



# HIV Prevention Learning Pack

**A compendium of essential resources for  
designing and managing HIV prevention  
responses at country and local level**



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## ABOUT THIS LEARNING PACK

### HIV Prevention Learning Pack

This HIV Prevention Learning Pack has been developed to support accelerating the HIV prevention response across various regions.

It is a compendium of resources for supporting the prevention work of GPC Prevention Acceleration Teams, UNAIDS Regional and Country Offices, UNAIDS Co-sponsors, national bodies, including National AIDS Coordinating Authorities (NACAs), stakeholders and sectors responding to HIV, civil society and community organizations, and networks and groups of people living with and affected by HIV.

The HIV Prevention Learning Pack is a downloadable PDF document that provides an overview of each resource and hyperlinks to each resource online.

Ways to use this Resource Pack include:

- Self-study, by downloading or reviewing materials online
- Small-group study, by downloading or reviewing materials in a group at the same location and discussing the content during the group session.
- Virtual small-group study, by reviewing the materials online and discussing the content during the group session
- Advocacy, by sharing the materials with colleagues, stakeholders, or others involved in the HIV response or living with or affected by HIV.

## ACCELERATING HIV PREVENTION

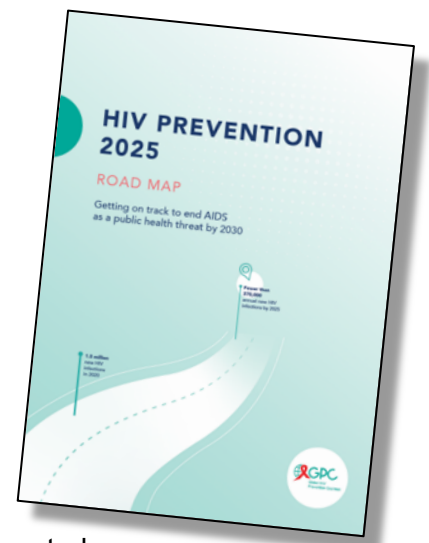
The Global AIDS Strategy 2021-2026 and the 2025 Prevention Road Map call for accelerated HIV prevention responses at the country level.

The [2025 HIV Prevention Roadmap](#) follows a 10-point Action Plan to support of the 2030 goal to end the AIDS epidemic as a public health threat, including through meeting 2025 prevention targets.<sup>1</sup>

Country-specific activities and approaches are developed according to country needs, and emphasis is placed on providing catalytic support to existing national Prevention Working Groups or teams so that they can more efficiently perform their core functions in stewarding the country's HIV prevention response. The GPC has also supported Prevention Acceleration Teams (PAT) via a pilot programme conducted in four countries—Ghana, Mozambique, Nigeria, and Zambia—to accelerate stewardship of the HIV response.

This HIV Prevention Acceleration Learning Pack provides an overview of key HIV prevention resources, including the following:

- [The GPC Resource Hub](#)
- [The South-South HIV Prevention Learning Hub \(SSLN\)](#)



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<sup>1</sup> Globally, these include ensuring people-centred HIV prevention responses, ensuring that 95% of people at risk of HIV use appropriate prioritized, effect combination prevention, and ensuring that there are fewer than 370 000 new infections by 2025.

## Treatment as prevention

Treatment as Prevention (TaSP) focuses on early diagnosis of people living with HIV through HIV testing followed by treatment immediately after diagnosis. Undetectable viral load can usually be achieved after six months of antiretroviral therapy. There is almost zero or negligible risk of sexual HIV transmission when the index partner has a suppressed viral load. Viral load suppression at scale contributes to reducing community-level HIV transmission.

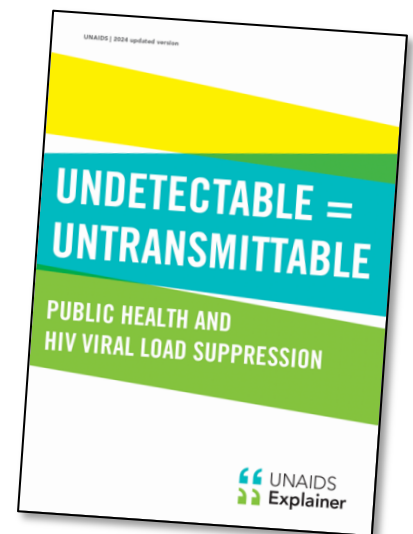
The principle of undetectable equals untransmittable (U=U) is outlined in a UNAIDS Explainer on [U=U: Public health and HIV viral load suppression](#). Key points include:

- Community awareness of U=U contributes to peer, family, and community support for HIV testing and sustained treatment among people who are known to be living with HIV. Awareness of the benefits of HIV treatment and viral load suppression for reducing HIV transmission is particularly relevant for key and vulnerable populations.
- Not all people living with HIV are able to maintain sustained HIV treatment to ensure viral load suppression. U=U awareness must be complemented with [stigma reduction activities](#) to support access to treatment, including community-level stigma reduction, ensuring stigma-free health care provision, and processes that address self-stigma. Other factors limiting sustained and consistent access to HIV treatment must also be addressed.
- Most countries are off-track in meeting the 95–95–95 targets for HIV testing, treatment, and viral suppression. However, four sub-Saharan African countries, Botswana, Eswatini, Rwanda, and Zimbabwe, achieved the 95–95–95 targets, and nine other countries in the region are expected to achieve the targets by 2025.

A World Health Organization resource on HIV testing—[Technical assistance to accelerate the implementation of WHO recommendations on HIV testing and treatment delivery](#)—includes insights and lessons learned from 18 countries.

The findings highlight four focus areas to strengthen HIV testing and treatment:

- Implementing differentiated HIV testing services, including facility and community-based HIV testing, referral, social-network-based testing, and self-testing.



- Differentiated service delivery for antiretroviral therapy, including client-centred models within and outside health facilities—for example, offering flexible facility hours, and providing services and support through community antiretroviral therapy groups, adherence clubs, community distribution points, and multi-month dispensing.
- A package of interventions to reduce illness and mortality among people presenting with advanced HIV disease, including screening, treatment, and prophylaxis for opportunistic infections, rapid initiation of antiretroviral therapy, and adherence support.
- Virtual interventions to improve access to services, including mobile phone-based options, internet options, social media applications, and online marketing and advertising.

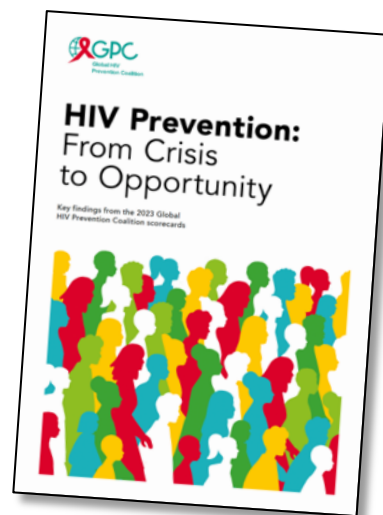
## Progress on HIV prevention

Insufficient progress on HIV prevention has immediate implications for long-term expenditure on HIV treatment, given that each new HIV infection necessitates lifelong access to antiretroviral therapy in the absence of a cure. HIV prevention is significantly underfunded globally and is under-prioritized in domestic budgets.

In 2022, there were 1.3 million annual new infections (930 000 more than the 2025 target), and there is a critical need to intensify and scale all HIV prevention approaches to reduce HIV incidence.

The GPC includes 40 focus countries that accounted for 76% of all annual new HIV infections in 2022. The report on 2023 GPC scorecards—[HIV prevention: From crisis to opportunity](#)—highlights the following epidemiological shifts.

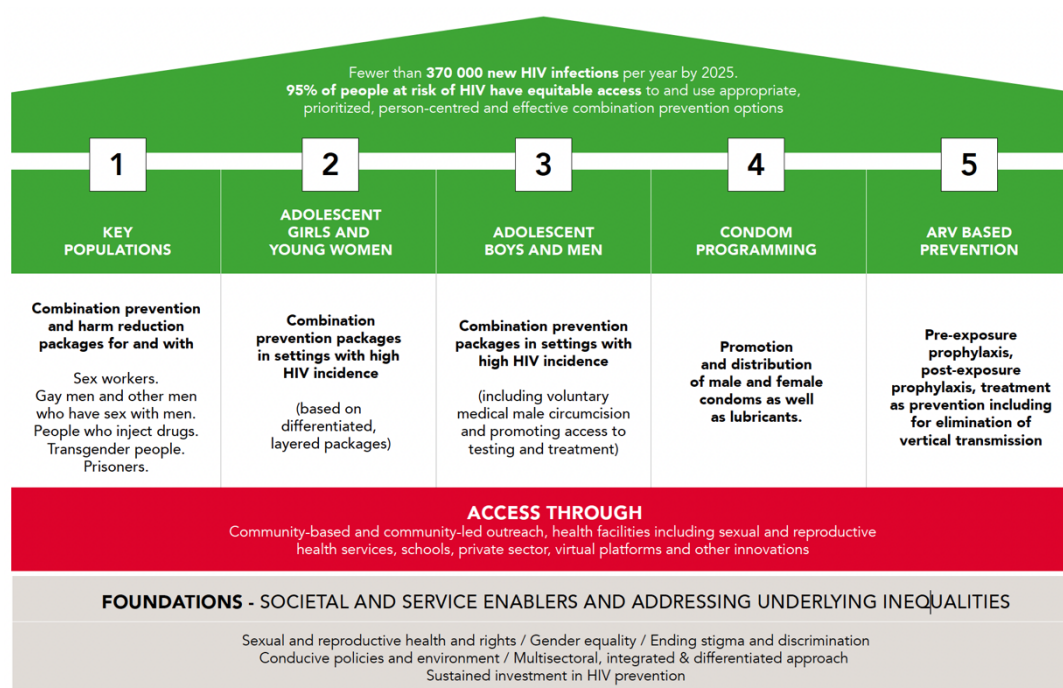
- For the first time in the history of the pandemic, roughly equal numbers of new HIV infections are occurring in and beyond sub-Saharan Africa. That reflects both the prevention successes achieved in much of sub-Saharan Africa and the lack of comparable progress in much of the rest of the world, where the pandemic primarily affects key populations and their sexual partners who continue to be neglected in many HIV prevention programmes.
- Among adolescents and young people (15–24 years), new HIV infections have tended to decrease more rapidly among males than females. HIV incidence among adolescent girls and young women remains exceptionally high in parts of eastern and southern Africa and in specific areas in western and central Africa.
- Factors that have contributed to HIV incidence declines over the past decade in various countries include increased access to HIV treatment, having fewer risky



sexual partners, delayed sexual debut, moderately high levels of condom use during risky sex in high HIV prevalence settings, and increased levels of voluntary medical male circumcision (VMMC) in countries where these programmes have been prioritized (or where religious or cultural circumcision practices are common).

- The number of children acquiring HIV has been drastically reduced through prevention of vertical transmission programmes and services—with prevention benefits also being achieved through increasing the number of women living with HIV on antiretroviral therapy.

A detailed overview of progress across the five GPC prevention pillars is provided.



## How to do better at HIV prevention

To achieve the 2025 target, annual new HIV infections must be reduced by 83% from 2010. Eleven GPC countries—Botswana, Cameroon, Côte d'Ivoire, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Rwanda, United Republic of Tanzania, and Zimbabwe—have reduced new infections by at least 66% since 2010, which puts the 2025 milestone within their reach.

Several focus countries are achieving slow reductions and must intensify their prevention efforts. They include Angola, Colombia, the Democratic Republic of the Congo, Ghana, Mozambique, Namibia, South Africa, Uganda, and Zambia.

The prevention programmes in several other focus countries are not on track and require thorough overhaul. They include Brazil, Colombia, Congo, Egypt, Madagascar, the Islamic Republic of Iran, Mexico, Myanmar, Pakistan, Papua New Guinea, Peru, and the Philippines. Except for Congo and Papua New Guinea, most new HIV

infections in these countries occur among people belonging to key populations and their sex partners.

Other aspects of the HIV prevention response include addressing enablers for HIV response, namely the 10–10–10 targets<sup>2</sup> (which focus on removing social and legal barriers to HIV prevention and treatment) and the 30-80-60 targets<sup>3</sup> (which emphasize investment in the community-led organization and key population responses).

There is a need to scale up HIV programmes that meet the specific needs of people at risk of and vulnerable to HIV everywhere. [People-centred precision prevention](#) involves differentiated approaches delivered in the right combination and balance for the right people, in the right locations, through the right interventions, at the right time, in the right way, and at the right cost.



The GPC outlines a Ten-point Action Plan for HIV prevention and highlights the elements needed for accelerated HIV prevention. These include:

- Conducting stock-taking exercises (with the participation of relevant national stakeholders) to review national progress in implementing prevention programmes at scale.
- Ensuring that financial resources are available to make HIV prevention options available and accessible.
- Ensuring that reliable disaggregated data—including data generated by communities—is available and applied to country HIV prevention scorecards to improve the focus of HIV prevention responses.
- Following differentiated service delivery (DSD) approaches that ensure that HIV services are simplified and adapted to different contexts and groups of people to support treatment and prevention while ensuring high-quality delivery at scale.

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<sup>2</sup> By 2025, less than 10% of countries have punitive legal and policy environments that deny or limit access to services; less than 10% of people living with HIV and key populations experience stigma and discrimination; and less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

<sup>3</sup> By 2025, 30% of testing and treatment services are delivered by community-led organisations; 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women in those populations, are delivered by community-led organisations; 60% of the programmes to support the achievement of societal enablers are delivered by community-led organisations.

## Let Communities Lead

Historically, some of the most effective HIV responses have been community-led and driven, contributing to reductions in new HIV infections and supporting treatment and care.

The mobilization by gay men, people living with HIV and allied groups, organizations, and healthcare providers in the United States in the 1980s involved rights-based activism and stigma reduction to address the risks of HIV prevention and to provide care and support in a context where HIV treatment was not widely available.

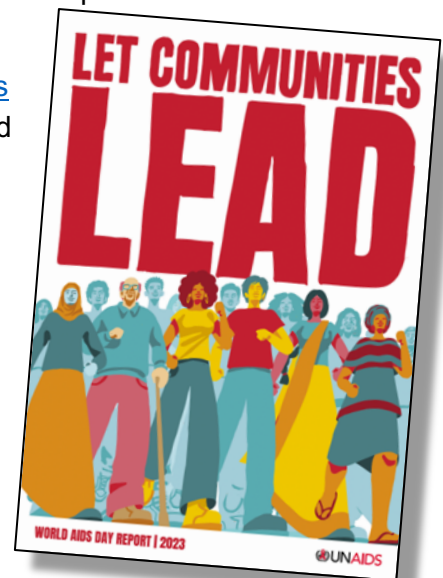
In Uganda, a multisectoral and decentralized approach was followed. Led by the government, emphasis was placed on all people having a role to play in the HIV response. Outcomes included the emergence of small organizations, clubs, and support groups dedicated to providing HIV prevention and care services and social communication that highlighted ways of reducing HIV risk and contributing to stigma reduction.

In countries such as India, community mobilization fostered collective identity among sex workers, which enabled empowered responses to HIV prevention and service access.

The 2023 World AIDS Day Report—[Let Communities Lead](#)—provides an overview of guiding principles and many examples of community-led HIV responses worldwide and informs processes towards achieving the 30-80-60 targets.

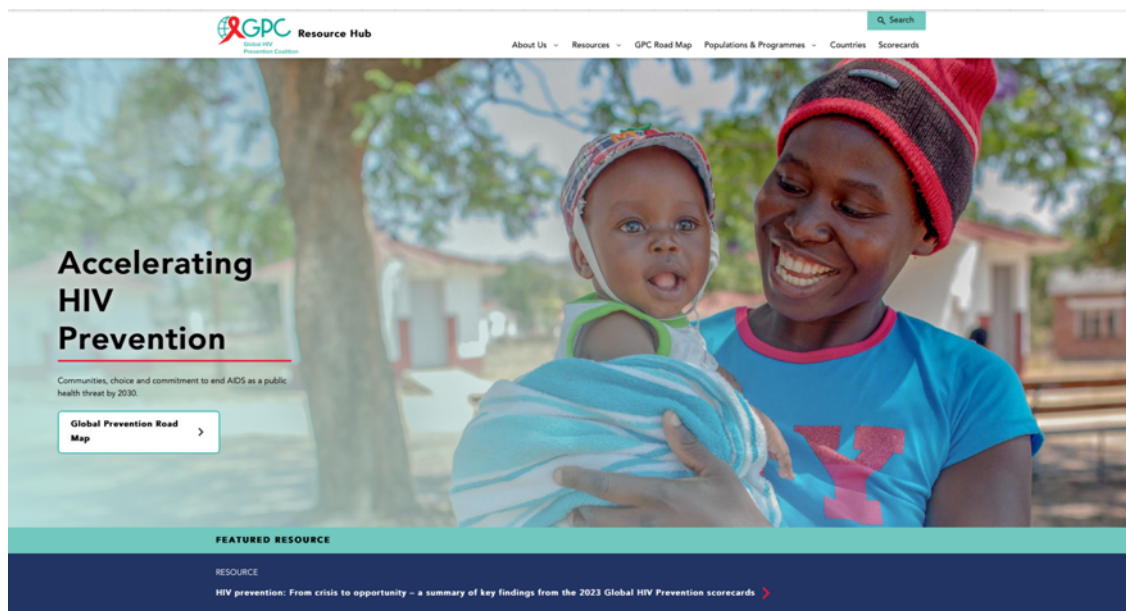
Guiding principles for action include:

- Ensuring that communities' leadership roles are integrated into formulating, budgeting, implementing, monitoring, and evaluating all plans, policies, and programmes that will affect communities and impact the HIV response—“nothing about us without us.”
- Fully and sustainably funding communities' leadership roles so that programmes can be scaled up and the people implementing them are adequately supported and remunerated.
- Removing barriers to communities' leadership roles by ensuring civil society space and protecting the human rights of all people, including people from marginalized and criminalized communities.



# HIV PREVENTION RESOURCES ONLINE

## The GPC Resource Hub



The [GPC Resource Hub](#) is a unified online platform that brings together the latest information on HIV prevention. It is designed as a repository for essential resources to support a coherent response to HIV prevention.

The content is structured around the five core HIV prevention pillars 1) key populations, 2) adolescent girls and young women, 3) adolescent boys and men, 4) condom programming, and 5) antiretroviral-based prevention

The Hub includes country-specific resources and profiles, key data, and other critical information to support implementation—including country scorecards and updates on the ten roadmap actions. Sections of the website include:

- **About us**—including links to [Who we are](#), the HIV, the [Global HIV Prevention Working Group](#), the [South to South Learning Network \(SSLN\)](#)
- **Resources**—with links to the [Resource Library](#) (including country-specific resources); [events](#) (upcoming meetings and webinars); [news](#) related to HIV prevention and links to regular GPC newsletters; and [submit a resource](#) for sharing country or topic resources that are not already on the website. There is also a link to five HIV [Prevention Self-Assessment Tools \(PSATs\)](#).
- **GPC Roadmap**—which provides links to HIV Prevention Roadmap resources.
- **Populations and programmes** links to the five core prevention pillars and foundations. It outlines HIV prevention enablers and provides links to two related

websites—[PrEP Watch](#) (which offers specialized information on PrEP) and [AIDS Info](#) (which allows access to the UNAIDS data collection and statistics).

- [Countries](#)—which provides links to resources specific to GPC focal countries and a link that identifies key [donor countries](#) with some related resources.
- [Scorecards](#)—which provides links to main scorecards, technical summaries, and country scorecards.

Various sections of the website are searchable (including dropdown lists), with criteria such as **topic**, **country**, **resource type**, **population and programme**, **language** (with the option for seven languages, although most of the resources are in English), **format** (e.g., audio recording, document), and **year**.

## Key GPC Prevention Resources

The following resources include PowerPoint presentations that provide detailed information relevant to HIV prevention acceleration. They are available through clicking the hyperlink to documents in the resource pack folder.

**Title:** [Prevention stewardship through prevention acceleration teams](#)

**Presenter:** UNAIDS

**Format:** PowerPoint presentation

**Length:** 18 pages

**Synopsis:** This presentation provides insight into: HIV prevention context, HIV programme leadership, outcomes and outputs of GPC prevention stewardship grants, lessons learned and adaptations, an overview of the PAT approach, Terms of reference for PAT teams, sustainability and GPC Secretariat support.



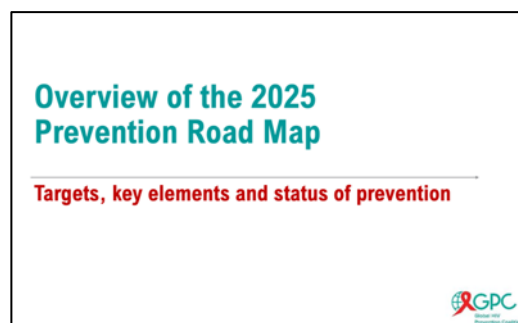
**Title:** [Overview of the 2025 Prevention Road Map](#)

**Presenter:** GPC

**Format:** PowerPoint presentation

**Length:** 36 pages

**Synopsis:** This presentation gives insight to guiding frameworks for renewed commitment to HIV prevention, Global AIDS Strategy 2021-26: Including Progress and gaps, A detailed overview of the HIV prevention Road Map and key approaches for each component, Analytic tools and country scorecard data and People-centred HIV prevention.



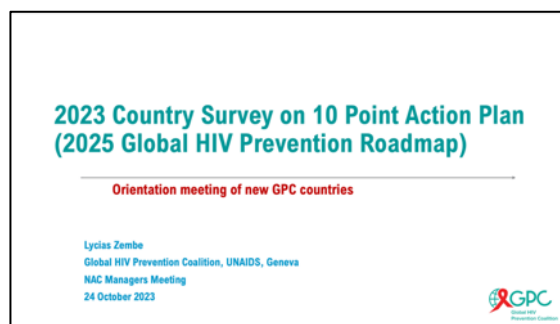
**Title:** [2023 Country Survey on 10-Point Action Plan \(2025 Global HIV Prevention Roadmap\)](#)

**Presenter:** GPC

**Format:** PowerPoint presentation

**Length:** 28 pages

**Synopsis:** The GPC roadmap implementation survey is conducted to monitor progress made by GPC focus countries in implementing the 10-point action plan. This presentation provides an overview of the survey process, methodology and results.



**Title:** [Expanding the Global HIV Prevention Coalition. Overview on the 2025 HIV Prevention Roadmap](#)

**Presenter:** GPC

**Format:** PowerPoint presentation

**Length:** 28 pages

**Synopsis:** In 2022, twelve new countries were invited to join the Global HIV prevention Coalition based on rising number of new HIV infections, progress towards targets and a few distinct countries as best practice examples. This presentation provides an overview of the expansion process for the coalition.



**Title:** [Prevention Self-Assessment Tools \(PSATs\): an easy-to-use method for country-led review of national programmes](#)

**Presenter:** GPC

**Format:** PowerPoint presentation

**Length:** 15 pages

**Synopsis:** The Prevention Self-Assessment Tools (PSATs) were developed by the Global HIV Prevention Coalition as a tool for countries to monitor their progress towards comprehensive prevention programming. This presentation provides an orientation to the PSATs, their background, structures and components as well as country examples.



## South to South HIV Prevention Learning Network (SSLN)



The [SSLN](#) is a learning platform that supports south-south collaboration and dialogue through network building and learning sessions to improve HIV prevention, including through country actions related to HIV prevention priorities and gaps, strengthening access to financing for prevention—including the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund— and achieving the global HIV prevention agenda. This includes fostering collaboration and knowledge sharing among Country Champions, and building ‘social capital’ among HIV programme managers and implementers through providing safe places for learning and problem-solving.

The SSLN includes 15 member countries ([Botswana](#), [Côte d’Ivoire](#), [Eswatini](#), [Ghana](#), [Kenya](#), [Malawi](#), [Mozambique](#), [Nigeria](#), [Republic of Congo](#), [South Africa](#), [South Sudan](#), the [United Republic of Tanzania](#), [Uganda](#), [Zambia](#) and [Zimbabwe](#)).

All resources on the [SSLN website](#) can be freely accessed and downloaded.

Components include:

- [Blogs and news](#)
- A [documents library](#) searchable name, document type, prevention pillar, year, language, and a drop-down list of ‘tags.’
- A [document upload page](#)
- Links to country pages, which include country-specific information on Prevention Self-Assessment Tools (PSATs) and a PSAT dashboard, documents outlining

programmes, GPC posters, and searchable documents including by name, document type, prevention pillar, year, language, and a drop-down list of 'tags'.

An events page provides searchable links to upcoming events (including webinars, learning sessions, case studies, and champions meetings), access to documentation on [recent events](#) (including videos that can be viewed through the [SSLN YouTube Channel](#)—which includes the option to subscribe), and a box to enter an e-mail address to [subscribe to the SSLN newsletter](#).

There is a [video gallery](#) (which provides links to webinars and other material) and a [photo gallery](#). A link is also provided for [contacting the SSLN and members](#).

## KEY HIV PREVENTION RESOURCES

### Leadership for accelerating HIV prevention

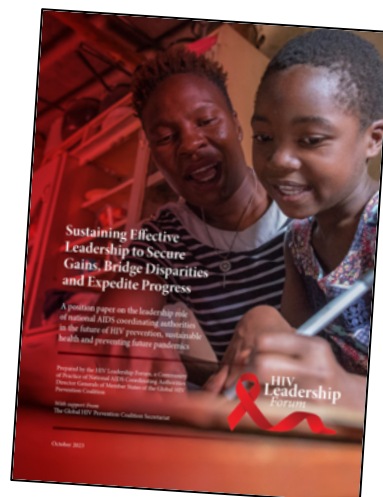
**Title:** [Sustaining effective leadership to secure gains, bridge disparities, and expedite progress: A position paper](#)

**Author:** HIV Leadership Forum

**Format:** Report

**Length:** 38 pages

**Synopsis:** This report reflects on the history of the HIV response and the experiences of national AIDS coordinating authorities (NACAs) in responding to HIV (and, recently, COVID-19) to plot a path forward in the current operating environment. It makes the case for sustaining the effective leadership of NACAs to secure gains, bridge disparities and expedite progress for the HIV response and broader health issues and in preparing for pandemics.



**Title:** [Sustaining effective leadership to secure gains, bridge disparities and expedite progress: A policy brief from the HIV Multisector Leadership Forum](#)

**Author:** HIV Leadership Forum

**Format:** Report

**Length:** 7 pages

**Synopsis:** The HIV Multisector Leadership Forum, a Community of Practice of directors-general of National AIDS Coordinating Authorities, reflected on the stubborn issues holding back faster progress in HIV prevention. This policy brief summarizes the challenges and opportunities they identified and their recommendations for accelerating progress in HIV prevention.



**Title:** [Malawi: HIV prevention and accountability. A community perspective](#)

**Author:** Frontline AIDS

**Format:** Report

**Length:** 12 pages

**Synopsis:** This report provides an overview of Malawi's progress in HIV prevention. It is one of 10 reports developed in collaboration with 126 partners across 10 countries as part of a civil society effort to encourage national-level accountability on HIV prevention. It considers progress against the 2025 HIV Prevention Roadmap and provides an overview of:

- Precision prevention approach
- Country investment needs
- HIV prevention political leadership
- Community-led HIV prevention services
- Removing legal and social barriers
- Promoting HIV prevention integration
- New HIV prevention technologies
- Accountability for HIV prevention.



**Title:** [Kenya national multisectoral HIV prevention acceleration plan 2023-2030](#)

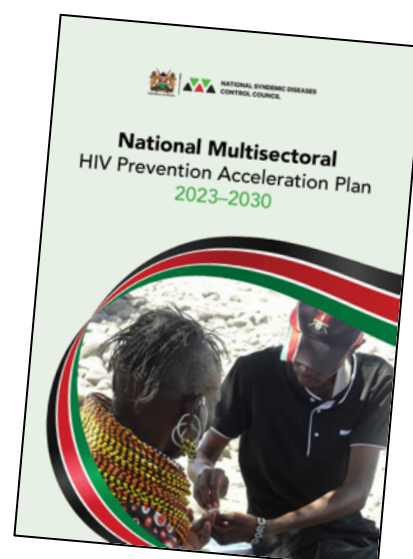
**Author:** Kenya NSDCC

**Format:** Plan

**Length:** 72 pages

**Synopsis:** Kenya's HIV prevention acceleration plan 2023–2030 provides guidance for speeding the reduction of new cases of HIV. The plan centres communities in the response to increase programme sustainability and integrates services with Kenya's health system to enhance efficiency. It provides insight into five objectives:

- Implementing a precision HIV prevention plan focusing on key and priority populations and geographical locations to optimize the reduction of new HIV infections



- Accelerating the implementation of well-coordinated, community-centric combination HIV prevention interventions
- Conducting data-driven assessments and rigorous progress tracking of the country's HIV prevention programme
- Investing in sustaining a multi-sectoral approach to HIV prevention at the national and sub-national level
- Reinforcing and strengthening leadership and accountability at all levels for HIV prevention

The Plan includes detailed information, including 1) A situation analysis, 2) An HIV acceleration plan, and 3) An overview of nine strategies to advance HIV prevention in the country.

## Addressing stigma and discrimination

**Title:** [Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination 2023](#)

**Author:** Global Partnership

**Format:** Reference document

**Length:** 36 pages

**Synopsis:** Without addressing HIV-related stigma and discrimination, the world will not achieve the goal of ending AIDS as a public health threat by 2030. This reference document provides an overview of the 10-10-10 targets, strategies for achieving these targets, and information on the Global Partnership, including how to join the Partnership. Approaches for making impacts in different settings are outlined, including case studies and examples. It is also available in [Portuguese](#).



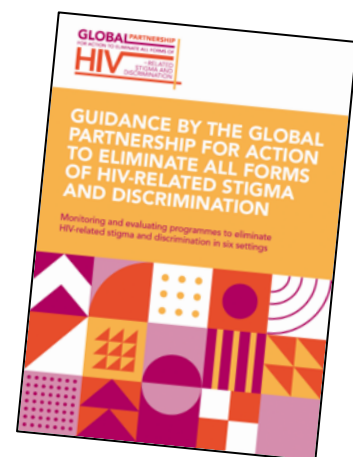
**Title:** [Guidance by the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination — Monitoring and evaluating programmes to eliminate HIV-related stigma and discrimination in six settings](#)

**Author:** Global Partnership

**Format:** Reference document

**Length:** 84 pages

**Synopsis:** In 2020, the Global Partnership launched a guidance document that reviewed the latest evidence on effective programmes to eliminate HIV-related stigma and discrimination in the six settings of the Global Partnership. The present guidance is a companion to the evidence guidance focused on monitoring and evaluation, with the goal of supporting programme planners, implementers and managers at government agencies and nongovernmental and community-based organizations to understand the outputs and outcomes of their programmes and inform programme improvement and scale-up. It is also available in [Portuguese](#).



**Title:** [Practical guide to ending HIV-related stigma and discrimination — Best practices and innovative approaches to reduce stigma and discrimination at the country level](#)

**Author:** Global Partnership

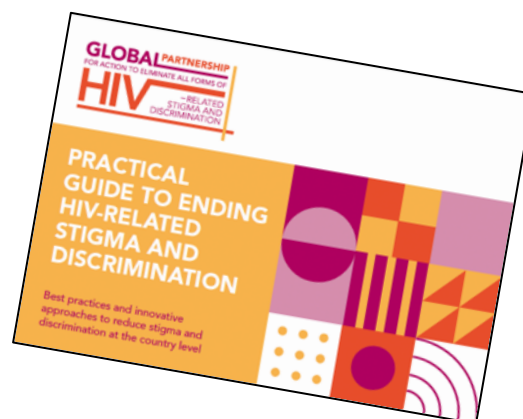
**Format:** Reference document

**Length:** 134 pages

**Synopsis:** This guide provides information on how to apply best practices to reduce HIV-related stigma and discrimination to the country context. It includes a stepwise process:

- Understanding how stigma and discrimination manifest in your country
- Planning when and how to intervene
- Implementing a plan to respond to stigma and discrimination and monitor progress

It is also available in [Portuguese](#).



**Title:** [Evidence for eliminating HIV-related stigma and discrimination](#)

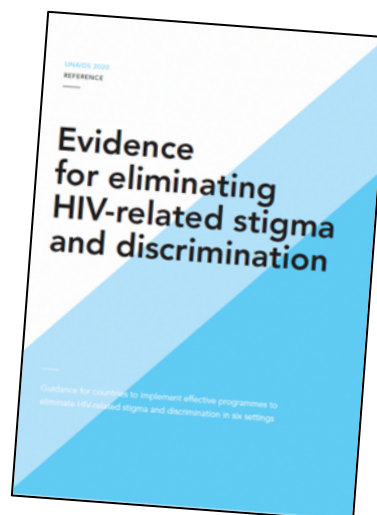
**Author:** UNAIDS

**Format:** Reference document

**Length:** 84 pages

**Synopsis:** This Reference Document reviews the latest evidence on what works to reduce HIV-related stigma and discrimination in community, workplace, education, health care, justice and emergency settings. It includes recommendations for reducing HIV-related stigma and discrimination in those six settings and an overview of considerations for monitoring the success of the programmatic interventions recommended for each setting. It outlines:

- How stigma and discrimination cause harm
- How stigma functions and how it can be addressed, including fundamental principles and an overview of common interventions
- Recommendations based on evidence from six settings
- Approaches to monitoring and evaluation



## Pillar 1: Key populations

**Title:** [Microplanning video series on key populations](#)

**Presenter:** SSLN

**Format:** Video

**Length:** 31 minutes

**Synopsis:** This video presentation provides an overview of microplanning for more effective and targeted interventions for Key and Vulnerable Populations.



**Title:** [GPC Key Populations Community of Practice](#)

**Presenter:** GPC

**Format:** Video

**Length:** 1h 37m

**Synopsis:** This webinar looks at global evidence and guidelines on how to reach young key populations, including practical approaches to implementing programmes with young key populations (Kenya's perspective), and involving young key populations in designing and implementing activities within the HIV response.



**Title:** [Key population trusted access platforms](#)

**Author:** GPC

**Format:** Reference document

**Length:** 78 pages

**Synopsis:** A trusted access platform is the foundation on which effective key population programmes are built and a range of interventions and services are provided. The focus of this operational guidance is on the principles of building a solid foundation for key population service provision that enjoys high levels of trust and participation with and by key populations. A trusted access platform supports all key populations, both as individual members and communities, addressing common needs regardless of HIV status or other specific healthcare requirements. It is also a way of working with key populations and communities to establish



trust and improve service access. It involves close collaboration on programme design, implementation and monitoring, and addressing critical enablers. This document includes sections on 1) Intervention design for impact and 2) Management for scale and impact. Also available in [French](#).

**Title:** [Building a strong foundation for a scaled and effective HIV response with key populations](#)

**Author:** SSLN

**Format:** PowerPoint presentation

**Length:** 11 pages

**Synopsis:** This document focuses on the principles of building a solid foundation for key population service provision, one that enjoys high levels of trust and participation with and by key populations in community and clinic settings. It includes 1) Planning and budgeting, 2) Trusted platforms as a foundation for multiple interventions, 3) Intervention for impact, and 4) Management for scale and coverage.



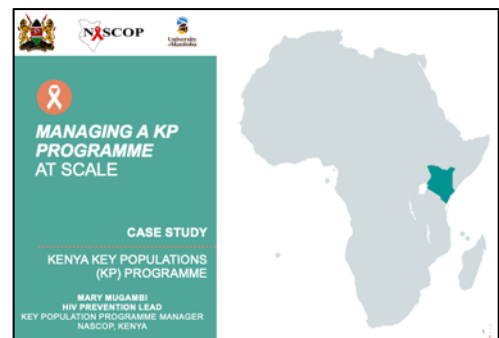
**Title:** [Managing a KP programme at scale](#)

**Author:** SSLN

**Format:** PowerPoint presentation

**Length:** 12 pages

**Synopsis:** This presentation shares experiences from Kenya and provides insights into decentralized approaches to supporting key populations. It outlines structural interventions, safe spaces, service optimization, and capacity building, among other themes.



**Title:** [Overview of programmatic priorities and latest WHO recommendations and guidance for key populations](#)

**Author:** WHO

**Format:** PowerPoint presentation

**Length:** 38 pages



**Synopsis:** This orientation and action planning workshop on new Global Prevention Coalition countries covers the following aspects: 1) Political commitments to address key populations; 2) Epidemiological data recap; 3) New WHO consolidated guidelines for key populations; 4) Prioritizing interventions for impact by key populations; 5) New recommendations for service delivery; 6) Selected existing critical recommendations for impact; 7) Enabling environment.

**Title:** [Innovations in HIV prevention: with focus on key populations](#)

**Author:** WHO

**Format:** PowerPoint presentation

**Length:** 28 pages

**Synopsis:** This presentation includes a definition of innovations, an overview of PrEP, differentiated service delivery, Long-acting injectable cabotegravir (CAB-LA), PrEP: dapivirine vaginal ring (DPV-VR), Post-exposure prophylaxis (PEP), virtual interventions, online delivery, sexually transmitted infections (STIs), and sex-positive approaches.



**Title:** [Increasing support and partnerships with key HIV populations. In-reach online training](#)

**Author:** UNAIDS, UNFPA, UNDP

**Format:** Series of PowerPoint presentations

**Length:** 26-55

**Synopsis:** This multi-module series provides detailed training on working with key populations. The modules include:

- Introductory module (55 pages)
- Module 1.1: The HIV epidemiology and vulnerability of key populations and the importance of strategic information (39 pages)
- Module 1.2: Community empowerment and community-led responses (35 pages)
- Module 1.3: The comprehensive package of health-sector interventions with key populations (40 pages)
- Module 1.4: Understanding and Investing in critical enablers, (38 pages)
- Module 1.5: HIV and human rights (25 pages)



- Module 2: Sex Workers (44 pages)
- Module 3: Gay, bisexual, and other men who have sex with men (41 pages)
- Module 4: People who inject drugs (45 pages)
- Module 5: Transgender and gender-diverse people (43 pages)
- Module 6: People in prisons and other closed settings (26 pages)
- Module 7: Adolescent and Young Key Populations (42 pages)

**Title:** [Core issues in HIV prevention among Key Populations](#)

**Author:** APMG Health

**Format:** PowerPoint presentation

**Length:** 24 pages

**Synopsis:** This presentation reviews various aspects of key population considerations, service packages, and responses. It includes references to sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners.



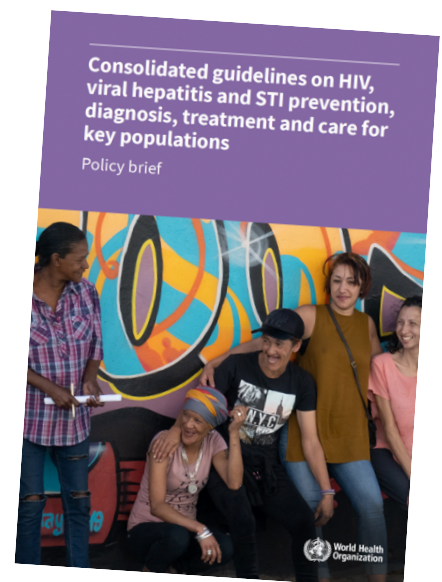
**Title:** [Consolidated guidelines on HIV, viral hepatitis, and STI prevention, diagnosis, treatment, and care for key populations](#)

**Author:** WHO

**Format:** Guidelines

**Length:** 144 pages

**Synopsis:** The Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for five key populations (men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs and trans and gender diverse people). The guidelines present and discuss new recommendations and consolidate a range of recommendations and guidance from current WHO guidelines which are summarised here in this policy brief.



**Title:** [Microplanning for more effective and efficient HIV programs. Sex worker-led condom programming in Malawi](#)

**Author:** Mann Global Health

**Format:** Case study

**Length:** 8 pages

**Synopsis:** This case study describes how the Local Endeavors for HIV Prevention and Treatment (LEAP) project has harnessed the power of peer educators and outreach workers and of micro-planning to transform HIV outreach to female sex workers in Malawi. It highlights the opportunity to use micro-planning to improve distribution and promotion of condoms and lubricants—critical components of any program reaching key populations. The case study is part of a series documenting promising and best practices supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria’s Condom Strategic Initiative and wider condom programming.



**Title:** [Advancing HIV prevention among people who use drugs and people in prisons and other closed settings](#)

**Author:** UNODC

**Format:** PowerPoint presentation

**Length:** 8 pages

**Synopsis:** This Technical Brief provides detailed information on HIV prevention programming for people who use drugs and people in closed settings and clarifies priority actions for accelerating HIV prevention.



**Title:** [HIV prevention, treatment, care and support for people who use stimulant drugs](#)

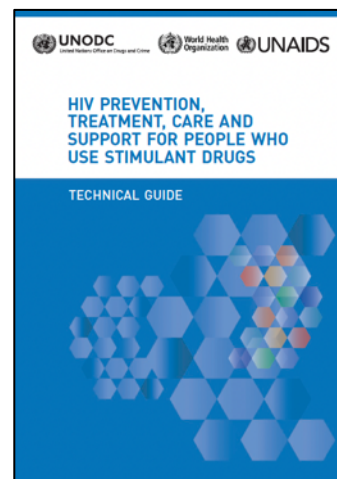
**Author:** UNODC, WHO, UNAIDS

**Format:** Guidance document

**Length:** 76 pages

**Synopsis:** The purpose of this document is to provide guidance on implementing HIV, hepatitis C (HCV) and hepatitis B (HBV) programmes for people who use stimulant drugs and who are at risk of contracting these viruses. It aims to:

- Increase awareness of the needs and issues faced by the affected groups, including intersectionality among different key populations.
- Provide implementation guidance to help establish and expand access to core HIV and hepatitis prevention, treatment, care, and support services.



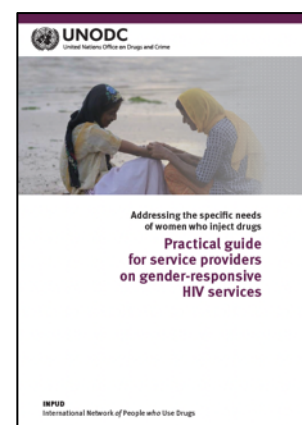
**Title:** [Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services](#)

**Author:** UNODC

**Format:** Guidance document

**Length:** 78 pages

**Synopsis:** This guidance document provides a rationale and overview for supporting the health needs of women who inject drugs. It includes reference to additional services, including family contexts and situations of incarceration.



**Title:** [Establishing and delivering evidence-based, high-quality opioid agonist therapy services](#)

**Author:** UNODC, WHO

**Format:** Guidance document

**Length:** 89 pages

**Synopsis:** This guidance document is an operational tool for professionals to establish and deliver evidence-based opioid agonist therapy (OAT) services in low- and middle-income countries. It offers practical guidance on the processes to start, roll out and improve the quality of OAT programmes.



## Pillar 2: Adolescent girls and young women

**Title:** [Overview of programmatic priorities, latest guidance, trends, and tools for AGYW programming](#)

**Author:** GPC

**Format:** PPT

**Length:** 18 pages

**Synopsis:** This presentation provides an overview of essential resources to guide programming, including guidance documents listed below.



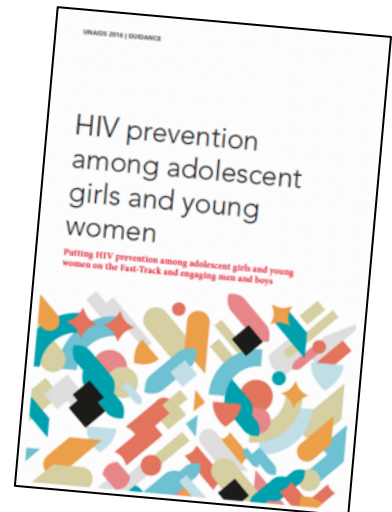
**Title:** [HIV prevention among adolescent girls and young women](#)

**Author:** UNAIDS

**Format:** Guidance document

**Length:** 80 pages

**Synopsis:** This programming guidance aims to inform programmes that set out to reduce HIV infection among adolescent girls and young women in countries and locations where HIV incidence is high among adolescent girls and young women and where HIV is primarily spread through heterosexual transmission. The document also is useful for experts in wider health and social sector programmes, including health workers and teaching staff, or any other professionals who can integrate dimensions of HIV prevention into their area of work.



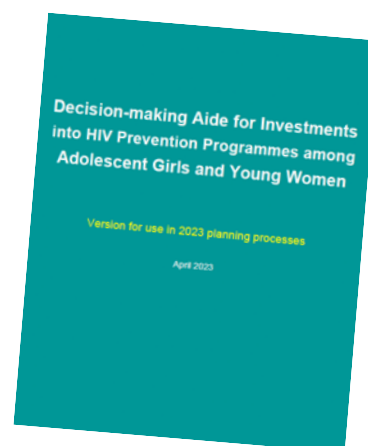
**Title:** [Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women](#)

**Author:** UNAIDS

**Format:** Guidance document

**Length:** 24 pages

**Synopsis:** This decision-making aid – which does not replace more detailed existing guidance – aims to help countries to prioritize investments into differentiated HIV prevention packages for adolescent girls and young women (from basic to more comprehensive) taking into account differences in HIV incidence and vulnerability. It provides a step-by-step approach to assist countries in deciding what packages should be provided, by whom, to whom and where, given available HIV funding and complementary funding.



**Title:** [Technical Brief HIV Programming for Adolescent Girls and Young Women: 2023-2025](#)

**Author:** Global Fund

**Format:** Guidance document

**Length:** 62 pages

**Synopsis:** This technical brief provides guidance to countries on how they can strategically invest the Global Fund resources in HIV prevention programming for adolescent girls and young women (AGYW) in the 2023-2025 allocation cycle as part of their national response to HIV. It provides an overview of considerations for prioritization (including a people-centred orientation), clarifies the importance of age-disaggregation, outlines combination HIV prevention approaches and highlights the importance of multidimensional, multisectoral and community-based and led approaches that address structural factors and social enablers, behavioural and biomedical aspects. It also provides insight into complementary interventions and considers the implications for scale-up.



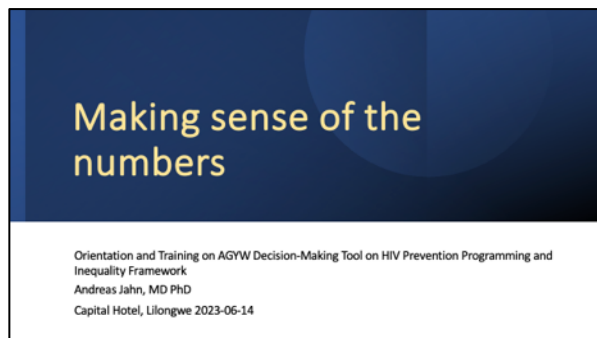
**Title:** [Making sense of the numbers. Orientation and Training on AGYW Decision-Making Tool on HIV Prevention Programming and Inequality Framework](#)

**Author:** Andreas Jahn

**Format:** PowerPoint presentation

**Length:** 18 pages

**Synopsis:** This presentation provides insights into planning responses for adolescent girls and young women, including key measures: How many? How common? How effective? What impact? Is it worth the investment? The approach provides clarity on prioritization and is also relevant for other vulnerable populations.



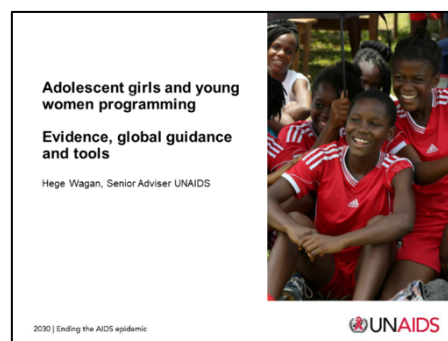
**Title:** [Adolescent girls, young women and their male partners in high-incidence communities](#)

**Author:** GPC

**Format:** PPT

**Length:** 29 pages

**Synopsis:** This presentation provides an overview of epidemiological considerations, prioritization, guidance for programming for adolescent girls and young women, implementation guidance, and good practices.



## Pillar 3: Adolescent boys and men

A regularly updated series of webinars and presentations coordinated by the Global Men and HIV Technical Working Group is available here: [MENHT Webinar Series Resources](#). Selected resources are included in this section.

**Title:** [Engaging men and boys for HIV prevention and sexual and reproductive health: A systematic review of reviews](#)

**Author:** GPC

**Format:** PowerPoint presentation

**Length:** 25 pages

**Synopsis:** This presentation explores strategies to engage men and boys in SRHR programming. It explores three concepts: Men as clients, Men as partners, and men as agents for change. It finds interventions for engaging men for VMMC and HIV testing have been effective, but more work is needed on retention in care and as family planning users. Engaging men as partners has been highly beneficial, including couples counselling, and finds that engaging men through their partners (one step removed) as ineffective. Regarding gender transformative interventions—these have been effective but need to go beyond small-scale community-level interventions. A summary of the do's and don'ts for engaging men and boys can also be downloaded [here](#).



**Title:** [Putting men in global policies and guidelines: A distraction or an imperative?](#)

**Author:** WHO

**Format:** PPT

**Length:** 20 pages

**Synopsis:** This presentation provides an overview of the epidemiology of men and HIV, identifies challenges, and explores barriers and solutions.



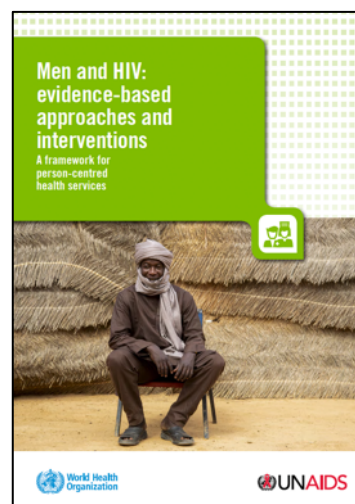
**Title:** [Men and HIV: Evidence-based approaches and interventions](#)

**Author:** WHO/UNAIDS

**Format:** Guidance document

**Length:** 48 pages

**Synopsis:** This document provides a simplified, consolidated framework for increasing men's engagement in health systems across HIV and related health services using a person-centred care approach. It summarises barriers to health services experienced by men and offers overarching strategies to address those barriers and improve health service outcomes for men across three core pillars of person-centred care: access to care, quality services and supportive services.



**Title:** [HIV-focused sexual risk-reduction interventions targeting Adolescent boys and young men in sub-Saharan Africa: A scoping review](#)

**Author:** WHO/UNAIDS

**Format:** Guidance document

**Length:** 48 pages

**Synopsis:** This presentation explores the lesser emphasis on adolescent boys and young men in HIV programming and the lack of disaggregation in ages. It identifies HIV risk factors and highlights vulnerabilities and possibilities for interventions. It notes that mixed-gender interventions should be adopted and that age-appropriate and tailored programmes are needed, including social-level responses.



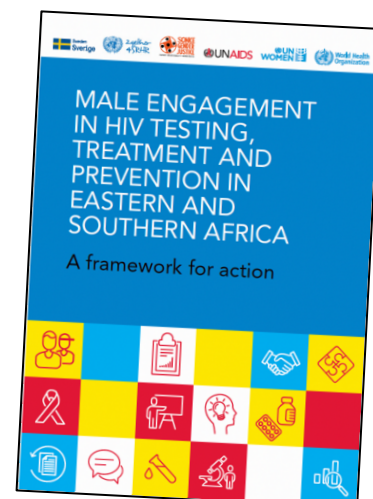
**Title:** [Male engagement in HIV testing, treatment, and prevention in East and Southern Africa: a framework for action](#)

**Author:** UNAIDS

**Format:** Guidance document

**Length:** 88 pages

**Synopsis:** This framework provides insights into some of these questions. It categorises existing research, knowledge and best practices and outlines the necessary building blocks for planning, implementing, and monitoring improvement in the HIV response among men and boys within a broader gender equality framework. The framework is an evidence-based action road map to guide the development of national strategies; when contextualized to local and national contexts and epidemiological situations, the framework provides a foundation for country-led movements to achieve the globally agreed HIV goals in the Global AIDS Strategy 2021–2026 and work towards achieving gender equality.



**Title:** [Linkage to HIV care and early retention in HIV care among men in the 'universal test-and treat' era in a high HIV-burdened district, KwaZulu-Natal, South Africa](#)

**Author:** MENHT

**Format:** PPT

**Length:** 18 pages

**Synopsis:** This presentation outlines experiences from a universal test and treat programme in South Africa, and men's participation in care. It found that participation was initially high but declined to 45% a year after diagnosis, highlighting the importance of strategies to retain men in care.



**Title:** [Advancing HIV Prevention testing and treatment with boys and men](#)

**Author:** WHO

**Format:** PPT

**Length:** 13 pages

**Synopsis:** This presentation explores closing the gaps in HIV testing among boys and men and provides an overview of a framework for action.



## Pillar 4: Condom programming

**Title:** [Developing effective condom programmes](#)

**Author:** UNAIDS

**Format:** Guidance document

**Length:** 25 pages

**Synopsis:** The purpose of this technical brief is to provide information for countries preparing funding requests for comprehensive condom programmes. The brief describes best practices in condom programming in countries with moderate to high HIV burden, where strong condom programs are essential to national HIV prevention efforts as well as prevention of other sexually transmitted infections and unintended pregnancies. Significant weaknesses in program stewardship, demand and supply result in lower than desired levels of condom use in many of these countries.



**Title:** [Condom programming. An overview of status and tools](#)

**Author:** UNAIDS

**Format:** PPT

**Length:** 23 pages

**Synopsis:** This presentation provides a detailed overview of the benefits of condoms, including triple protection, and the need to reinvigorate condom programming. It includes a critical review of strategies and outlines recommendations for condom stewardship.



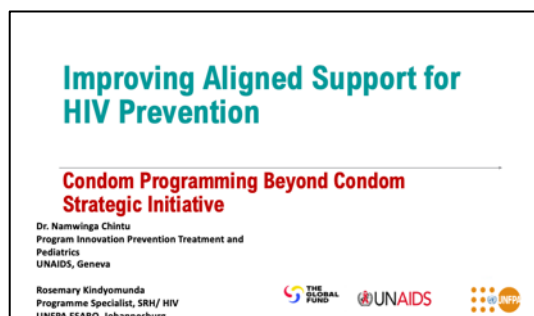
**Title:** [Improving aligned support for HIV prevention: Condom Programming Beyond Condom Strategic Initiative](#)

**Author:** UNAIDS

**Format:** PPT

**Length:** 13 pages

**Synopsis:** Scalable catalytic interventions for responsive condom programming are possible, effective and urgently needed. This presentation reviews gaps in programming and provides insights into 'new generation condom programming' through learning from implementing the condom Strategic Initiative.



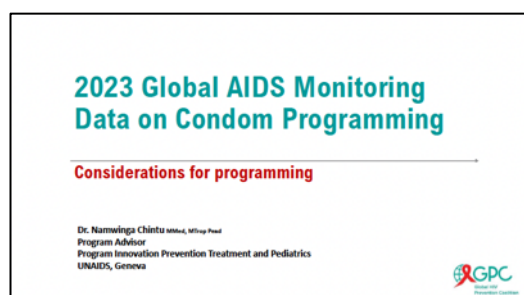
**Title:** [2023 Global AIDS Monitoring Data on Condom Programming. Considerations for programming](#)

**Author:** UNAIDS

**Format:** PPT

**Length:** 71 pages

**Synopsis:** This presentation provides a compilation of sub-presentations that offer vital insights into condom programming, including detailed country examples.



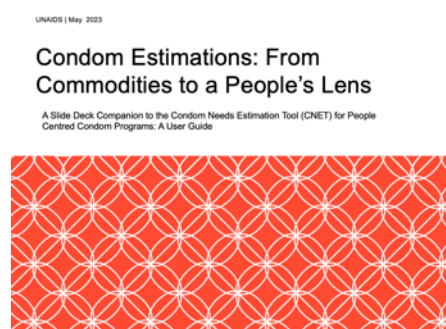
**Title:** [Condom Estimations: From Commodities to a People's Lens. A Slide Deck Companion to the Condom Needs Estimation Tool \(CNET\) for People Centred Condom Programs: A User Guide](#)

**Author:** UNAIDS

**Format:** PPT

**Length:** 77 pages

**Synopsis:** This slide presentation was developed by the Global HIV Prevention Coalition as a companion to the updated Condom Needs Estimation Tool (CNET). It responds to the need for an internationally recognised standard for more effective condom quantification processes to fast-track progress to global targets as well as to country demand for a step-by-step approach to navigating the tool.



**Title:** [Condom Program Stewardship Strategic Initiative](#)

**Author:** The Global Fund

**Format:** PPT

**Length:** 23 pages

**Synopsis:** The Condom program stewardship initiative' main objective was to catalyse improvements in the quality of condom programs (more differentiated, equitable, people-centred), which will lead to sustained increases in condom use amongst priority populations and reduced number of HIV infections (as well as other sexual and reproductive health benefits). This presentation provides insights into creating a shared vision of success, the process to achieve success, challenges, and adjustments.



**Title:** [Delivering condoms to the last mile: Leveraging data to enhance condom access in Uganda](#)

**Author:** Mann Global Health

**Format:** Case study

**Length:** 7 pages

**Synopsis:** Uganda's community "last mile" condom distribution encompasses several promising practices underpinning a people-centred, data-driven initiative aiming to increase access to condoms.

This case study is part of a series documenting promising and best practices supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria's Condom Strategic Initiative and wider condom programming.



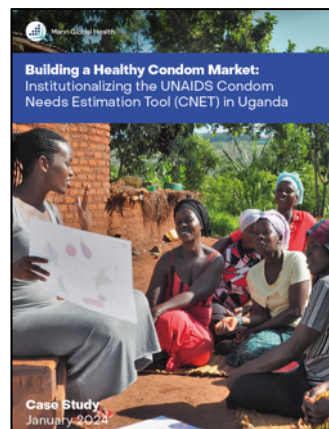
**Title:** [Building a healthy condom market: Institutionalizing the UNAIDS condom needs estimation tool in Uganda](#)

**Author:** Mann Global Health

**Format:** Case study

**Length:** 8 pages

**Synopsis:** This case study describes the benefits and insights gained through Uganda's application of the Condom Needs Estimation Tool (CNET), which helps national programmes develop and implement robust, people-centered condom interventions by aggregating population-specific condom use estimates to inform budgets for commodity procurement. This case study is part of a series documenting promising and best practices supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria's Condom Strategic Initiative and wider condom programming.



**Title:** [Virtual demand creation for more effective condom promotion. A structured approach to social media campaign planning in Zambia.](#)

**Author:** Mann Global Health

**Format:** Case study

**Length:** 8 pages

**Synopsis:** This case study provides an overview of experiences in condom programming in Uganda, including best and promising practices and a deep dive into campaign implementation.



## VMMC

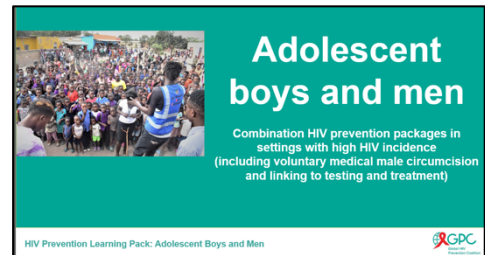
**Title:** [Adolescent boys and men - Combination HIV prevention packages in settings with high HIV incidence \(including voluntary medical male circumcision and linking to testing and treatment\)](#)

**Author:** GPC

**Format:** PPT

**Length:** 18 pages

**Synopsis:** This presentation provides an overview of the Combination HIV prevention packages for adolescent boys and men in settings with high HIV incidence.



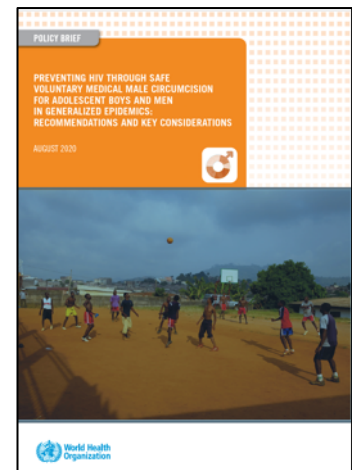
**Title:** [Preventing HIV through safe, voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics: recommendations and key considerations.](#)

**Author:** WHO

**Format:** Guidance document

**Length:** 160 pages

**Synopsis:** These guidelines update earlier World Health Organization recommendations to maximise the HIV prevention impact of safe VMMC services. They are designed to guide the transition to sustained provision of interventions with a focus on the health and well-being of both adolescent boys and men. Summary information is also available as a [policy brief](#).



## Pillar 5: Antiretroviral-based prevention

Online resources on the **Global HIV PrEP programme** through WHO can be found [here](#).

**Title:** [ARV-Based Prevention. Overview, Trends, Guidance](#)

**Author:** GPC

**Format:** PowerPoint presentation

**Length:** 13 pages

**Synopsis:** This presentation provides an overview of ARV-based prevention as a part of combination HIV prevention. It includes country examples.



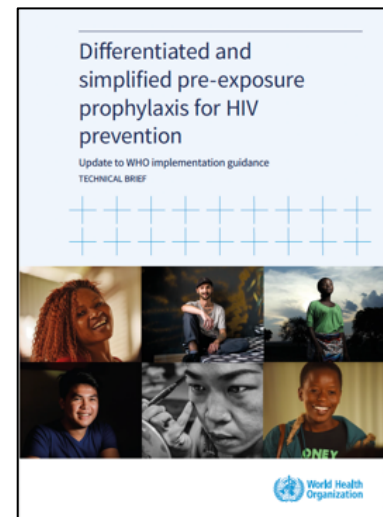
**Title:** [Differentiated and simplified PrEP: Update on WHO implementation guidance](#)

**Author:** WHO

**Format:** PPT

**Length:** 46 pages

**Synopsis:** This technical brief updates and supplements previous World Health Organization guidelines and guidance on PrEP for HIV prevention. The brief aims to support differentiated, simplified, demedicalised and comprehensive PrEP services to support PrEP uptake, persistence and effective use.



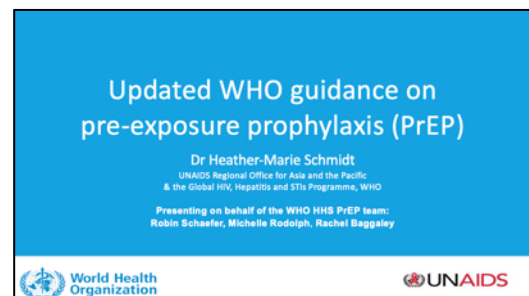
**Title:** [Updated WHO guidance on pre-exposure prophylaxis \(PrEP\) for men](#)

**Author:** WHO/UNAIDS

**Format:** PowerPoint presentation

**Length:** 17 pages

**Synopsis:** This presentation provides an overview of the updated WHO guidance on PrEP with reference to PrEP for men.



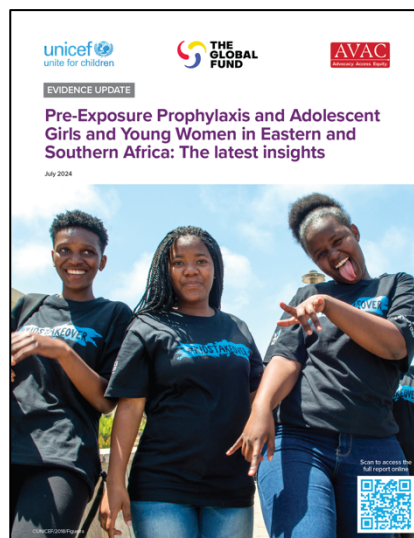
**Title:** [Pre-Exposure Prophylaxis and Adolescent Girls and Young Women in Eastern and Southern Africa: The latest insights](#)

**Author:** UNICEF, Global Fund, AVAC

**Format:** Evidence update

**Length:** 9 pages

**Synopsis:** This updated brief summarizes the most recent evidence on Adolescent Girls and Young Women and PrEP provision, serving as a supplement to the original 2021 implementation brief. Evidence was drawn from a review of over 40 resources published in 2022-2024, including academic literature as well as briefs and tools developed by implementers.



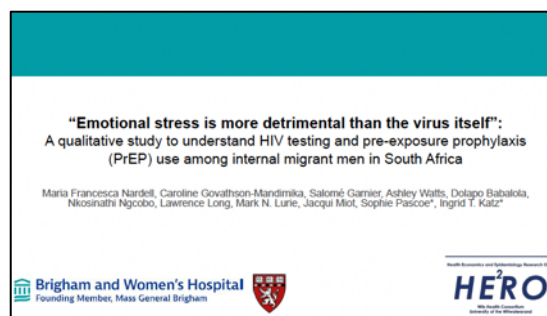
**Title:** [“Emotional stress is more detrimental than the virus itself”: A qualitative study to understand HIV testing and PrEP use among internal migrant men in South Africa](#)

**Author:** HERO

**Format:** PPT

**Length:** 15 pages

**Synopsis:** This presentation explores psychosocial and structural factors that influence HIV testing and prevention uptake among internal migrants, including possible intervention strategies to help address these barriers.



## HIV Financing

**Title:** [Social contracting: Concepts and examples](#)

**Author:** GPC

**Format:** PPT

**Length:** 21 pages

**Synopsis:** This presentation provides an overview of definitions of social contracting, approaches, and mechanisms, as well as case studies and examples.

