

Notes of the Virtual HIV Multisector Leadership Forum Quarterly meeting

Country Stewardship for Prevention Impact

Held on 02 October 2024 from 15h 00 – 17h 00 East African Time

With support from the Global HIV prevention Coalition secretariat



Members' present

(in alphabetical order of the country)

- | | |
|-------------------------------|------------------------------|
| 1. Dr. Ruth Laibon Masha | Kenya |
| 2. Dr Kebby Musokotwane | Zambia |
| 3. Some Koungno Jean Francois | Côte d'Ivoire |
| 4. Lievin Kapend | Democratic Republic of Congo |

Representatives of Director Generals

- | | |
|-------------------------------|---------------|
| 1. Mengjie Han | China |
| 2. Josefa | Mozambique |
| 3. Some Koungno Jean Francois | Côte d'Ivoire |
| 4. Draurio Barreira | Brazil |
| 5. Dr. Fred Nana Poku | Ghana |

In-country Technical Officers

- | | |
|--------------------------|------------------------------------|
| 1. Estevao Manhica | Mozambique |
| 2. Aimé MBOYO | Democratic Republic of Congo (DRC) |
| 3. Daniel Byamukama | Uganda |
| 4. Sarah Fernandes Bayma | Brazil |
| 5. Mengjie Han | China |
| 6. Marihá Camelo | Brazil |
| 7. Tiisetso Piet | Lesotho |
| 8. Getrude Ncube | Zimbabwe |

GPC Partners

- | | |
|--------------------------------|---|
| 1. Thembisile Dlamini | UNAIDS Eswatini |
| 2. Monica Ciupagea | UNODC |
| 3. Asante, Cynthia Adobea | UNAIDS Ghana |
| 4. Nguette Woza Fabrice Léonel | Rwanda |
| 5. Rosemary kindyomunda | UNFPA |
| 6. Arushi Singh | UNESCO |
| 7. Svetlana Plamadeala | UNAIDS Moldova |
| 8. Jackie Makokha | UNAIDS Uganda |
| 9. Keith Sabin | UNAIDS |
| 10. Jean Marie Masumbuko | UNAIDS Côte d'Ivoire |
| 11. Susie McLean | The Global Fund |
| 12. Sandra Gaveta | UNFPA |
| 13. Lord Fred | UNFPA |
| 14. David Chipanta | UNAIDS |
| 15. Gabriel | UNAIDS, Nigeria |
| 16. Bazima Marta | UNAIDS, Mozambique |
| 17. Abel Muiambo | UNAIDS, Mozambique |
| 18. Nish McCree | UNAIDS, Ghana |
| 19. Gang Sun | UNAIDS |
| 20. Aurea Oradini | UNAIDS |
| 21. Andrew Gasozi Ntwali | UNAIDS Rwanda |
| 22. Ben Wahab | UNAIDS West and Central African Republic regional office |
| 23. Yacid Estrada | UNAIDS Latin America and Caribbean region |
| 24. C Asmani | UNFPA WCARO |
| 25. EHOUNOU, Tanoh Genevieve | UNAIDS Chad |
| 26. Elizabeth Benomar | UNFPA |
| 27. Rodrigue Nze Eyo'o | UNAIDS Multi Country Office Caribbean |
| 28. Charlotte Musepu | UNFPA DRC |
| 29. AbdallahiE | Development Agenda For Girls and Women in Africa Network - DAWA |
| 30. Isabel Daniel | Development Agenda For Girls and Women in Africa Network - DAWA |
| 31. Carlos Toledo | CDC |
| 32. Meralli Ballou Ange | UNAIDS RST WCA |
| 33. Mbuyu | UNFPA |
| 34. Matondo | UNFPA |
| 35. Moustapha Issa M. | UNAIDS Niger |

HIV multi sector Leadership Forum support/secretariat team

- | | |
|--------------------------|-------|
| 1. Dr. Nduku Kilonzo | Kenya |
| 2. Dr. Celestine Mugambi | Kenya |
| 3. Caroline Ngari | Kenya |

GPC Leadership and secretariat

- | | |
|--------------------------|--------------|
| 1. Prof. Sheila Tlou | GPC co-Chair |
| 2. Benedikt Clemens | UNAIDS |
| 3. Souad Orhan | UNAIDS |
| 4. Heather-Marie Schmidt | UNAIDS/WHO |
| 5. Gloria Byaruhanga | UNAIDS |

In attendance

1. BagomisF
2. Blehoue
3. BizimanaB
4. Italia Rolle
5. Inza BAMBA
6. Adjoa Yenyi
7. Mensah, Samuel Nii Bortey
8. Dr. Fred Nana Poku (GAC IT Support)
9. Mpanzu
10. TakpaK Hyacinthe
11. Fekadu (MOH, leo)
12. Artur
13. Michael Gboun
14. DialloY
15. Chilanga Asmani
16. Henry Damisoni
17. Lebo
18. Peter Kamalingin BL (Action AID)

Meeting Agenda

Meeting Chair: Dr. Bernard Madzima (co-chair, HIV Leadership Forum)

Time	Agenda Item	Facilitator
2:00 – 2:15	<p>Opening Remarks Dr. Ruth Masha- Chair, HIV Leadership Forum</p> <p>Remarks from GPC Co-chair Prof. Sheila Tlou</p>	Prof. Eboi Ebui, NAC DG, Cote de' Ivoire
2:15 – 2:25	<p>Key updates from the GPC working group Clemens Benedikt- GPC</p>	
2:25 – 2:40	<p>Key updates from the HIV Multi-sector Leadership Forum- Dr. Celestine Mugambi- Head, HLF secretariat</p>	
2:40 – 3:45	<p>HIV Prevention now – Stewardship for prevention impact</p> <p>GC7 funding allocation for prevention stewardship Susie Mclean- The Global Fund</p> <p>The impact of strengthening stewardship on Ghana's HIV prevention response Dr Kyeremeh Atuahene- Director General, NAC Ghana</p> <p>Zambia's HIV prevention stewardship: enhancing political capital, planning and programme delivery coherence Dr. Kebby Musokotwane- Director General, NAC Zambia</p> <p>Country stewardship for sustained HIV prevention response: the case of Brazil Dr Draurio Barreira- Director General, NAC Brazil</p> <p><i>Plenary discussions</i></p> <p>Next steps and action points</p>	Dr. Nduku Kilonzo, HLF Secretariat
3:45 – 4:00	<p>Closing Remarks Dr. Ruth Masha</p>	

1. Opening of the Meeting

Facilitator: Dr. Nduku Kilonzo on behalf of Prof. Eboi Ebui, National AIDS Coordinating Authority (NACA) Director General, Cote de' Ivoire

- Welcomed the participants to the HIV Multisector Leadership Forum meeting – a community of practice for National AIDS Coordinating Authorities including ministry of Health HIV and/or prevention leads in the GPC countries – the theme for the meeting was, “Country prevention Stewardship for Impact”.
- The main objectives of the meeting were to:
 - Share experiences and impact of strengthened country stewardship on HIV prevention programmes and outcomes
 - Motivate partners and countries to invest in, and strengthen HIV prevention stewardship for enhanced coordination, scale-up and sustained results
 - Receive key updates on the 2024 epidemic and programmatic trends for prevention in countries
- Opening remarks were provided by the Chair of the HIV Multisector Leadership Forum, Dr. Ruth Laibon Masha. She appreciated the efforts of the members in advancing HIV prevention within their respective countries. She highlighted the need for strengthened political leadership, enabling the environment and bridging financing gaps to accelerate implementation at scale of HIV prevention programmes in countries.

2. Key updates from the GPC working group

Presenter: Clemens Benedikt, Senior Adviser, HIV prevention coalition and technical support, UNAIDS/GPC

- The presentation focused on shifts in the global HIV prevention landscape: new products, sustainability and changing epidemiology based on the UNAIDS Global AIDS update: [The Urgency of now: AIDS at a crossroads](#) released at AIDS 2024 in Munich, Germany – progress varies across regions and populations – joint efforts required to reach targets (see annex 1).
- Only eight GPC countries are on track to reaching global target of more than 80% reduction in new HIV infections compared to 2010 – no country has achieved the 2025 global targets. The programmatic targets are yet to be met by any country thus a need to accelerate combination prevention interventions for countries – both low-scaled and highly effective prevention options.
- A new set of global prevention targets is being developed and will be shared with the HIV Multisector Leadership Forum before the end of 2024.
- In the new iteration of the Global HIV Prevention Coalition, the HIV Multisector Leadership Forum will be the main platform for engaging with countries. The simplified structure is as follows: Full Coalition that meets virtually, three times per year on key global developments in HIV prevention and holds one event associated with an existing international gathering: WHA and/or AIDS conference; HIV Multisector Leadership Forum that meets on a quarterly basis to share country experiences and develop country positions and GPC steering group that meets bimonthly.

Action points

- Organize a meeting with the HIV Multisector Leadership Forum to present the new targets before the end of year.

3. Key updates from the HIV Multi-sector Leadership Forum

Presenter: Dr. Celestine Mugambi, HIV Leadership Forum secretariat lead/NACA Kenya

- The forum is used as peer platform to leverage country to country experience to shape national leadership for HIV prevention, sustainability, drive investments and voice to regional and global priorities and agendas (see annex 2).
- Since June, the Forum has focused its' key activities on sustainability for the HIV response including: a meeting held on the sidelines of the 2024 International AIDS Conference in Munich on sustainability, finalization of the position paper of Director Generals of National AIDS Commissions on sustainability, and finalization of the social contracting policy brief.

4. GC7 funding allocation for prevention stewardship

Presenter: Susie Mclean- The Global Fund

- The Global Fund allocated funding during Grant Cycle six (GC6) towards strengthening condom programming stewardship in four select countries. The focus was on national coordination mechanisms, strengthening last mile supply, sustainability and total market approaches (see annex 3).
- In the Grant Cycle 7 (GC7), funding was made available for prevention program stewardship, as of October 2024, 17 countries requested for this funding in their grants and have been approved – five countries had budgets over USD\$ 1 million. Additional grants are being negotiated.
- Some of the proposed activities in the modular framework include: strengthening national prevention program stewardship to achieve scale and precision of prevention service delivery; development of national prevention strategies, management and coordination of programs; demand creation; integration of HIV prevention communication service delivery with health promotion and services for SRHR and other related services; product introduction, strategic positioning and capacity development including building individual skills, institutional and systems capacity and community based and/or community -led models for outreach, social contracting and safety of programs with key populations and young women.

Action points

- Share feedback to the Global Fund regarding the GC7 funding allocation towards strengthening prevention program stewardship: is the budget line valuable? What plans do countries have to utilize this investment and what does success look like?

5. Zambia's HIV prevention stewardship: enhancing political capital, planning and programme delivery coherence

Presenter: Dr. Kebby Musokotwane- Director General, NACA Zambia

- The NAC Zambia develops its' strategic documents through a multisector approach including coordinating national prevention technical working groups and leading the national prevention Coalition based on the three ones' principles (see annex 4).
- Persistent challenges include domestic financing for the HV response, duplication of roles and responsibilities among key players in the HIV response; prevention disjoint and fragmentation which means that scale up and sustainability are unlikely to be attained.
- Recommendations include integrate systems and programmes, enhancing synergies and collaboration across sectors; HIV prevention response mapping in country to identify projects, interventions funded across the country to facilitate HIV prevention coherence and scale up to align with Zambia's epidemic and sustainability planning.

6. Country stewardship for sustained HIV prevention response: the case of Brazil

Presenter: Dr Draurio Barreira- Director HIV, TB, Hepatitis in Brazil

- Brazil has three main initiatives to advance HIV prevention in the country, these are:
- The president launched the Healthy Brazil: Together to care programme in February 2024. The programme is developed based on sustainable development goals aimed at eliminating 11 diseases including HIV. It is an interministerial (state) initiative to eliminate these diseases.
- Expansion testing and Pre-Exposure Prophylaxis (PrEP) using vending machines for free distribution of HIV tests and PrEP. This was started in San Paulo a big city with approximately 12 million people, this will be replicated in other cities across the country.
- PrEP scale up following the announcement of PURPOSE 1 and PURPOSE 2 results of lenacapavir. Full details of this initiative will be made available after the upcoming UNAIDS Programme Coordinating Board (PCB).

7. The impact of strengthening stewardship on Ghana's HIV prevention response

Presenter: Dr. Fred Nana Poku presented on behalf of Kyeremeh Atuahene- Director General, NACA Ghana

- The Ghana AIDS Commission was established by the Parliament in the country to coordinate, steward and implement HIV interventions using the multisectoral approach based on the three Ones principle.
- Ghana has received support from the Global HIV prevention Coalition through the UNAIDS country office with additional support of two prevention support staff to strengthen stewardship.
- Persistent challenges include reliance on donor/external funding for prevention activities, low condom use and stigma and discrimination.
- The way forward includes strengthening interagency partnerships to expand coverage of HIV prevention priority interventions, measuring outcome impact of HIV prevention, leverage technology and digital platforms to increase HIV prevention coverage and

implementing resource mobilization strategy, sustainability plan to increase funding for HIV prevention.

8. Remarks provided by the GPC co-chair, Prof Sheila Tlou to the HIV Multisector Leadership Forum highlighted the following:

- The Global HIV prevention Coalition remains committed to support the Forum and leverage it to strengthen national prevention leadership and accountability and driving implementation at country level.
- Strengthen community engagement in evidence-based strategic planning and implementation.
- From the summit of the future at the United Nations General Assembly held in September 2024, heads of state, government officials and global partners, reaffirmed their commitment to ending AIDS as a global public health threat by 2030. The first two commitments, specifically, address the need to scale up combination HIV prevention and treatment programmes such as condom programming, Voluntary Medical Male Circumcision and supporting pre-exposure prophylaxis (PrEP), as well as investing in harm reduction strategies to reduce new HIV infections by 90%. She encouraged the National AIDS Coordinating Authorities to use these commitments to advocate and negotiate for better HIV Prevention outcomes in our respective countries.

9. Closing remarks were provided by Dr. Ruth Laibon Masha, the chair of the Leadership Forum, some points to note from the meeting were:

- Leverage the most recent data to inform our programme planning and implementation.
- Ensure that all tools and key resources are available in key strategic discussions in countries.
- Stigma and discrimination interventions should be embedded in the HIV prevention priorities in countries.
- Engage other sectors including the insurance schemes to ensure that people living HIV pay less premiums compared to others.

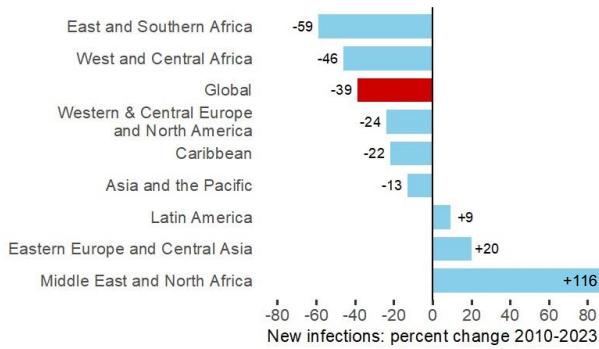
Shifts in the global HIV prevention landscape: New products, sustainability and changing epidemiology

A few introductory reflections on context and implications for the global HIV prevention agenda

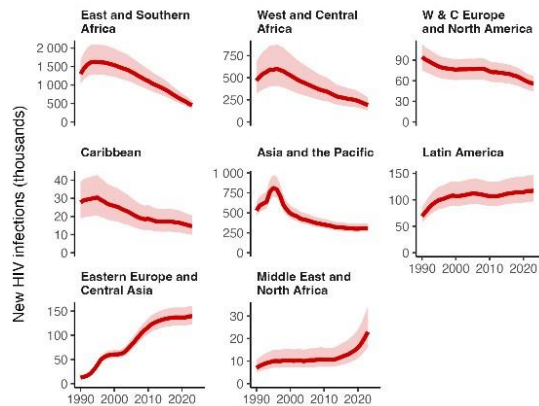


Diverging progress across global regions

Percent change in infections, 2010-2023



Source: UNAIDS 2024 epidemiological estimates



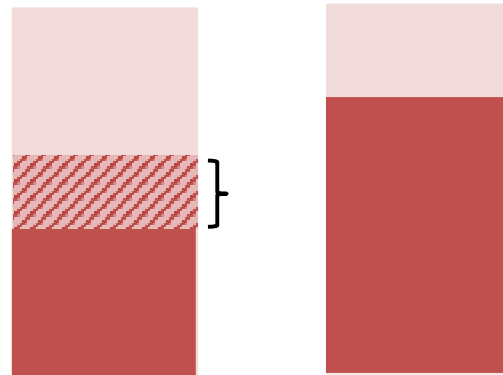
No 'silver bullets' for narrowly targeted HIV prevention in African epidemic settings



Require strategies that protect large populations with moderate HIV risk

- Consistent predictors of HIV incidence:
 - Non-cohabiting with primary partner, young age, curable STI, HSV-2, multiple partners
- But only low-to-moderate ability to differentiate those who subsequently acquired HIV (*systematic review*)
- *BUT: Geographical differentiation plus behavior, sex & age showing large differences in incidence that can inform programming – UNAIDS SHIPP tool*

40-65% of population classified as 'high risk'...
...to identify 75% of HIV infections

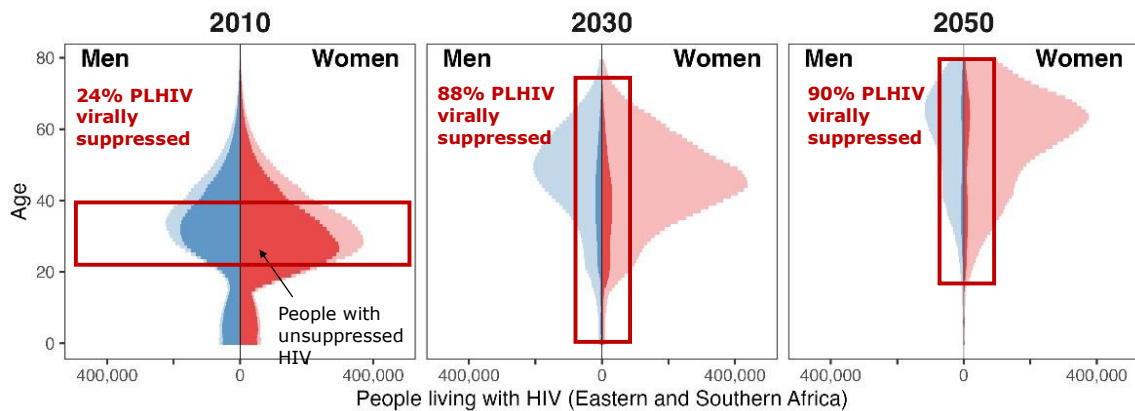


Jia et al. *J Int AIDS Soc* 2022; 25:e25861

22 – 26 July · Munich, Germany and virtual

aids2024.org

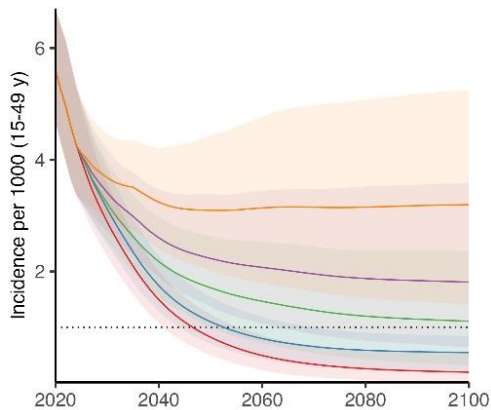
Changing population with HIV viraemia → changing population at risk of acquiring HIV infection



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Sustained epidemic control requires continued intervention measures



Modelled scenarios:

- Sustain current HIV testing and treatment
- Discontinue other prevention from 2025

Condom use reduces by 30% (+ discont. PrEP, VMMC)

Condom use reduces by 15% (+ discon. PrEP, VMMC)

Discontinue PrEP & VMMC

Discontinue PrEP (FSW, MSM, higher risk AGYW)

Continue current prevention and treatment levels

Thembisa model v4.7; <https://www.thembisa.org>

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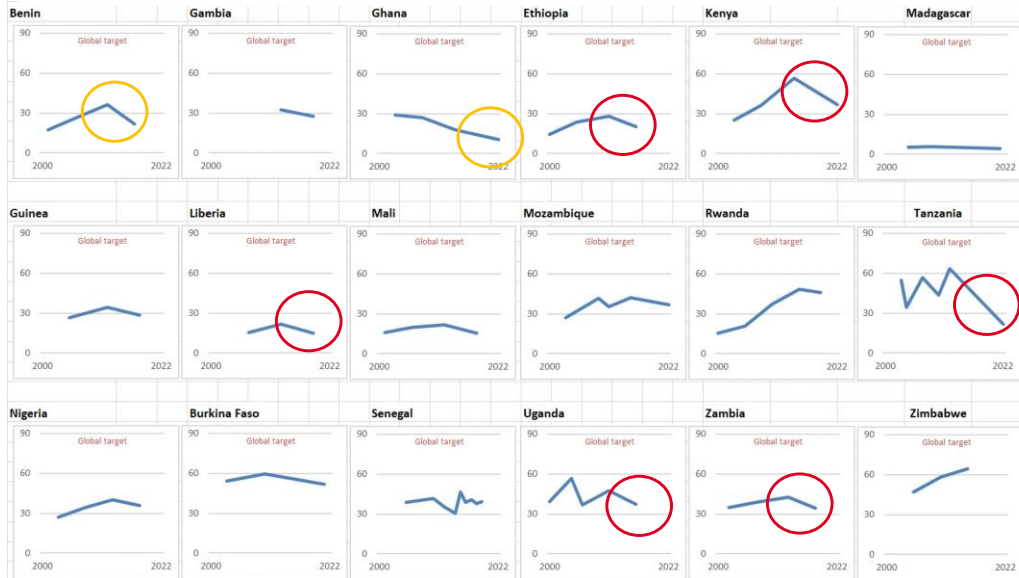
Summary of epi-trend implications

- **Know your epidemic** is as pertinent today as in 2002
 - Challenge assumptions and status quo —at global and local levels
 - Understand incidence and prevalence of unsuppressed HIV
- **Think long-term:** sustained effective treatment and prevention
- **In African settings with high HIV prevalence**
 - Efficient: 'Low hanging fruit' opportunities for targeted effective prevention
 - Large impact: Diffuse and occasional nature of HIV transmission → reach large population with moderate risk
- **In other settings globally**
 - Renewed focus on key populations including access barriers
 - ARV-based prevention and new long -acting products as an additional, alternative entry point



Gains made are being lost: Declines in condom use

Condom use at last higher risk sex (with a non-marital, non-cohabiting partner) [Women, 15-49]

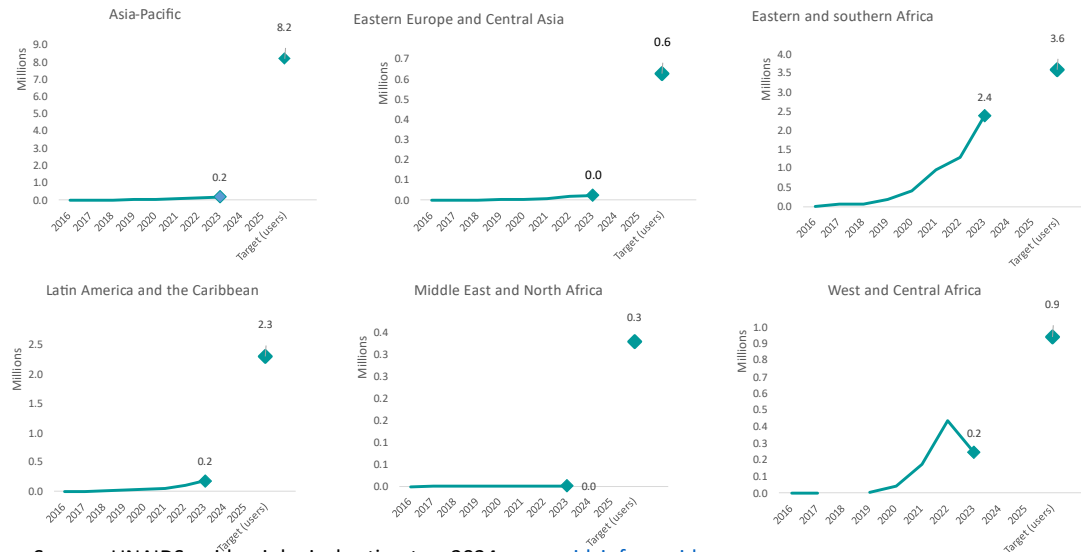


Inequities in access
Women and men
with lower income
in Africa
consistently left
behind



Growing numbers of people using PrEP: 3.5 million in 2023, but this is just 16% of estimated global need

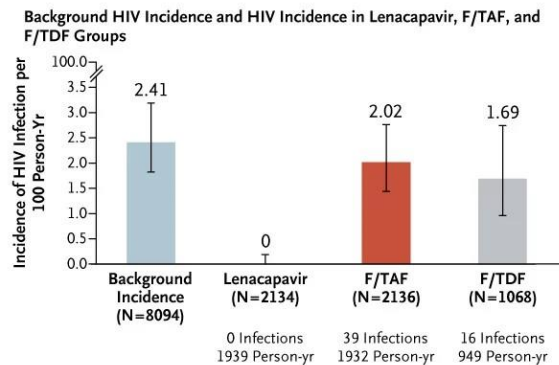
Number of people using PrEP in 2023, relative to 2025 targets



Source: UNAIDS epidemiological estimates, 2024. www.aidsinfo.unaids.org

The Urgency of Now: Accelerating long-acting PrEP choice & innovation

- Access to PrEP is increasing but only in a few countries
- Landmark results for PURPOSE 1 study of **lenacapavir as PrEP**: 100% efficacy reported in cisgender women in Uganda and South Africa
- To accelerate the scale-up:
 - Ensuring the **affordability, availability, and access of different PrEP options and PEP**
 - Swiftly adopting decentralized and community delivery models
 - Enabling legal and policy environments conducive to large -scale implementation.



People-centred and sustainable HIV prevention: Towards a new generation of prevention responses in a changing epidemic context

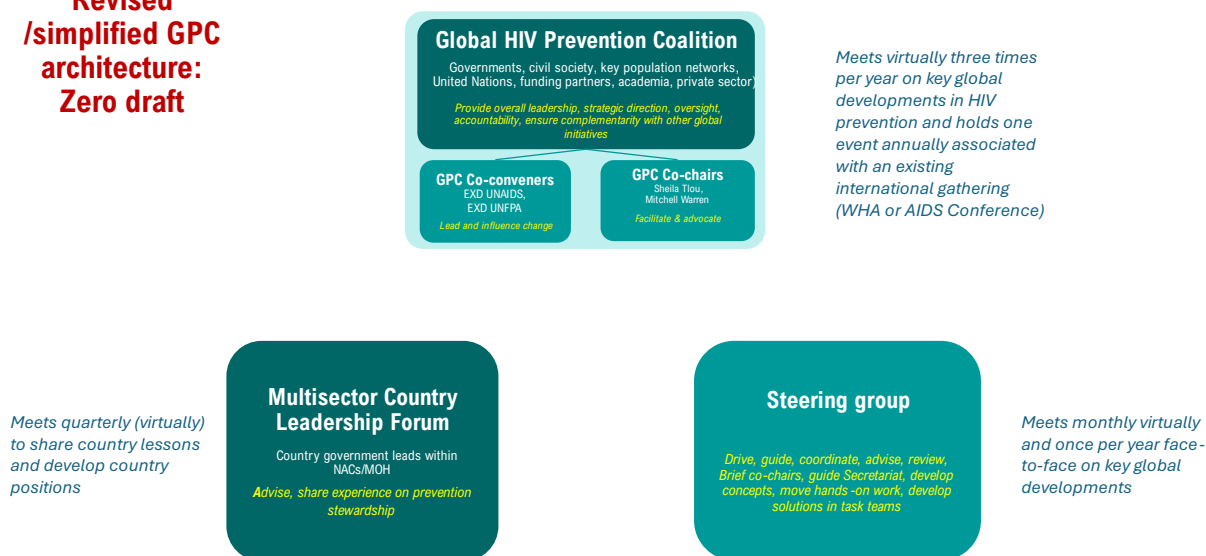


Presentation Title	Person Organization
Welcome and session objectives	Prof. Sheila Tlou, GPC co-chair Mitchell Warren, GPC co-chair
Changing patterns of HIV incidence and long-term projections to inform the future of prevention	Jeff Imai-Eaton, Harvard University
Key lessons from a decade of experience with people-centered and differentiated prevention in Kenya	Ruth Laibon, National Syndemic Diseases Council, Kenya
People-centred HIV prevention programming at community level in the Philippines	Ronivin Garcia Pagtakhan, Loveyourself, Philippines
Panel Discussion with senior leaders in the HIV response on sustainable HIV prevention responses	Angeli Achrekar, UNAIDS
	Bience Gawanas, Global Fund Board vice-chair
	Rebecca Bunnell, Principal Deputy U.S. Global AIDS Coordinator for PEPFAR
	Yogan Pillay, BMGF – Director for HIV and TB
	Solange Baptiste, IPTC – Executive Director
Questions & answers	Sheila Tlou, GPC co-chair
Way forward: The urgency of prevention now	Mitchell Warren, AVAC, GPC co -chair

Key messages:

- Primary prevention & treatment both needed to achieve targets
- Both scaled low cost prevention & highly effective focused prevention needed in the right mix
- Country-led, differentiated, scaled prevention for all key & priority populations possible (Kenya example)
- Scaled community models effective in reaching key populations (Philippines)

**Revised
/simplified GPC
architecture:
Zero draft**



Note: This chart explains the GPC and its structures. The charts' aim is not to visually represent the full global HIV response, which would include multiple implementers, funders and other technical support providers. Its aim is also not to represent all related global initiatives.

Implications for next 12 months

- Revised GPC architecture: Expanded role for the Forum
- New global HIV prevention targets (process underway – to be consulted with the Forum before end of 2024)
- Enhance prevention with sustainability road maps
- 2030 Global Prevention Acceleration Plan to be developed
 - Consult draft with Forum and WHA in first half of 2025
 - Launch at IAS2025 in Kigali?
- HIV prevention access /commodity security for new and existing products in different settings:
 - Rapidly expand access to new options from 2026
 - Grow the number of users of prevention options overall – not particular products

Annex 2:

**THE HIV MULTISECTOR LEADERSHIP FORUM
MEETING
QUARTER 3 OF 2024**



*Key quarterly updates from the HIV Multisector
Leadership
Forum*

October 2, 2024

**Purpose of the HIV Multi-
sector Leadership Forum**



NACAs have diverse mandates across different countries that include HIV, TB, STIs, Advocacy, Community Services, Public Health Communication, general health stakeholder coordination, Resource Mobilization and Allocation.

- Peer-platform to leverage experience, expertise, mandates and authority to shape country-led sustainability, with HIV prevention as the gateway
- Peer accountability platform to strengthen HIV stewardship, build national systems
- Platform to drive investments towards country priorities
- Bring country voice to regional and global priorities and agendas

PROGRESS UPDATE

1. Side meeting on sustainability at the AIDS 2024 Conference in Munich
2. Finalization of the position paper of the Director Generals of National AIDS Commissions on sustainability of the HIV response –
 - ✓ A tool to undertake a contextual epidemic analysis and HIV programme alignment
 - ✓ A summary table of priority actions for consideration at country level.
3. Participation in Sustainability for the HIV response in Namibia- Aug 2024
4. Finalization of a policy brief on Social contracting for the HIV response



Thank you!



With the Technical Support of



Annex 3:



HIV Prevention Program Stewardship

Susie McLean, Senior Advisor HIV Prevention
Global Fund
2 October 2024

Background

Deficiencies in condom program stewardship – need for renewed attention in the stewardship/coordination/management of national condom programs (HIV prevention, Sexual and reproductive health)

Focus on national coordination mechanisms

Last mile supply strengthening

Demand creation

Sustainability – Total Market Approach

GC7 – Prevention Program Stewardship

New opportunity for GF funding

- So far, approx. 17 countries have sought funding for HIV prevention program stewardship
- Five countries budgets above \$1M
- (additional grants being negotiated)

Modular Framework – proposed activities

- Activities related to strengthening national prevention program stewardship to achieve scale and precision of prevention service delivery. For example: •
- Development of national prevention strategies, plans and programs including target setting, costing, defining investment needs and operational planning. •
- Management, coordination and oversight of prevention programs, technical working groups, national and subnational coordination and review mechanisms. •
- Differentiated and scalable HIV prevention demand generation and service delivery models. • Last mile supply and distribution systems for prevention commodities. •
- HIV prevention product introduction, strategic positioning and strengthening of total market approaches. •
- Community -based or community -led prevention models for outreach, social contracting and safety of programs with key populations and young women. • Capacity development including building individual skills, institutional and systems capacity such as defined functions, quality assured processes and standard operating procedures. • Integration of HIV prevention communication and service delivery with health promotion and services for SRHR and other related services. →

Modular Framework – activities (cont)

- Activities related to monitoring and collect HIV prevention -specific data, including population size estimation, hotspot mapping, risk assessment, socio -behavioral surveys, market and program analytics, monitoring of prevention outcomes, program reviews, financial analysis, etc ., *should be included in the module “RSSH: Monitoring and Evaluation Systems”*.
- Activities related to the national disease specific plans should be included under the module "RSSH: Health Sector Planning and Governance for Integrated People -centered Services" and intervention "Integration /coordination across disease programs and at the service delivery level".

What will we achieve with this investment?

- What are the plans in different countries? (especially those above \$1M)
- Is this budget line valuable?
- What will success look like?

Annex 4:



Providing Leadership for a Coordinated Multisectoral Response

HIV Multi-sector Leadership Forum

Director General – NAC

2/10/2024



Outline

- Background
- National HIV response
- Coordination Functions/Structures
- HIV Coordination Platforms/Functions/Stakeholders
- Multi-sectoral HIV Coordination collaboration
- Information sharing & Decision making Structures
- Challenges/Recommendations



Background

- MANDATE;
- The National HIV/AIDS/STI/TB Council (NAC) established through Act of Parliament No. 10 of 2002; develop and coordinate policies, plans and strategies for the prevention and combating of HIV, AIDS, TB and STIs to reduce impact of the epidemic

- 3 ONES PRINCIPLE
 - One Coordinating Body
 - One M&E System
 - One Strategy

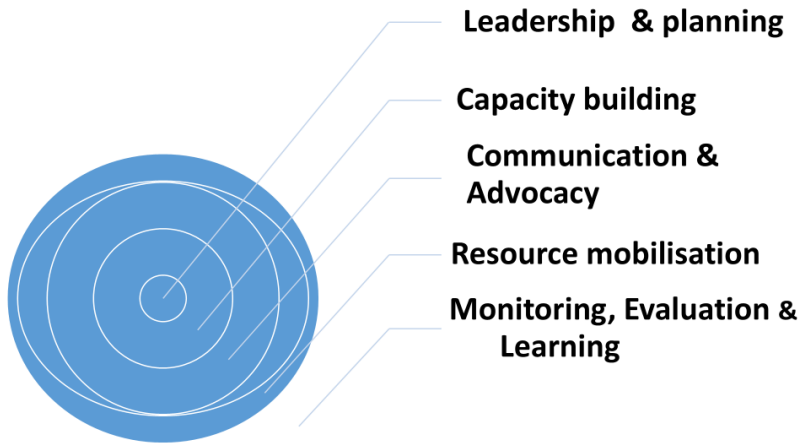


The National HIV Response

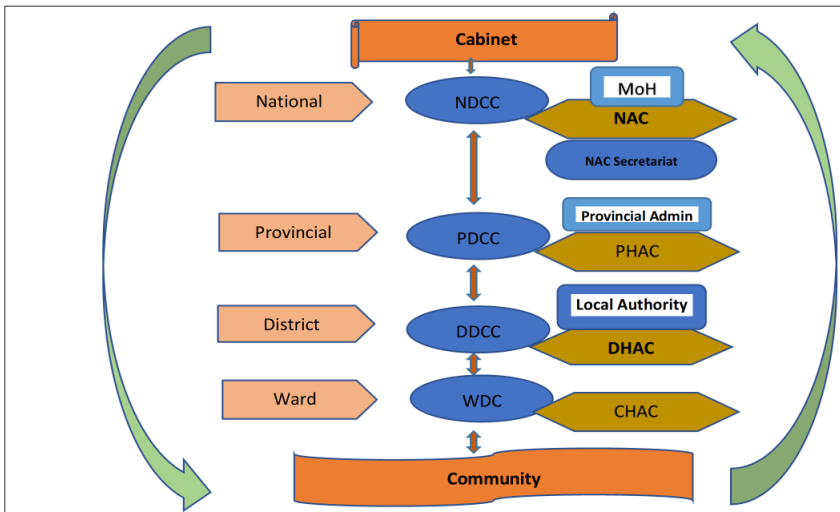
- **Multi-sectoral**- Many sectors (organisations in the public, private and civil society, cooperating partners)
- **Multi-level**- (national, provincial, district, community, household)
- **Multi-dimensional** (different interventions by different actors)



Coordination functions



HIV Coordination Structures

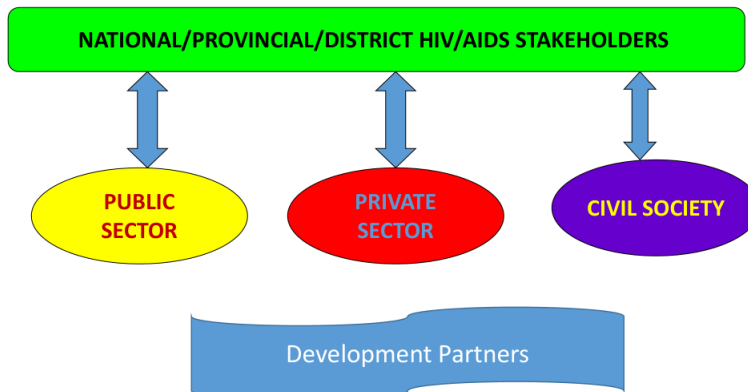


HIV Response Coordination Platforms

- **Theme Groups** (Prevention / Treatment / CATG / M&E)
- **Technical Working Groups** (HIV prevention, Adolescent health, KP, PrEP, Transport, Condom, VMMC)
- PHAC
- DHAC



HIV Stakeholders

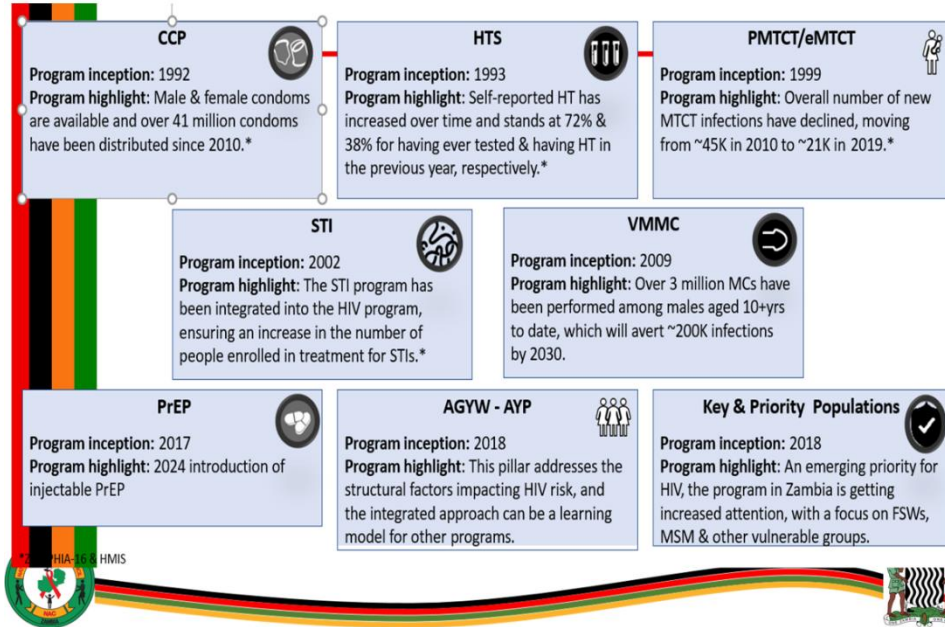


Multi-sectoral collaboration

- Coordinating development of strategic documents with public, private, and civil society organisations e.g. NASF, prevention roadmap, NASA, specialised studies...
- Lead HIV Prevention coalition
- Coordination of national Prevention TWGs (e.g. KP, ADH, PrEP, Condom)



Examples of Prevention interventions



Challenges

- Inadequate domestic financing for the HIV response
- Inadequate recourse for coordination of the multisectoral HIV prevention programme
- Inadequate funding towards a comprehensive HIV response.
- Duplication of roles and responsibilities among key player in the HIV response.



Challenges, cont'

- Prevention disjoint and fragmentation which means that scale up and sustainability are unlikely to be attained
 - Multiple NGO partners undertaking multiple prevention projects and interventions in different parts of Zambia that often overlap and are not visible to the Zambia AIDS Commission
 - Multiple, parallel and overlapping HIV prevention data collection tools, reporting systems and different metrics that are funded by different donors that complicate prevention planning, or coordination
 - The current focus of the HIV sustainability discourse is HIV care and treatment, and HIV prevention appears to be deprioritized.



Recommendations

- Increase domestic financing
- Integrate systems and programmes to leverage on resources for a sustainable HIV response
- Enhance synergies and collaboration across sectors
- HIV prevention response mapping in the country to identify projects, interventions funded across the country to facilitate HIV prevention coherence and scale up and align with Zambia's epidemic and sustainability planning



Thanks

