

Global HIV Prevention Working Group Meeting

Virtual meeting, 2 February 2022

Participants: Mitchell Warren (AVAC, Coalition Co-Chair), Sheila Tlou (UNAIDS, Coalition Co-Chair), Susie McClean (Global Fund), Christine Stegling (Frontline AIDS), Paula Munderi (GPC Coordinator), Elizabeth Benomar (UNFPA), Gina Dallabetta (BMGF), Irene Benech (CDC), Monica Ciupagea (UNODC), Boyan Konstantinov (UNDP), Marie Laga (Institute for Tropical Medicine, Antwerp), Ruth Morgan-Thomas (NSWP for key population networks), Sonal Mehta (IPPF), Yana Panfilova (Teenergizer), Judy Chang (INPUD), Alex Garner (Mpact), Cristopher Castle (UNESCO), Katherine Ward (World Bank), Raymond Yekeye (Zimbabwe NAC), Clemens Benedikt (GPC sec), Lycias Zembe (GPC Sec)

Observers: Ehab Salah (UNODC), Matteo Cassolato (Frontline AIDS), Clare Morrison (Frontline AIDS), Hege Wagan (GPC sec), Souad Orhan (GPC Sec, Rapporteur),

Apologies: Rachel Baggaley (WHO), Chewe Luo (UNICEF), Nazneen Damji (UN Women), Geoff Garnett (BMGF), Sara Klucking (PEPFAR OGAC), Alison Cheng (USAID), Nyasha Sithole (Athena/AFRIYAN), Ruth Laibon (Kenya NAC), Siobhan Crowley (GFATM)

SUMMARY OF UPDATES, DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

1. Opening remarks

GPC Co-Chair, Mitchell Warren, opened the meeting with an overview of the agenda, highlighting the enormous work needed to take some of the momentum of last year and move to 2022, and to lay the ground for success in HIV prevention over the next few years as we think of the new HIV Prevention 2025 Road Map and the targets to come.

2. Update from the GPC Secretariat

The GPC Coordinator provided an update on the institutional restructuring and realignment exercise undertaken by UNAIDS and its relevance to the GPC Secretariat work. The coordinator showed a schematic structure of UNAIDS that aims to realign with the new Global AIDS Strategy, but also to fit into a reduced funding envelope for staff. Under this new structure, the prevention team and the function it plays in advancing HIV prevention remain prioritized in the intent of UNAIDS going forward. The team is placed in a Practice called 'Science, Service and Systems for All', which is part of a new Team called 'Programme Innovation for Prevention, Treatment and Paediatrics'. The latter will merge UNAIDS work in prevention and treatment and, with that, get rid of the historical separation between the two thematics. There will be a reinforced prevention staff resources at HQ level in the form of a Senior Adviser for Key Populations and PrEP, who will work closely with other senior adviser positions in the areas of community responses, testing, treatment, vertical transmission and pediatrics, in addition to the 3 staff supported by BMGF grant, including a Senior HIV Prevention Adviser, a HIV Prevention Technical Officer, and a Programme Officer. Further to this, regional support teams and several UNAIDS country offices, especially in high burden countries, have created HIV prevention focused positions. Prevention remains a major results area in the Global AIDS Strategy to deliver on, and there is reference to the GPC and the 2025 HIV Prevention Road Map in the UBRF in terms of committing to expanding country membership of the GPC and committing to using the Road Map as an accountability framework for delivery of the targets on HIV prevention.

The GPC Coordinator presented the priority activities to be undertaken by the GPC Secretariat in the coming six months as well as the rest of the year. One of the imminent activities is publishing and publicizing the HIV prevention scorecards report that provides status updates from GPC member countries for 2021. The report was shared as a draft with the GPWG end of last year and it will go through editorial board review and final editing in the next couple of weeks.

The Secretariat had consulted widely, including with the GPWG, on the 2025 Prevention Road Map, which is currently in its 4th draft version, taking into account a wide range and comprehensive comments from various partners and stakeholders. The road map is still to undergo copy editing, following which it will go through UNAIDS Editorial Board approvals. A timeline of 2 to 3 months is estimated for its finalization.

The Secretariat is suggesting an AIDS2020 IAC GPC event in July 2022, which could be one of the dissemination events for the Road Map to get publicity and buy-in from some stakeholders. In addition, the Secretariat will convene its traditional high level ministerial meeting to present the new road map and get political commitment to its contents. No date is yet proposed for the HLM but it should be soon after or just before AIDS2020.

Another important activity is to advance with the redesign of the GPC website to respond to the need to reestablish the current one as a go to HIV prevention information hub and a knowledge sharing resource.

For the rest of the year the GPC Secretariat will be working on the development of a Global strategy and guidance on overcoming HIV service gaps for boys and men. It has been working on two programming tools for adolescent girls and young women; one is a programmatic self-assessment tool (PSAT) that will join that of key populations, which is already in use through the South to South Learning Network (SSLN), and the other is a population size estimation tool that aims to estimate the size of the priority population of adolescent girls and young women in settings with high HIV incidence and applying individual risk assessment tools. The latter is being done in discussion with some of the DREAMS partners and UNICEF who have also got similar products in the field.

Regarding the HIV prevention scorecard, this year's scorecard is more comprehensive as it is able to extend its methodology to countries that are not members of the GPC and thus generates HIV prevention scorecards for every country that reports to UNAIDS through the Global AIDS Monitoring system and takes the away from the criticism that the GPC tools are of limited reach. The GPC Secretariate will also be embarking this year on disseminating the scorecard methodology for utilization at regional level, while next year it will try to extend the scorecard to subnational levels.

The GPC Secretariat will engage with the regional and country teams on regional and country adaptations of the HIV Prevention 2025 Road Map. It will continue to support the NAC Directors forum through Kenya NAC, which is hosting the forum Secretariat. It will also pilot prevention acceleration teams in four countries that were doing the worst in preventing new HIV infections according to 2020 data (Ghana, Nigeria, Zambia and Mozambique).

Finally, the GPC Secretariat has recently concluded the recruitment of an additional technical officer to oversee the condom strategic initiative technical assistance fund received from GFATM.

Discussion points

- UNODC enquired about the integration of the comments and questions it provided on the draft road map last year in the latest version of the document and whether the issues raised are still open for discussion after the document undergoes copy-editing. The GPC

Coordinator explained that most of the comments and queries received on the road map have already been resolved and that the plan is to share the copy-edited version for review with a writing sub- group of the GPWG, in parallel with UNAIDS Editorial Board. Sharing the document with a volunteering smaller group, rather than the entire group, would expedite the process of review.

- Frontline AIDS asked about the engagement plan of the road map and how to get the stakeholders buy-in.
- CDC asked to discuss sustainability, giving examples of questions that may be interesting to discuss on the group including: What will HIV prevention programs look like for countries that have achieved epi control? What about VMMC programs that have achieved or getting close to 90% coverage? AVAC explained that there was a section in the draft road map on what longer term sustainability might look like, stressing that it is an important point we want to make sure that the copy-editor gets to.
- The GPC Secretariat shared that there is a VMMC sustainability core group that includes WHO, UNAIDS, BMGF and PEPFAR (CDC and USAID and DoD). UNAIDS and WHO recently completed a sustainability landscaping exercise for VMMC in the VMMC priority countries and the report is on its way. Preliminary results were shared at ICASA2021 VMMC satellite session, and an abstract has been submitted on this to AIDS2022.
- NSWP asked the GPC Secretariat about the lack of specific focus on key populations in its activities, specifically that they and their sexual partners represent 65% of new HIV infections, noting the danger of invisibilizing key populations for the coalition as key populations work needs to be visible and discussed. The GPC Secretariat explained that it has ongoing activities focusing on key populations, including through the key populations communities of practice and South to South Learning Network (SSLN); and ongoing programmatic guidance. Furthermore, one of the new positions in the structure at HQ is a key population focused senior adviser. The focus on key populations also sits in UNAIDS rights and law team and in the communities team.
- UNDP informed the GPWG that the Interagency Working Group on key populations, which is Co convened by UNDP, UNFPA and UNODC, was meeting on Friday, 4 February, highlighting that UNDP should be sharing updates to the GPWG about the discussions of the Interagency Working Group, as well as the work happening on young key populations that is led by UNICEF, which includes updating the Adolescent and Young Key Population Toolkit.
- Teenergizer updated the group about the scorecards made in Ukraine last summer to improve health services for young people living with HIV and the current attempts to do them in Eastern Europe and Central Asia.
- Mpact expressed the need for a practical adjustment in the narrative on key populations to call them out, show that we are leading with key populations and highlighting that they are the populations that are most affected, they are the ones who are not getting the resources they need, and the ones that 40 years on into the epidemic are not getting fully invested in.
- AVAC highlighted that the GPC Secretariat needs to have more consistent communication about the work it does and the joint activities it is involved in. There needs to be a

mechanism, like monthly or quarterly brief snapshots or bulletins, by which the GPWG group and more widely people can understand all the moving parts.

- INPUD noted the inadequate data on key populations in country scorecards and asked if there was specific work being done to address that. The GPC Secretariat explained that the lack of data on programming for key populations is a constant pre-occupation and that UNAIDS has activities on improving data generation including drawing from programme data, as well as the social policy and legal barriers that create this invisibility in data terms. A high-level message with the scorecards had gone out from UNAIDS DXD Programme in November last year, particularly calling on countries to make a strong effort in 2022 to report on key populations related indicators as part of the Global AIDS monitoring and also to strengthen the actual coverage of programmes. With the current limited capacities, the secretariat has started to work with a number of countries to explore technical assistance options to do that better. It is hoped that the GPC Secretariat will be able to accelerate these efforts with the additional capacity it will receive in the form of a senior key populations adviser.
- CDC pointed that they have an increased number of countries with PEPFAR supported programmes that are collecting key populations disaggregated data to help them monitor and address gaps in service delivery for key populations, but some countries have not yet introduced this type of monitoring (e.g. Zimbabwe, Botswana), and joint advocacy with MOHs/governments on this issue would be helpful.

Action points

- ✓ A task team of the GPWG will be created as a subgroup to work together with the copy editor to finalize the HIV Prevention 2025 Road Map and ensure collective input. The task team will look at the issues in the road map that a number of people focused on, assess a way forward, and make sure to be responsive to the many different comments that came in while being expeditious. The task team should also think about an engagement plan to get stakeholders' buy-in to the road map before it gets publicly published. Members who volunteered to join this task team include Sheila Tlou (GPC Co-Chair), Elizabeth Benomar (UNFPA), Monica Ciupagea (UNODC) and Boyan Konstantinov (UNDP).
- ✓ The GPC Secretariat will shortly set up a time for the Road Map task team to meet and Mitchel Warren will develop the TORs.
- ✓ A second task Task Team will be established to focus on key populations.
- ✓ Efforts will to be made to ensure the sharing of relevant information from the different interagency mechanisms focusing on key populations or adolescent girls and young women with the GPWG to build on, but also to have the new members representing key and young populations in the GPWG feeding into the discussions of the interagency working groups.

3. Update from other members of the GPWG

WHO has been working on updating the new key populations guidelines, which are currently in the final development phase, and which are hoped to help revitalize KP programming and catalyze great prioritization and focus.

The Cabotagravir guideline review committee is meeting in March to look at the updated PrEP guidance for an injectable PrEP and outline key implementation issues and evidence gaps.

Other activities include finalizing new guidance on differentiated service delivery for PrEP; developing guidance on self-testing and the relevance in midst of Covid-19; prioritizing new work on men and HIV with UNAIDS and ILO; and working across a range of issues in the area of SRH HIV integration including integrating STI testing, contraception and HIV.

BMGF is working on the finalization of SSLN 2.0, with the intent of expanding to all the five pillars in a deliberate manner to ensure that they don't duplicate work and coordinate, and also to go more in depth on the key populations SSLN as an additional resource that works closely with the GPC for dissemination and sharing with countries in Africa.

For the **Global Fund**, 2022 is a big year because of two reasons. First, it is mid-cycle, they are deep in FM3, and they have got a prioritized list of countries where they are trying to support high impact prevention elements on the ground across the health sector. Second, they are at a busy time preparing for FM4 for launch in the third quarter.

The Global Fund has a new strategy in which HIV prevention is well positioned and the Fund is signaling an interest in going much further on coverage of prevention services for key populations and adolescent girls and young women, as well as the need to seize the opportunities of new prevention products, improved investment in SRH services for HIV prevention and sexual health outcomes, and improved attention to the integration of human rights interventions into HIV prevention programmes and platforms. 2022 is also a replenishment year and they will be speaking about incidence reduction and prevention in the replenishment ask. They are trying to ensure that incidence reduction needs are well articulated in the allocation work and in the modular framework, and that the way prevention is articulated there is comprehensive and future facing. There is also an increased attention to prevention related outcomes in the results framework and they want to address the global prevention target more directly so that they start to show results that are much more about people who need prevention services, and that most key populations, young women and high-risk men have prevention options in their hands and have the power and agency to use them. The Global Fund is further working on an HIV information note, which is the main guidance for applicants about what the Fund seeks to fund and prevention will be well articulated in it. The suggested way through which GPWG members could input into these several processes would be through the situation rooms in which technical partners engage.

UNODC is organizing a consultation between the scientific community and the community of people who use drugs, prior to the meeting of the Commission on Narcotic Drugs in March, to look at the inequalities that impact on people who use drugs access to services. Done in partnership with the international AIDS Society, INPUD, WHO and UNAIDS, the consultation will focus on four themes; 1. Harm reduction, 2. the impact of COVID-19, 3. the impact of policies, and 4. access of services for people who use stimulant drugs. Further looking into inequalities, UNODC is planning to develop a paper on the impact of gender-based violence on access of women who use drugs to services.

UNODC is continuing its efforts to build the capacity on developing services for people who do not inject drugs but use stimulants, which started last year by developing a training package that could be used both online and offline. The training was done online last year and will hopefully be done face to face this year.

UNODC is also looking into access to services for women who use drugs, prevention of mother to child transmission and gender-based violence, and it continues capacity building in this field.

UNFPA is developing a HIV and sexual health strategy and will be working with partners on the operationalization guidance for the comprehensive SRHR package and operationalization modules

for the adolescent and youth strategy where they have strong components on CSE and adolescent health. UNFPA will also be working on a strategy to push against the push back on CSE.

For **Frontline AIDS**, the first priority in 2022 is around accountability mechanisms. They are planning to do some more work to look at what accountability mechanisms exist at country level to hold governments and stakeholders accountable for the prevention commitments that they make. This may or may not end up in more types of shadow reports. Secondly, it continues to work on comprehensive sexuality education, which they started working a lot on last year. Thirdly, they are working with their partners in the partnership to lead on delivering advocacy activities around new prevention technologies. Fourthly, they have been working together with UNAIDS and WHO in the female genital shisto integration group that Frontline AIDS has been co-coordinating for collaborating on and increasing the integration of shisto into SRHR. Lastly, Frontline AIDS has been doing a lot of work as an organization and partnership around how to position AIDS in the broader global health architecture and agenda.

AVAC had 3 different webinars in January covering key aspects of the prevention landscape. One webinar looked at COVID vaccines and vaccine confidence. The second looked at the broad HIV prevention landscape with Rachel Baggely, Linda Gail Bekker and two leading advocates from Uganda and Malawi. The third looked at the lessons of oral PrEP over the last decade, and the implications for next generation PrEP. AVAC also is looking at the biomedical pipeline, but how it needs to be programmatically integrated.

AVAC updated the group on progress made in new prevention technologies, including the approval of cabotegravir for PrEP in December by the FDA and the setbacks in some of the next generation trials at the end of the year. It also shared with the group a document that provides an overview of where all the new products are, including the dual prevention pill, which is an exciting project that links to combine both oral PrEP with a combined oral contraceptive pill into a single tablet.

CDC listed its Prevention Priorities for COP/ROP22 as follows:

- ✓ Adequate funding for HIV Testing and Case Finding - Optimal mix of testing modalities
- ✓ Support VMMC in achieving 90% saturation and plan for future sustainability
- ✓ Accelerate Pre-Exposure Prophylaxis roll-out
- ✓ Expand youth-friendly services and improve targeting of high-risk youth
- ✓ Integrate lessons learned from Key Population Investment Fund (KPIF) and improve Key Population service coverage and cascade
- ✓ Continue building capacity for violence prevention and response
- ✓ Transition from small scale to continuous and systematic community engagement
- ✓ Integrate activities to reduce/eliminate stigma and discrimination across all programs

Discussion points

- A number of members suggested that a representative of the SSLN should be invited to sit on a lot of the GPWG meetings as an observer to ensure that the SSLN are aware of the discussions that are of relevance to them and be able to coordinate.
- The Global Fund mentioned that it has a lot of technical guidance and is seeking to articulate its funding priorities in a relatively short document to which applicants could be referred to directly on the GPC website. It also asked whether the GPC platform could be another place they could use to get inputs into things like its information note.

- The Global Fund provided a list for its Precision Prevention country (the country grants that they are paying special attention to in terms of implementing key prevention elements of NFM3 grants), which includes Cameroon, CIV, DRC, Ghana, Kenya, LAC regional, Lesotho, Madagascar, Mozambique, Nigeria, South Africa, Tanzania, Uganda, and Ukraine.
- The Global Fund underlined that it continues to rely on the leadership work of UNAIDS and that the GPC in particular is doing a lot of things from technical and prioritization perspective that the Global Fund doesn't have the technical capacity to do. For example, it is dependant on the work done in priority countries around target setting for prevention, the prioritization agenda for prevention, the scorecards and modelling work.
- Frontline AIDS asked the GPWG to think more about how it is playing a role in flagging and focusing on HIV prevention outside of all the comfort spaces where the group talks about prevention but in a world where AIDS, and with it prevention, is increasingly falling off in the agenda of pandemic preparedness.

Action points

- ✓ Kerry Mangold from the SSLN will be invited to participate in the relevant GPWG meetings
- ✓ The Global Fund will advise on the best way to connect the situation room with the GPWG to get inputs from GPWG members.

4.Task Teams for 2022

The GPWG talked about the establishment of some structured smaller groups among members of the working group to take specific pieces of work that need unpacking and concerted efforts and move them forward. These smaller groups would feedback to the wider group during the working group meetings and may bring along other relevant constituents from outside the GPWG into the conversations. Some of the task teams will be for a short term, while other will be for a longer term depending on the topics to be tackled and the outputs envisioned.

Topics for which the GPWG assigned Task Teams activities include the following:

1. HIV Prevention 2025 Road Map Finalization and Engagement plan
2. Key populations
3. Global Fund Information Note
4. Comprehensive sexuality education
5. HIV Prevention communications

Action points:

- ✓ The GPC Secretariat will put together and share sign-up sheets in 2-day time for participation in the different task teams with a one liner on the purpose of each task team. Participants can sign their names and/or names of their other colleagues who may be interested to work on the different topics

5. Suggestions for next meeting

For the GPWG to have more frequent communication and more regulate updates and sharing of information, it was suggested for the GPC Secretariat to have a calendar fixture by instituting a

recurring calendar invite and schedule the group's meetings around that. The group discussed whether their meetings should be on monthly or 2 to 3 monthly basis and for what duration.

Members agreed to have a regular calendar standing two-hour meeting every two months at least and do it for the rest of the year. If by mid-year the group found that they need to meet more frequently, meetings could be added. It is also hoped that if the new task teams are up and running, both with secretariat support as well as with Members guiding them, that would be a useful way to do the off month. Furthermore, getting a monthly or quarterly bulleted list of what's moving in the interim will also help keep the communication flow.

Action point:

- ✓ The GPC Secretariat will create a bimonthly recurring calendar invite for the GPWG.