

Global HIV Prevention Working Group Meeting

Virtual meeting, 24 March 2020

Participants: Alvaro Bermejo (IPPF, Coalition Co-Chair), Chewe Luo (UNICEF), Christine Stegling (Frontline AIDS), Elizabeth Benomar (UNFPA), Gina Dallabetta (BMGF), Heather Watts (PEPFAR OGAC), Marie Laga (Institute for Tropical Medicine, Antwerp), Mitchell Warren (AVAC), , Nyasha Sithole (AFRIYAN), Rachel Baggaley (WHO), Paula Auberson-Munderi (UNAIDS), Raymond Yekeye (Zimbabwe NAC), Ruth Morgan-Thomas (NSWP for key population networks), Sheila Tlou (Coalition Co-Chair), Susie McClean (Global Fund).

Opening, individual sessions and observers: Shannon Hader (UNAIDS, Deputy Director, Programmes), Damilola Walker (UNICEF), Daniel McCartney (IPPF), Hege Wagan (UNAIDS), Matteo Cassolato (Frontline AIDS), Lycias Zembe (UNAIDS), Ruth Laibon (UNAIDS), Clemens Benedikt (UNAIDS, Rapporteur), Wiebke Kobel (UNAIDS, virtual meeting support).

Apologies: Nduku Kilonzo (Kenya NAC)

All presentations are available in the [meeting folder](#).

SUMMARY OF DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

1. Overview of HIV prevention

a. **Opening remarks:** The UNAIDS Deputy Executive Director opened the teleconference thanking participants for joining the virtual meeting, which replaced the physical meeting that was supposed to be held in Maputo. She emphasized that HIV prevention among key populations still remains neglected in many countries and requires dedicated attention of this group. In order to do justice to the important discussion on key populations that had been planned for the Maputo meeting, she proposed to find a different format to have a dedicated deep-dive discussion. She also highlighted that the current COVID-19 pandemic was at the centre of global attention, would influence all activities in the coming six months and would have profound implications on the future of different spheres of life including the HIV response. Looking forward, there is need to be more creative to maintain continuity of prevention and harm reduction services. For instance, virtual platforms to disseminate information, provide peer support and deliver services should be further explored in times where traditional community-led service delivery is being interrupted.

b. Overview on the current state of HIV prevention and implementation of HIV Prevention 2020 Road Map

This session included an overview presentation by the Global Prevention Coalition Secretariat and a discussion. The following were the main points:

- Given that 2020 Global AIDS Monitoring and HIV estimates are still under preparation, a short summary of the final 2019 progress report was given. The final validation of 2019 scorecard confirmed the main trends reported in the previous meeting in that progress in reducing new HIV infections and changes in HIV prevention outcomes remain too slow relative to 2020 targets. It is important to note that this is still partially based on 2019 reporting of 2018 data, which often relied on even earlier survey data.

It is therefore still too early to assess the effect of the Coalition on prevention outcomes. Coverage of HIV prevention programmes increased moderately across pillars in 2018 but remains too low across the different thematic areas (see presentation for details).

- Country self-reporting on the Global Prevention Coalition (GPC) survey completed in the last quarter of 2019, show significant progress made by countries across the ten Roadmap actions including improvements in needs assessments, prevention strategies, some actions to address policy barriers, programme packages, financial gap analysis and monitoring. Substantial gaps remain in relation to policy barriers for key populations, capacity development for HIV prevention, social contracting and HIV prevention financing.
- A **commentary** provided critical reflections on progress on the four main factors holding us back in prevention: lack of leadership, of enabling policies, of implementation at scale and of adequate financing. Although some progress was made in each of them, in the big scheme of things, the four main obstacles remain as relevant in 2020 as they were in 2017. Gaps in political leadership on harmful laws and prevention financing are still apparent and there is need to rethink how to make progress in the political space and on addressing policy barriers. Although programme and financing gaps are better understood now, the major issues in prevention financing including financing of scaled community action through strengthened social contracting remain to be resolved. Financing challenges in turn remain one of the main blockages for implementation at scale. As Covid-19 tightens its grip, it can be expected that prevention financing will be even more cut and communities prevented from delivering and advocating for health and human rights.

Key discussion points included:

- In the current Covid-19 situation, supply chain issues related to HIV prevention, testing and contraceptive services need to be ensured and policy change fast-tracked.
- Doing less with more should be a priority to avoid that the GPC becomes huge portfolio of multiple workstreams that are not actionable. The GPC evaluation is a timely and strategic activity to see whether the GPC as well as the current set up of the PWG have an impact.
- In addressing these gaps, the Coalition dashboards remained useful for prevention advocacy and benchmarking in South-to-South learning.
- To address HIV, sexual and reproductive health and rights (SRHR) of young people, new technologies should be explored and go hand in hand with traditional mechanisms such as civil society engagement and strengthening of NACs to lead on policy change.
- New interventions coming out of the Covid-19 crisis can be an opportunity for HIV prevention and the HIV response overall (for example new policies related to multi-month dispensing).
- It needs to be ensured that available funds are allocated to HIV prevention activities in the ongoing Global Fund grant proposal process. As part of the Global Fund grant proposal and PEPFAR country operational planning processes, there is need to ensure that PWG members are engaged, in particular civil society and community representatives to defend HIV prevention budgets.
- There is need to set up a PWG task team to develop guidance on HIV prevention in the current global crisis, including recommendations on how to keep prevention on the agenda, sustain essential systems (such as supply chains) and promote innovative programming.
- The GPC and Road Map End Evaluation will provide findings on the GPC's impact and will start next month. Preliminary findings should be presented at the next ordinary GPC meeting.

2. Update from PEPFAR and the Global Fund

Presentations from PEPFAR and the Global Fund provided an update on support provided through the two major global HIV prevention financing streams. Main points included the following:

PEPFAR

- A doubling of investment to approximately 400 USD million per year is envisaged for the DREAMS programme for adolescent girls and young women in countries with high HIV prevalence. The geographical prioritization will be aligned to UNAIDS sub-national HIV incidence estimates and the focus will be on locations with very high and extremely high HIV incidence, mostly in eastern and southern Africa.
- Evaluations of DREAMS outcomes are ongoing and an update on results was provided including some encouraging findings in relation to reduced new HIV diagnoses in DREAMS districts.
- The PEPFAR target for pre-exposure prophylaxis (PrEP) will be increased to 1 million people including key populations and young women using PrEP for the next financing year. The increased target was welcomed by the group considering that according to the 2019 scorecard less than 100,000 people were on PrEP in low and middle income countries against a global target of 3 million using PrEP as outlined in the UN Political Declaration on HIV and AIDS.
- There has been good progress on voluntary medical male circumcision (VMMC) in 2019. Kenya has achieved saturation coverage. Zambia has made particularly good progress in reaching young men aged 15 years and above.
- A shift in focus of VMMC on the age group 15+ will be made due to safety concerns in relation to higher adverse events among 10 to 14 year olds as well as considerations on informed consent. It was discussed that from the perspective of epidemiological impact the change in policy also makes sense in the short-term. Yet, it should be considered whether with improvements in safety, the age limitation could be revisited for longer-term impact, especially for the age group 13-15 years. While safety is a main concern, if evidence from evaluations of Shang ring implementation provides reassuring data regarding safety, age policies could be revisited.

Global Fund

- The successful Global Fund replenishment implies increased resources at the Global Fund for HIV and a potential to strengthen HIV prevention. Increased allocations mostly apply to GPC countries including 13 countries in ESA where programmes for adolescent girls and young women are being implemented.
- Additional catalytic funding has also become available. Matched funding for key populations and young women will continue and new matched funding for condom programming in four countries will become available. This will be complemented by strategic initiatives including on condom programming focused on upstream work and increased focus on stewardship as well as demand creation as well as on HIV prevention among adolescent girls and young women.
- Several changes have been introduced to the funding proposal process, with additional clarifications required for proposed prevention priorities, including balancing of prevention and treatment investments and specifications of populations.
- Internally, the Global Fund Secretariat has prioritized HIV prevention in planning for the new cycle. The conversation has been moved to another level and priorities identified by the GPC Secretariat are supported including the need to increase coverage among key populations and young women. The different GPC products are increasingly used as key reference documents.

- The review of country requests is time consuming and takes place in cooperation with the TRP whose decisions are informed by the GPC framework. Funding requests represent the first stage of the grant making process and there is need for joint efforts to ensure that HIV prevention funding is maintained in subsequent steps, including grant-making, annual budgeting and implementation.
- Regarding implementation of quality programmes at scale, support should focus on PRs and SRs who have the resources to do large-scale work. Many investments in KP programmes have produced good results. They can be used to improve investments elsewhere, through strengthened implementation support units and community systems strengthening, which are areas of interest to the Global Fund.
- The Global Fund offered countries to reprogramme 5% of unspent funds or 5 % of current grant savings for national Covid responses (Guidance issued 4th March 2020).
- Careful balance between HIV prevention and other disease prevention and control investments are needed to avoid increased new HIV infections or mortality because of investment shifts to COVID-19. Lessons learnt from the Ebola response show that malaria-associated deaths increased in the aftermath of the Ebola outbreak and related investment shifts.

3. The Global HIV Prevention Coalition: Prioritizing for 2020

Priorities for 2020 were discussed considering the adjustments required in the current context.

- HIV prevention integration into contraceptive services as promoted by the GPC has not yet been realized but requires urgent action following the ECHO trial findings published in 2019.
- It is important to maintain a shared agenda and leverage the potential of Global Fund resources. The GPC could do more advocacy in relation to the Global Fund through the Board at heads of agency level instead of channelling its cooperation mainly through Global Fund technical staff.
- To be credible and relevant in the current crisis, there is need to take COVID-19 into account in 2020 priorities, especially the implications of the pandemic in Coalition countries with fragile health systems. Protecting prevention funding and focus will become difficult, also because experts are shifting to the new response, both on global and country levels. Synergies and lessons learnt from the HIV response need to be identified and used in the response to Covid-19, for example the role of communities.
- Priorities should reflect on what the GPC can do differently to move from processes with less impact to addressing concrete policy barriers. A PWG task team should be established to come up with a practical political guide presenting evidence why HIV prevention matters even in current public health crisis, the importance of community engagement and strengthening and the implications of inaction for vulnerable populations.
- There is need to reflect how to make the GPC fit for purpose to address HIV in the current situation.
- In the current situation, the vulnerability of key populations with disproportionately high new HIV infections deserves particular attention. The impact of the COVID-19 crisis on the sex worker community, for example will be significant given the exclusion from social protection mechanisms in most countries. These emerging needs should be reflected in the GPC's priorities in 2020.
- To maintain the prevention agenda in times of crisis, the role of the NACs that are now also involved in the COVID-19 response in many countries should be leveraged to support both national HIV and COVID-19 responses.

4. UNAIDS strategy process and timelines

A brief update was provided on the ongoing development of the new UNAIDS strategy:

- The current set of HIV prevention targets remains valid up to end of 2020 and there is continued need to push for making further progress towards them.
- An advisory group has been established to guide the development of the new UNAIDS strategy.
- There will be wide consultation throughout 2020 and PWG members will be approached throughout the strategy development for inputs.
- As the Global Fund has started to get organized around its new strategy development, it should be ensured that future UNAIDS and Global Fund strategies are mutually supportive overall and for HIV prevention specifically.

SUMMARY OF ACTION POINTS

- Identify dates for two additional 3-hour calls (GPC Secretariat);
- Engage all global key population network coordinators to refine draft agenda for key population deep-dive (GPC Secretariat to organize call);
- Convene another call to discuss the strategy of the PWG for the next 9 months in the era of Covid-19 and the outlook for 2021 (GPC Secretariat);
- Set up PWG sub-group to develop an action-oriented statement to define way forward on HIV prevention in times of Covid-19 (GPC Secretariat);
 - Key priorities, messages and models
 - Protecting funding & focus
 - Lessons learnt from HIV prevention in the Covid-19 response
- Document GPC impact on prevention financing through the Global Fund (Global Fund);
- Share overview slide on additional Global Fund resources available for HIV (Global Fund);
- Map key prevention stakeholders as a basis to broaden PWG membership for a fit for purpose PWG in view of the Covid-19 response and HIV prevention beyond 2020 (GPC Secretariat);
- Set up small PWG sub-group to revisit HIV and SRHR integration agenda in view of limited actions following ECHO trial findings and to develop actionable recommendations; (WHO, UNAIDS, UNFPA);
- Develop an advocacy letter to political leaders highlighting the urgency to maintain HIV prevention on the political agenda in the COVID-19 crisis (UNAIDS, UNFPA);
- Share final ToR for GPC Evaluation (GPC Secretariat - PWG members will be engaged throughout the evaluation as necessary and be informed about preliminary findings).
- Review follow-up action points from last PWG meeting to update on status of pending actions (all PWG members).