

Global HIV Prevention Working Group (GPWG) Meeting

Virtual meeting, 6 April 2022

Participants: Mitchell Warren (AVAC, GPC Co-Chair), Sheila Tlou (GPC Co-Chair), Paula Munderi (UNAIDS, GPC Co-convener), Elizabeth Benomar (UNFPA, GPC Co-convener), Rachel Baggaley (WHO), Chewe Luo (UNICEF), Monica Ciupagea (UNODC), Boyan Konstantinov (UNDP), Katherine Ward (World Bank), Christine Stegling (Frontline AIDS), Judy Chang (INPUD), Alex Garner (Mpact), Geoff Garnett (BMGF), Gina Dallabetta (BMGF), Irene Benech (CDC), Alison Cheng (USAID), Tisha Wheeler (USAID), Kate Ploudre (USAID), Caya Lewis Atkins (GFATM), Sonal Mehta (IPPF), Marie Laga (Institute for Tropical Medicine, Antwerp), Raymond Yekeye (Zimbabwe NAC), Clemens Benedikt (GPC sec),

Observers: Ehab Salah (UNODC), Damilola Walker (UNICEF), Matteo Cassolato (Frontline AIDS), Clare Morrison Robyn Eakle USAID (Frontline AIDS), Hege Wagan (GPC sec), Lycias Zembe (GPC Sec), Souad Orhan (GPC Sec, Rapporteur),

Apologies: Ruth Morgan-Thomas (NSWP), Susie Mclean (GFATM), Mc Siobhan Crowley (GFATM), Nazneen Damji (UN Women), Sara Klucking (PEPFAR OGAC), Yana Panfilova (Teenergizer), Nyasha Sithole (Athena/AFRIYAN), Ruth Laibon (Kenya NAC)

Summary of Updates, Discussions, Recommendations and Action Points

1. Opening remarks

GPC Co-Chair, Sheila Tlou, opened the meeting with an overview of the agenda. She thanked the task teams that had convened on the finalization and dissemination of the HIV Prevention 2025 Road Map and on the Key Populations agenda and acknowledged the written updates that were received in advance of the GPWG meeting by AVAC, PEPFAR and Frontline AIDS (see annex 1).

2. The HIV Prevention 2025 Road Map; report back from Task Team 1

Eliazbeth Benomar, UNFPA, provided the report back from the task team working on the finalization and dissemination of the HIV Prevention 2025 road map, reminding the group that the original draft had over 70 pages worth of comments from multiple constituencies, which were worked in with an effort to shorten the document. The task team first met on March 22 to discuss the shortened version and provide more guidance and input. Another week was then given for the team members who wanted to provide additional inputs including WHO, UNODC, INPUD and USAID. The task team met again on April 4 to look at the semi-final road map and the changes integrated. Some of the changes included strengthening the mention of key populations, particularly in action 2 and table 2 that looks at progress against barriers; changing the milestones to start in October 2022; strengthening the issue of harm reduction in the document; removing the long running list of milestones at the end to make the road map more concise; and updating the members' list.

The road map has already been copy-edited. The next steps include a UNAIDS internal technical review; design and translation; and clearance by UNAIDS editorial board. It is hoped that the document will be finalized in May.

The task team has also been tasked to look at how to disseminate the road map and a series of activities have been agreed upon including the following:

- A NAC Managers meeting (early June), with primary focus on getting final endorsement of road map by Ministers at country level (informal launch)
- UNAIDS PCB (21-24 June): CCO statement and joint message by UNAIDS and UNFPA EXDs to PCB membership and observers
- AIDS 2022 (end of July): Combination of Satellite session and publicizing of Road Map by UNAIDS EXD together with launching the global AIDS report
- Full GPC meeting (September) that could be framed around commitment statements and operationalization of the road map.
- Reach out to regional colleagues and networks to promote the road map in regional events;
- Press releases and dissemination through various networks

Other ideas for dissemination included:

- An op-ed either by the Co-chairs or the Co-conveners or all four. The GPC Secretariat could try to feature it in Lancet HIV or a major newspaper like the New York Times.
- A media event at AIDS 2022.
- Link the road map with other initiatives that are being launched at AIDS 2022 such as the Global Strategic Initiative on the 10 10 10 targets, which focuses on law reform.

Discussion points

- WHO questioned the absence of HIV prevention among UNAIDS new Global Initiatives, which were discussed during the meeting of the cosponsoring organizations. These initiatives include 1. The Global Alliance to End Pediatric AIDS; 2. the 10 10 10 initiative; 3. the Innovative Financing initiative; the Generation Inequality and Women Empowerment initiative; and the Education Plus initiative. WHO considered it a missed opportunity not to have prevention as a strategic initiative for the cosponsors to get behind and highlighted the need for high level leadership to get behind prevention in a more vocal way.
- Reacting to WHO's comments, UNICEF explained that under its chairmanship of the CCO this year, the Joint Programme has strongly recognized the enhanced focus on prevention building on the work of the GPC in terms of geographical targeting, risk profiling and working differently to impact results. This has all been considered in developing the UBRAF and SRA1 on prevention. In discussing the global initiatives, the cosponsors were very cognizant of other ongoing work but did not want to duplicate what is being done through the UBRAF or through the GPC. Instead, they recognized that the connections between the ongoing initiatives should be clarified.
- AVAC highlighted that there is a huge opportunity for the Joint Team and the GPC together as there is a prevention link in articulating the three priorities of pediatrics, the 10 10 10 and human rights. There is need to think more creatively and strategically to position the coalition in real time to be able to articulate the fundamental prevention needs more clearly across the board. This would require elevating EXD's voice and clarifying how the different priorities relate and connect.
- Both UNFPA and UNICEF suggested having a dedicated discussion around how the joint programme can best support the work that is being spearheaded by the GPWG, highlighting that the GPWG needs to help define the linkages with the other UNAIDS strategic initiatives and also acts as a platform for some of them.
- Frontline AIDS asked the GPC Secretariat to share the list of countries who are currently updating their HIV prevention road maps so that the former could support the processes of

developing and implanting these road maps through their civil society partners at the country level. Frontline AIDS also emphasized the importance of having UNAIDS EXD speaking in the GPC IAS satellite to make a buzz around prevention and indicated their willingness to help conceptualize and plan that event.

Action point:

- As representatives in the committee of cosponsoring organizations, Elizabeth and Chewe will lead on defining GPC linkages with the other UNAIDS global initiatives.

3. Key Populations priorities in 2022; report back from Task Team 2

Alex Garner, Mpact, provided the report back from Task Team 2 on Key Populations, which merged with the already existing steering group for the community of practice. The task team met on 11 March to identify the 2022 priorities, share the plans of the community of practice in 2022, as well as the priorities of the individual agencies involved. The 2022 priorities of the task team included: 1. Strengthening key population prevention financing in the context of Global Fund, PEPFAR and domestic financing mechanisms; 2. providing outward looking communication to GPC constituencies at country-level through the community of practice; 3. operationalizing the Global HIV Prevention Road Map and ensuring strong key population focus in the country commitments; and 4. expanding key populations' access to new HIV prevention technologies including community-level communications and demand generation as well as addressing general structural barriers. A wide range of themes were further mentioned by members as their organizational focus in 2022 (see annex 2).

In terms of the planning for the community of practice in 2022, four sessions are proposed on: 1. Scaling up effective programmes with young key populations; 2. financing and sustaining key populations programmes within HIV Responses at country level; 3. measuring and monitoring Key populations programmes outputs and outcomes at national and global level; and the 2022 update of the consolidated guidelines on HIV, STI and VH prevention, diagnosis, treatment and care for key populations.

The next steps outlined by the task team to pursue after their meeting include providing input into the outline of the upcoming sessions of the community of practice by April 12 and convening a follow up meeting to develop actions on the four key priorities identified (GPC Secretariat to convene, Networks and UN partners to guide agenda).

Discussion points

- USAID underscored that the data on domestic financing available for key populations has been historically very hard to find, including for the Global Fund. PEPFAR has some data that it could present once they have time to pull it together. The point stands that funding for key populations should include funding that comes through different budgets for LAB, Supply Chain, Viral Load and other areas but the planning and budgets are often not necessarily prioritized. USAID is interested in doing an analysis to map and categorize available data on funding for key populations' programmes at national level and has discussed with UNAIDS and their subgroup about how different agencies could work together on this issue.
- USAID expressed the concern that although key populations and their partners represent 65% of new infections, key populations' programmes tend to represent about only 3% of USAID budget and there is almost no domestic financing available. So, as we start talking

about overall sustainability in the HIV response, especially in light of COVID-19, we have to talk about funding for key populations programmes and get better accuracy on what needs to be done (e.g. social contracting, funding CBOs, working through governments, etc) in order to inform a sustainability argument for key populations, and likewise for other vulnerable populations that are community based.

- Building on the argument of USAID, Mpact stressed the need to maintain consistency around ensuring the integration of the needs of key populations into all of the funding that is provided and be better at strategizing around how to consistently integrate key populations into the general funds, not only the pockets of funds historically given to key populations.
- WHO suggested that the main emphasis in funding should be on key populations, be it from USAID or the Global Fund. Donors have been prioritizing new prevention technologies like long acting cabotegravir for adolescent girls and young women, and lots of the big donors have put the biggest focus on East and southern Africa while key populations are often in the slightly higher income countries like in Asia, North Africa and Latin America. There is lack of ambition in thinking about new technologies in the latter settings and this is where we are failing. We need to be more focused and bolder in starting with key populations and increasing coverage among them, while making sure that we are focusing on the most effective elements of programming.
- UNICEF emphasized that while looking at data for key populations it is also important to consider young key populations for which there is more paucity of data. Data pulled by UNICEF to define the burden of HIV among young key populations has never made it into UNAIDS key populations ATLAS or any publications for reasons related to inadequacies in methodologies used or representativeness. Collective efforts should be made to invest in data on key populations and better define what is going on in the younger populations.
- UNICEF added that in the committee of cosponsoring organizations retreat that took place a week earlier, the cosponsors talked about the necessity to think about what positioning HIV in the broader development agenda is about. In the same line, the work around integration and alignment to mental health and other issues is extremely important as we think about key populations. There is need to find the right connections if we are to think about leveraging existing resources outside HIV.

Action points:

- GPC Secretariat to share information about GPC countries currently revising their prevention road maps.
- UNFPA, UNDP and UNODC will collect the GPWG insights/inputs on the key populations evaluation since the three agencies are leading the management response on it for the Joint Programme.

4. GPC Secretariat update

Paula Munderi provided the update from the GPC Secretariat, starting with briefing the group about the [key finding from 2021 scorecard report](#) that has been finalized and uploaded on the GPC website. The report presents the outcomes that are captured in the 2021 scorecards, examining recent achievements in the 28 GPC focus countries, then summarizing country progress by intervention area, leading to five overarching findings. On behalf of the GPWG, the GPC Secretariat submitted an abstract to AIDS 2022 based on the scorecard data and it was approved as an e-poster.

The GPC secretariat is also working on a feature story for UNAIDS website to publicize the scorecard report.

The three task teams on the Global Fund info note; Comprehensive Sexuality Education (CSE); and prevention communications are yet to meet and the secretariat will shortly be following up on their convening.

The South-to-South Learning Network (SSLN) on key populations and condoms have been very active and productive. The network has currently been refunded and is moving to an additional five countries. It will potentially further include peer learning in other areas of HIV prevention programming.

Following discussions held with UNAIDS leadership in regional cluster meetings, in which regions highlighted HIV prevention as a programme priority and expressed interest around GPC extending its learning to regional teams, the GPC secretariat will be working on regionalizing the GPC approach by holding conversations with the regional teams.

UNAIDS upcoming global report will have a thematic chapter on prevention called 'New push for HIV prevention' and the new road map will be used to frame the chapter. The other chapters are on reinforcing rights; strengthening community-led systems; and sufficient and sustainable financing. The GPC Secretariate will be working with the data team on writing up the prevention chapter.

A think tank series on how to refine global approaches for measuring combination HIV prevention is in the making and will take place in May. The request by different stakeholders for such a consultation builds on a prevention brain trust dialogue held by UNAIDS DXD Programme in 2021 and is based on two issues. First, the Global AIDS Strategy 2021-2026 global target specifies combination HIV prevention while at the moment UNAIDS is only measuring individual interventions. Second, the Global Fund is currently developing their new funding model and their next guidance and wants to strengthen prevention measurement there as well. As such, this consultation looks to identify a number of solutions at 5 levels including: 1. defining who needs prevention; 2. measuring prevention coverage, 3. outcomes and 4. impact of prevention programmes; and 5. innovations and system requirements for measuring combination prevention. Two consultants, Gemma Oberth and Jonathan Pearson, are putting together this consultation.

Finally, the GPC Secretariat is going is in the early process of transforming the GPC website into an HIV prevention information hub.

Discussion points

- Both Frontline AIDS and BMGF suggested engaging the SSLN in the GPWG in order to connect to other activities happening at country level and help inform some of activities the SSLN can contribute to or amplify. In terms of UNAIDS Global AIDS Report, Frontline AIDS suggested that the GPWG should work and agree on 5 key messages around prevention to be included in the Global AIDS report and be heard at AIDS2020 to get the political attention that prevention needs.
- AVAC reiterated the importance that the GPC Secretariat finds a way to share its updates with coalition members in real time to enhance communication in between meetings. AVAC highlighted the need to better engage the GPWG in the processes of the SSLN, the measurement of combination prevention and other processes so that the group can take better advantage of the coalition and connect with the other agencies.

Action points:

- GPC Secretariat will seek input from the GPWG on how to present the scorecard data as an e-poster for AIDS 2022.
- GPC Secretariat to share the concept note on the new directions in measuring combination HIV prevention meeting with the group.
- GPC Secretariat to invite the technical partner from the SSLN to the next GPWG meeting to give an update.
- GPC Secretariat to share an early draft of the Global AIDS Report prevention chapter with the group for rapid feedback once available.

5. WHO Update on guidance development processes

Rachel Baggaley reported on the status of revamping the key populations guidelines, the monitoring guidelines, and the guidelines for long-acting injectable PrEP. The key populations guidelines have been updated with a number of new recommendations and is becoming more integrated as it now looks at HIV together with viral hepatitis and STIs. It has gone to the guidelines review committee and will be released at the AIDS 2022 in a big session. The guidelines look at the critical enablers for key populations programmes, the interventions that will help HIV prevention, and the other things that should be part of a general health service rather than the focus of key populations programmes. While valuing community services and the specific services for key populations, the guidelines recognize that many services should be provided in Primary Health Care and there should be a legitimate liaison between the former and the latter. The guidelines also try to be specific on behavioural interventions focusing on the ones that have impact.

For the long-acting cabotegravir guidelines, the first iteration has been sent out for peer review following which it will go to the guidelines review committee to finally be launched at AIDS 2022. A lot of follow up work between many members of the GPWG will be done to look at FDA approval, positive trials, and next steps to iron out some of the implementation and regulatory issues and move from exiting trial results to getting action in countries.

WHO has released Dapivirine ring recommendations some time back and is now having various consultations with countries in Eastern and Southern Africa to see where the Dapivirine ring would fit into those countries. There is an opening up from PEPFAR that will fund the ring and the Global Fund has just put it on the list that can be supported, which will help increase choice for women.

WHO is finalizing the simplification and DSD for PrEP, doing away with many of the things that makes it more complicated (reducing the creatinine requirements for most people, looking at ways to deliver outside communities, self- testing, etc.) to make PrEP a much more flexible approach for many people.

Finally, WHO is thinking of revamping PEP, whose usage has been very low outside occupational use and some very specialized settings, to potentially overcome some of the problems in the long tail of people who don't want to take PrEP every day to cover unplanned exposure and make it more widely available, cheap and with self- testing.

6. Global Fund updates

Caya Lewis updated the group on the Global Fund replenishment process. The replenishment conference will take place in September 2022 and the Global Fund team has already put together

the investment case and held the pre-conference which was hosted this year by 5 African countries with the involvement of Global Fund leadership. The replenishment will get pledged in 2023 but grant implementation will be between 2024 and 2026. Some countries will be accessing the money straightaway, but others, like South Africa and Botswana, will use their money later on in 2025 and 2026 as they have just signed their NFM 3 grants. This year, different opportunities will be made for the Global Fund to get support, ask for funding, and gain pledges at different international meetings. The replenishment goal this year is \$18 billion and the US will be hosting it.

The Global Fund Secretariat has gotten its strategy approved for the next 6 years and many processes have been going into developing the strategy and operationalizing it, with incidence reduction as a strategic lever. At the same time, they are looking at how to measure and monitor their work. To this effect, they have developed a prevention results framework with a theory of change to be very clear about the direction to take in order to measure and show actual prevention results.

The Global Fund team has been working with the adolescent girls and young women strategic initiative, a key piece of which is integrating HIV prevention into SRHR services. WHO has been collaborating with them on that. It is hoped that this year they will get initial results from 5 countries that will help them see what is needed but also what countries want to do when it comes to HIV prevention and SRHR integration. The consultation meeting on combination prevention that the GPC Secretariat is organizing will hopefully help the Global Fund with their measurement, modular framework and key performance indicators.

The Global Fund is also developing the HIV information note and will be working on the technical briefs in which it will try to incorporate information on key populations, making sure their topics, including harm reduction, are addressed thoroughly.

7. USAID Update on COPs process

Alison Cheng explained that over the last several weeks USAID has had a series of virtual planning meetings with country teams, host country governments, stakeholders, civil society organizations and others to finalize their plans for the COP 22, which will start implementation in October of this year for the next fiscal year. The major targets, budgets and milestones for those plans have been mostly finalized and only one country, Kenya, is taking more time to tease out some of their prevalence and incidence numbers before finalizing. It is anticipated that in the next couple of weeks the final COPs approval meetings, which are briefer virtual meetings with the same stakeholders, will be held as more of a ceremonial signing and finalizing of the COPs.

The deadline for data packs for most countries will be ahead of the COP approval meetings, which gives a very short time frame to provide further feedback. It is hoped that those approval meetings will soon be followed by congressional notification memos to get the money quickly into the system.

8. UNICEF update on Global Strategic Initiatives

Chewe Luo explained to the group the context behind the global strategic initiatives and the conversations that cosponsoring organizations have been having with UNAIDS Secretariat and also through the UBRAF process. There was a feeling during those conversations that the way cosponsors have been working on HIV has been quite broad and complex and with some regions specifically needing a lot of heightened focus. The recent capacity needs assessment has shown that most of the capacities are concentrated in Eastern and Southern Africa, followed by Western Central Africa, whereas the least capacities are available in the low and concentrated epidemics where the

cosponsors need to drive the agendas because of the context. There is also recognition that even though there are more capacities in Western Central Africa, the results achieved in that region are not where they need to be. Given the context of diminishing resources and capacity there was a feeling, especially from UNAIDS Cabinet, that there was a need to start working differently and to start identifying areas of collective work to catalyze achievement of the strategic result areas that the joint programme is mandated to deliver on.

The conversation around strategic initiatives kick started in January 2022 with the attempt to identify areas that are catalytic to driving the SRAs and that are galvanizing in terms of political and donor commitments as well as partners commitment; areas where a number of cosponsors needed to come together to deliver in new ways and in a time bound manner. UNAIDS EXD's ambition through these strategic initiatives is also to drive additional money to UNAIDS. That is because the budget approved by UNAIDS PCB for the Joint Programme is 210 million USD for the secretariat and the 11 cosponsors, which is not big enough to cover all that could be done.

The discussion on the strategic initiatives commenced with a long list of about 10 initiatives, which were then narrowed down to 5. The first is the Global Alliance to End Pediatric AIDS and it is being thought of as a three-year initiative to kickstart new thinking in the programme. It is believed that the political machinery and partners could be mobilized around program redesign using data and differentiated programming and some of the new tools like DTG point of care diagnostics and programming approaches like making Family Central to what to do for children, in addition to working better with civil society and community led actions. UNICEF, WHO and UNAIDS Secretariat are leading the work on the alliance and have also co-opted PEPFAR to be one of the co-leads (leadership will lie with UNAIDS and PEPFAR but the programming and the technical thinking with UNICEF and WHO UNAIDS). They are also trying to co-opt other agencies to join like UNFPA, UNODC, UNHCR and UN women. The linkage of this initiative with the GPC should be strengthened by working together to make sure that the prevention tools that the GPC promotes are also availed to pregnant and breastfeeding women and linking up the different tools together including PrEP, self-testing for reaching out to partners, treatment, and prevention, and repeat testing and pregnancy. As we think about the road map some of the biomedical interventions will also be coming through as well as the work around couples and partners.

The second strategic initiative is on 10 10 10 and is led by UNDP. It is about the path to law reform but also focuses on structural interventions and strategies to counter punitive and discriminatory laws and criminalization. UNDP is currently doing an evidence review and political mapping that will help in finalizing the concept. Both the Global Alliance to End Pediatric AIDS and 10 10 10 are planned for a big launch at the IAC in Montreal. At the moment, the two initiatives are at the stage of mobilizing and leveraging key partners to be involved and the GPWG members are welcome to strengthen the language on prevention in these two initiatives.

The third initiative is innovative financing led by the World Bank and it is about sustainable financing and integration. The fourth initiative is Generation Inequality and Women Empowerment, and it is being led by UN Women.

The final initiative is the Education Plus and it is already starting to attract a lot of interest including money. It is led by UNESCO, UNFPA, UNICEF, UN Women and UNAIDS Secretariat, and they are thinking about co-opting ILO into the space to look at transitioning to work

Action points:

- Together with UNICEF, the GPC Secretariat will do a quick mapping on the logical intersections between the GPC and the 5 strategic initiatives.
- The GPC Secretariat to develop a prevention pager with key messages on prevention in advance of AIDS 2022 so that the leadership in many of the organizations have at their disposal some common frames about where prevention is and where the next set of priorities are. This will help to get some common language and momentum across the organizations.
- The GPC secretariate to reconvene Task Team 1 on Road Map Finalization and Dessimation to prepare for activities on prevention in AIDS 2022. Other members of the GPWG are welcome to join.
- Adhoc meetings of the GPWG can be called as needed.

Annex 1. Written updates from some GPWG members

AVAC

- Planning for the introduction of both dapivirine vaginal ring and injectable cabotegravir for PrEP is stepping up, as multiple African countries have now approved the ring and WHO recommends it, and several African regulatory agencies are reviewing the dossier for injectable PrEP and WHO guidance is expected later this year. AVAC just launched the [newest episode of their PxBPulse podcast](#) about what needs to happen now to do better with these products than they did with oral PrEP, featuring Linda-Gail Bekker from South Africa's Desmond Tutu Health Foundation and Lillian Mworeko from the International Community of Women Living with HIV East Africa (ICWEA). [Podcast and related resource materials here](#), including a suite of new materials on [Getting Rollout Right: Lessons from Oral PrEP and Their Implications for Next Generation Prevention](#).
- Updated the [Biomedical HIV Prevention Research in 2022 and Beyond](#) which provides a concise update on the full landscape of biomedical interventions, including: PrEP products in the market, next-gen products in the pipeline, including multipurpose products (MPTs) and vaccines and broadly neutralizing antibodies. Check handy cheat-sheet on [Evolving Designs for HIV Prevention Trials](#) which outlines the newest biomedical trials.
- Two new phase 1 HIV vaccine studies started using the mRNA platform – exciting, but also important to calibrate expectations. Here's a table that provides [a snapshot that compares the two studies](#). And SciDev just published a summary here: [Cautious optimism for trials of mRNA-based HIV vaccine](#).
- [The Lancet's](#) February publication included a public letter from leading voices in the transgender community working in HIV research and public health. Titled, [Research on transgender people must benefit transgender people](#), it called out exploitation in academic research and “called in” researchers to pursue priorities that offer direct benefit to transgender communities and to rely on resources such as AVAC's [No Data No More: Manifesto to Align HIV Prevention Research with Trans and Gender Diverse Realities](#) that we released last year.
- Excited to announce the publication of [Catalyzing action on HIV/SRH integration: lessons from Kenya, Malawi, and Zimbabwe to spur investment](#) in the *Global Health Action* journal. This publication builds on the partnership between AVAC's HIV Prevention Market Manager project, ministry of health officials in Kenya, Malawi and Zimbabwe, and Georgetown University's Center for Innovation in Global Health, and is a call to catalyze actions by development partners in support of national strategies to integrate HIV and SRH information and services.
- During CROI 2022 in February, AVAC co-sponsored a series of “Margarita Breakfast Club” calls to unpack the conference updates in dialogues between researchers and community advocates. [Recordings from all the calls are here](#).

PEPFAR

- Supported PEPFAR country and regional programmes with their formal COP (Country Operational Plan) or ROP (Regional Operational Plan) 2022 calls/meetings over four weeks during the month of March. Now working to help teams with finalizing various data and budget tools, and the Strategic Direction Summaries (SDS) that describe and accompany these tools. Most countries will be scheduling their final approvals calls/meetings in early May '22. Inputs from members of the GPWG who have been attending these calls, and inputs from many stakeholders, including community members and representatives, have helped inform further improvements.

Once all COPs/ROPs '22 have been finalized it might be interesting to pull some data to share

PEPFAR targets across countries and regions with this group for prevention programme areas of greatest interest such as for example PrEP, VMMC, HIVST, and other testing modalities.

- One of CDC HIV Testing staff, Bakary Drammeh, presented a PEPFAR Multi-country HIV Testing data analysis at CROI22, that was picked up by various media outlets. Links are pasted below:
 - Contagion Live: [Impact of PEPFAR on HIV Testing and ART Initiation \(contagionlive.com\)](https://contagionlive.com)
 - AIDS Map: [More focused HIV testing in PEPFAR countries yields results | aidsmap](#)
 - European AIDS Treatment Group: [CROI 2022: More focused HIV testing in PEPFAR countries yields results | EATG](#)
 - Webcast: [CROI Webcast: COVID EPIDEMIOLOGY AND ITS IMPACT ON HIV CARE AND PREVENTION - Bakary Drammeh \(croiwebcasts.org\)](https://croiwebcasts.org)
 - HIV Treatment Group (Spanish language): [gTt-HIV | Second CROI Special Bulletin 2022: Thursday \(gtt-vih.org\)](https://gtt-vih.org)

Frontline AIDS

- Started contracting partners in India, Kenya, Malawi, Mozambique, Nigeria, Uganda and Zimbabwe to support the launch of the new Road Map and develop national accountability plans and milestones to track the progress.
- The Global Partnership on Comprehensive Sexuality Education (of which Frontline AIDS is a member) will host a [3-day virtual symposium on CSE](#) (1-3 June). It aims to bring together young people education professionals, academics, donors, governments, religious and traditional leaders and SRHR advocates to present the latest evidence and identify new pathways for advancing effective, evidence-based CSE. The [call for abstracts](#) is now live and all partners are encouraged to get involved.
- Working with the Women and Harm Reduction International Network and the Perinatal Harm Reduction Academy to finalise a new training module focusing on the integration of SRHR and harm reduction programming for women who use drugs. The network has also received funding from ViiV to pilot this approach in 10 countries over the next two years.

Annex 2. Themes mentioned by members of the Key Populations Task Team as their organizational focus in 2022

Social protection and addressing exclusion countering the explosion of anti-rights movements including anti-sex work, anti LGBTI (NSWP)

Mobilizing around prevention options for gay men and increasing prevention access for migrants building on EU model currently developing for Ukrainian refugees (MPACT)

10-10-10 targets, harm reduction, accountability and drug consumption rooms (INPUD)

Country Operational Plan guidance including more focus on structural dimensions, more integrated services and addressing flat budgets despite need to expand PrEP options and coverage (PEPFAR)

Expanding south-to-south-learning network from 10 to 15 countries in sub-Saharan Africa using both virtual and face-to-face strategies (SSLN)

Expanding HIV prevention access including prevention commodities for all LGBTIQ persons (Athena)

Expanding SRH/HIV service access platforms for communities including young women and LGBTIQ people (IPPF)

Addressing digital violence, criminalization, digital violence and in-reach training for & with UN country staff (UNDP)

Facilitate the community of practice on key populations and develop short web summaries of key population implementation tools (UNFPA)

Finalization of consolidated key population guidelines with a more integrated and people-centred approach (WHO)

Emergency support in Ukraine and Afghanistan, post-COVID-19 harm reduction programme capacity (including vaccine access), impact of inequalities (UNODC)

Prepare for strong key population prevention funding in the context of the next GF round (Global Fund)

Producing technical guidelines on key population-led services, operationalizing Global Prevention Coalition Roadmap with strong key population focus (UNAIDS)