South Africa</i></li> <li>• <i>Mexico, Mozambique, Brazil, Kenya, Ghana, Cameroon</i></li> </ul>	<p><b>Facilitator:</b> Mahesh Mahalingam</p> <p>Ministers of Health and other senior officials</p>
17.20 – 17.30	<p><b>Timeline and next steps towards the GPC 2021-25</b></p>	<p>Elizabeth Benomar, UNFPA</p>
<b>Closure</b>		
17.30-17.40	<p><b>Summary remarks</b></p> <p><b>Closure</b></p>	<p>Sheila Tlou, Co-Chair of the Global HIV Prevention Coalition</p> <p>Natalia Kanem, Executive Director, UNFPA Winnie Byanyima, Executive Director, UNAIDS</p>

