1. Opening & welcome of new PWG members

Wiebke Kobel, representing the GPC Secretariat, opened the teleconference thanking participants for joining the virtual consultation to gather inputs and feedback on the new HIV Prevention Road Map for the period 2021-2025. She welcomed the new members to the working group that has been extended to all global key population networks as well as UNDP, UNESCO, UNODC, UN Women and the World Bank. She also introduced Maaya Sundaram and Sajay Menon from the Bill and Melinda Gates Foundation, Isabelle de Zoysa, who is the consultant working on the development of the new Road Map, and Pauline Daniel, who is currently interning at UNFPA and supporting the Road Map development process.

2. Setting the scene – Outline of the zero draft HIV Prevention 2025 Road Map and key questions for discussion – Paula Munderi, GPC Secretariat

Paula Munderi explained that the aim of this meeting is to get input on a new HIV prevention road map, which is a critical activity for the GPC Secretariat in the last 2 quarters for 2021. She acknowledged the support provided by BMGF in the form of a new grant to support the work of GPC and the development of this road map.

Paula shared a brief slide deck presenting an outline for discussing the zero draft road map to provide an opportunity of PWG members to shape the road map jointly. The outline includes:

1) the guiding frameworks for renewed commitment to HIV Prevention represented by the Global AIDS Strategy 2021-2026, the 2021 political declaration on HIV and AIDS, and the 20 30 Agenda for sustainable development;

2) the GPC Secretariat reflections on the new prevention road map;

3) the critical approaches or activities to emphasize in order to recover momentum on HIV prevention and realign efforts with 2025 and 2030 targets;
4) 3 areas to focus on including how to modify the 10-point action plan and introduce key areas for intensified action; whether to continue focusing on the five HIV prevention pillars; and what are the critical commitments to put in the road map towards reducing new HIV infections and who are the commitments to be taken by;

5) Recap of the 2020 Road Map commitments from the different constituencies and the need to reflect on how GPWG members feel we should phrase these commitments;

6) The time line to finalize the road map and organize the next GPC Ministerial meeting to endorse a 2025 prevention road map

3. Open discussion: Q&A and feedback on zero draft (open discussion) – Mitchell Warren, AVAC

Mitchel Warren facilitated the Q&A session where GPWG members provided their comments on the zero draft road map both verbally and in the chat box. The key highlights from the discussion are summarized as follows:

- The new road map needs to look at **What have we done well, works and we should continue? What have we done which doesn’t work and we should stop? Where have we really failed? What are the new issues and opportunities and what is different now?**

- The **five-pillar approach** has proven workable to concretize prevention, including in the context of the Global Fund. The intervention-based VMMC pillar should be modified and broadened to a population-based pillar for men and boys. Social and structural interventions, rights-based and community-led approaches need to be reflected in the pillar structure.

- To make decisions on **geographic expansion**, a 28 GPC focus country analysis was suggested to compare HIV burden in 2017 to 2021 and to see where countries are now placed against set targets, to identify good performers and challenging contexts / successful approaches in order to inform the GPC composition moving ahead.

- **Proposed key areas for intensified action** as part of the 10-point action plan should be further simplified and be more forward leaning. Alternative routes (contingency plans) should be outlined in the Road Map if the planned implementation faces challenges.

- The new Road Map needs to take into account the **changing context and increased complexity with respect to the COVID-19 pandemic and the political environment**. A more explicit status report should be included, highlighting positive and negative differences to five years ago when the first Road Map was launched.

- Include as a **key milestone of the Road Map, a reflection on National AIDS Commissions (NACs)**, their role in anchoring HIV prevention at country level, including multisectoral coordination and political advocacy, and capacity needs.

- **Capitalizing on primary health care (PHC) and universal health coverage (UHC)** will be a key opportunity for the HIV prevention response to ensure leaving no one behind. There is need to advocate for a strong positioning of HIV prevention in PHC and UHC discussions and for considerations on who should be involved. The prevention pipeline offers additional opportunities that can be embraced and should be reflected in the new Road Map.
• There is need to **better leverage available resources**, including considering budget lines not specifically labelled for HIV and non-traditional funders such as the Global Fund and PEPFAR. Advocating for domestic resources will become equally important.

• **Prioritization for impact** is key, including through precise target setting and stronger planning (incl. in NSPs).

• The **focus on key populations and community-led responses** is even more critical given limited progress in the response as presented in the GPC progress reports. Similarly, the focus on **adolescent girls and young women** remains important where interventions should be prioritized that have an impact on HIV as per existing evidence (we know what works).

• **Service delivery platforms** need to be emphasized, including for sexual and reproductive health and rights as well as South-to-South learning approaches and innovations.

• Leveraging the new **Global AIDS Strategy as well as Global Fund and PEPFAR strategies** will be important as they put HIV prevention further into the center.

• The road map should represent both **a public health call to action and a political statement**. We need to be practical and highlight key aspects that countries will be held to account for and find the key leverage points.

**4. Summary of next steps**

• GPWG members to provide their written input on the draft road map, especially with regards to what needs to be done differently and to the commitments of the different stakeholders, by Friday, 10 September.

• The GPC Secretariat will share with the GPWG a note for the record and a summary of the GPWG discussion on the road map, together with a high level summary of the feedback from the NAC Directors’ similar consultation on the week of 6 September.

• The GPC Secretariat will visualize the prevention pillars and come back to the GPWG or a sub committee for more creativity and input.

• The GPC Secretariat will provide an updated timeline of what the next 2 months will hold with respect to other consultations and opportunities to do listening sessions with different constituencies to ensure transparency and openness. Members of the GPWG are also encouraged to organize sessions for their constituencies weighing on the road map.

• The GPC Secretariat will share new data from 2020 scorecards to feed some of the analysis required in the new road map on where the epidemic is growing and have clarity on the countries currently contributing most to the global burden of new infections and where the GPC countries have reached in terms of their new infections targets since 2017.

• The GPC Secretariat will collaborate with the GPWG in developing an opinion piece publication in line with the new road map. This will be one component of the dissemination strategy of the new road map.