

Prioritized, efficient, effective and sustainable prevention at a time of uncertain financing

Considerations for countries to make in 2025 with a 2030 horizon

Prioritized, efficient, effective & sustainable: 6 dimensions

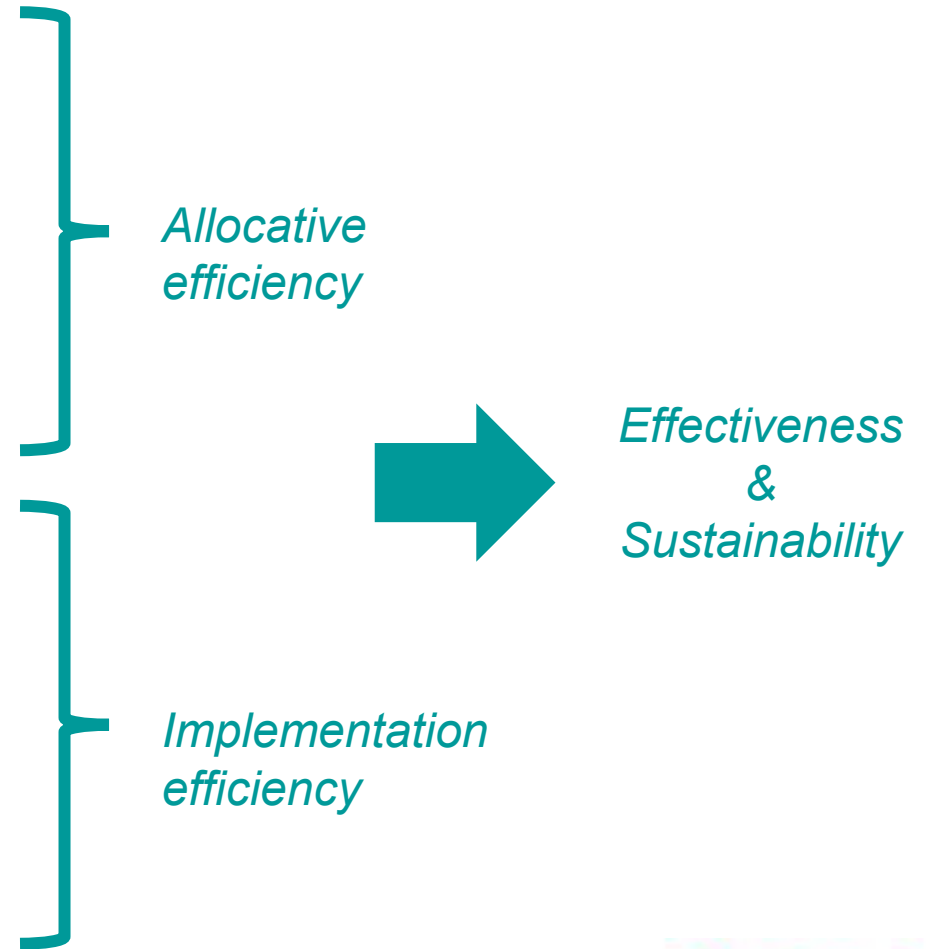
- For the right **people**
- In the right **locations**
- With the right **interventions**
- At the right **time**
- In the right **way**
- At the right **cost**

The right
**combination
and balance**

Optimal decisions
for reducing HIV
incidence
and health impact

Prioritized, efficient, effective & sustainable: 6 principles

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Defining Who Needs Prevention

Adopt a simple and practical approach that enables countries apply the new risk thresholds and arrive at clearly defined denominators for prevention programs within 12 months, in line with the Global AIDS Strategy.

STEP

1

DETERMINE TOTAL POPULATION SIZE ESTIMATE

- Countries should have **up-to-date, nationally validated key population size estimates generated from empirical methods** and sound statistical concepts.
- Where PSEs are outdated or do not exist, global or regional averages may be used to benchmark. For MSM, this should be **at least 1%** of the total adult male population ([WHO & UNAIDS, 2020](#)).
- In resource constrained settings, **low-cost methodologies that generate reliable PSEs** need to be developed and used.
- Where possible, **multiple sources** should be triangulated for greater certainty.
- **Plausible PSEs should be mandatory** in the development of all national strategic plans, prevention roadmaps as well as funding requests/country operational plans for major donors.

STEP

2

CALCULATE A PREVENTION DENOMINATOR

For key populations:

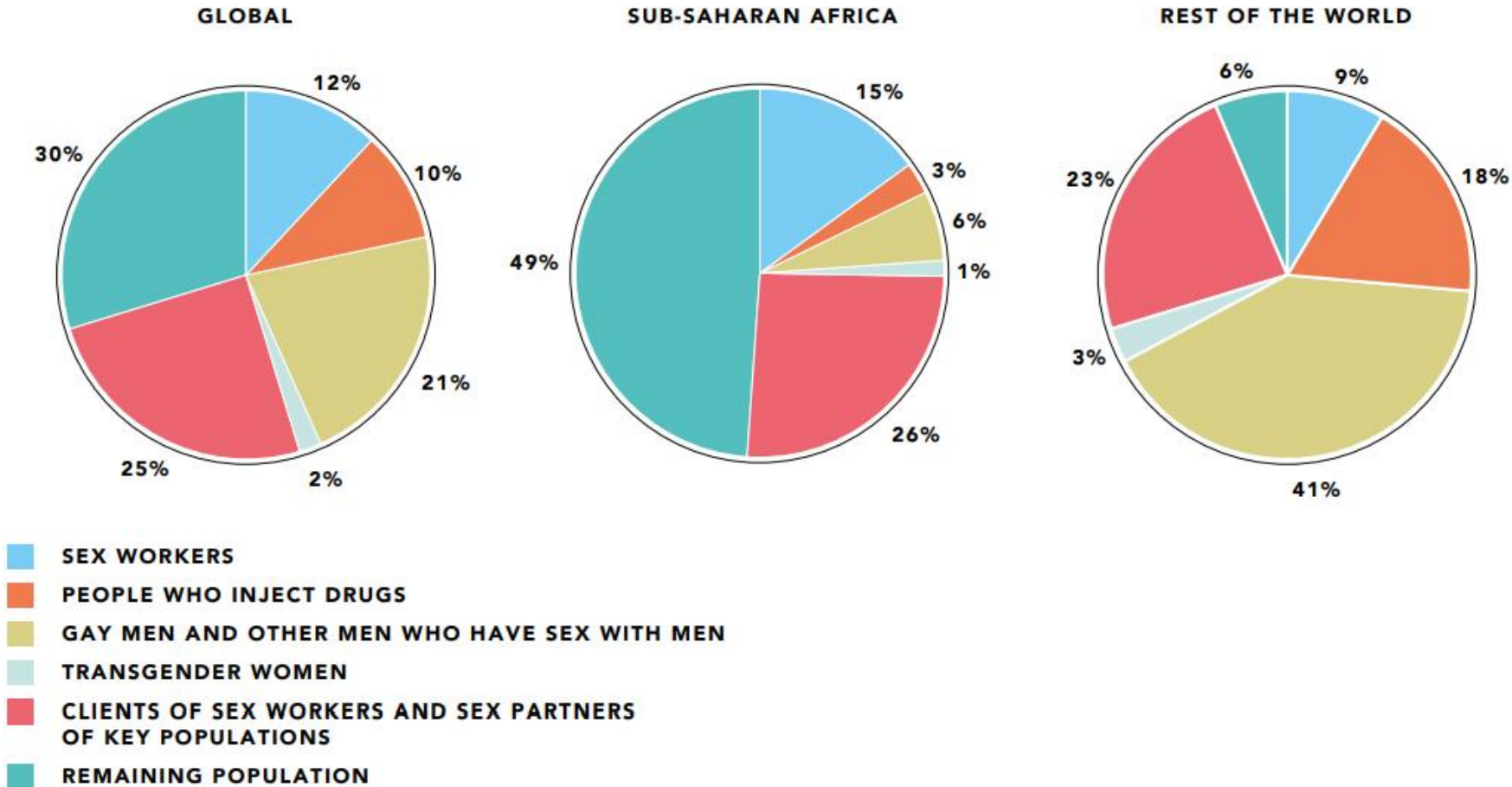
- Men who have sex with men with a non-regular partner
- All transgender women (with non-regular partner)
- All sex workers
- All people who inject drugs
- All prisoners

For other young people and adults:

- Use sub-national HIV incidence estimates disaggregated by age, sex, location and risk. The denominator for regular community outreach should be **populations with high HIV incidence** (globally defined as more than 1 per 100 person years).
- In parts of sub-Saharan Africa this level is also reached among people with non-regular partner(s), people who have transactional sex or another sexually transmitted infection.

Consider country-specific patterns of HIV acquisition and transmission

Distribution of acquisition of new HIV infections by population, global, sub-Saharan Africa and rest of the world, 2021

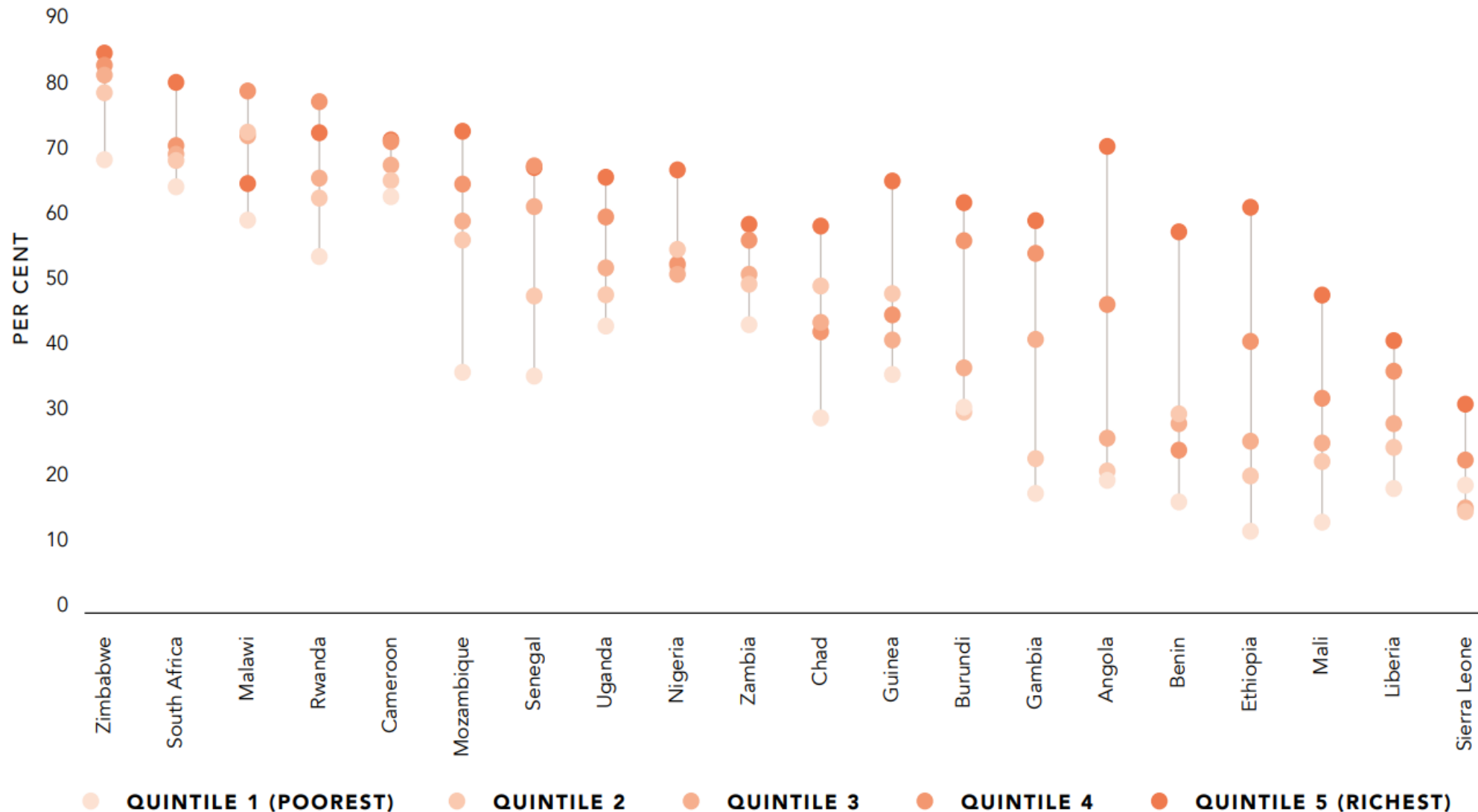


Source: UNAIDS special analysis, 2022 (see Annex on Methods).

Note: Due to variations in the availability of data from one year to the next, we do not provide trends in this distribution. See Annex on Methods for a description of the calculation.

CONDUCT INEQUITY ANALYSIS FOR BETTER TARGETING OF PROGRAMMES

Condom use with non-regular partners (men 15-49) by wealth quintile



Focus subsidy on people who need it most

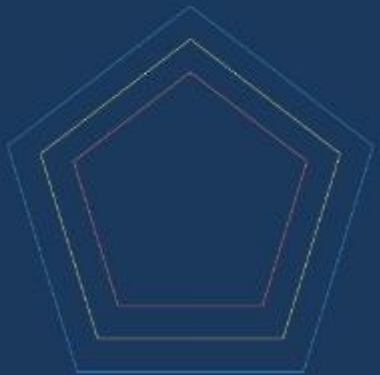
Countries with strong decentralized condom programmes reduced inequities in condom use

Understand communities and put communities in the driving seat

- Co-create with communities
- Life-style choices
- Local design



Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations



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ANALYZE HIV INCIDENCE PATTERNS:

Major differences in HIV incidence by:

- Location
- Individual level of risk
- Sex
- Age

Figure: Excerpt from a national summary of district estimates for an eastern African country

DO NOT CITE

Geography		Females, Regular partner			Females, Non-regular partner(s)			Females, Key Populations			Males, Regular partner			Males, Non-regular partner(s)			Males, Key Populations		
area_id	area_name	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49
GHA_2_100xh	Akyemansa	0.05	0.04	0.03	0.08	0.08	0.05	1.12	1.17	0.84	0.01	0.02	0.02	0.02	0.03	0.03	0.16	0.40	0.33
GHA_2_101mi	Asene Manso	0.12	0.10	0.06	0.21	0.20	0.13	1.88	1.96	1.40	0.03	0.04	0.04	0.05	0.07	0.08	0.37	0.87	0.68
GHA_2_102jl	Asuogyaman	0.22	0.16	0.11	0.40	0.35	0.22	2.53	2.68	1.93	0.05	0.06	0.06	0.09	0.13	0.13	0.58	1.26	0.97
GHA_2_103fq	Atiwa East	0.14	0.12	0.07	0.24	0.25	0.15	2.10	2.16	1.56	0.04	0.05	0.04	0.06	0.09	0.09	0.44	0.97	0.69
GHA_2_104wi	Atiwa West	0.19	0.15	0.10	0.33	0.32	0.20	2.56	2.65	1.91	0.05	0.06	0.06	0.08	0.12	0.12	0.62	1.32	0.98
GHA_2_105ph	Ayensuano	0.12	0.10	0.06	0.21	0.20	0.13	1.88	1.95	1.41	0.03	0.04	0.04	0.05	0.07	0.07	0.38	0.87	0.69
GHA_2_106un	Birim Central	0.28	0.21	0.13	0.51	0.44	0.28	2.92	3.00	2.17	0.05	0.08	0.07	0.10	0.16	0.16	0.77	1.46	1.03
GHA_2_107bu	Birim North	0.14	0.11	0.07	0.26	0.23	0.15	1.97	2.03	1.46	0.03	0.04	0.04	0.05	0.08	0.08	0.40	0.90	0.68
GHA_2_108fc	Birim South	0.27	0.21	0.13	0.48	0.44	0.27	2.89	3.04	2.18	0.06	0.08	0.08	0.11	0.17	0.16	0.68	1.48	1.12
GHA_2_109bi	Denkyembour	0.17	0.13	0.08	0.30	0.28	0.17	2.20	2.33	1.66	0.04	0.05	0.05	0.06	0.10	0.10	0.46	0.93	0.66
GHA_2_10rl	Adansi South	0.16	0.13	0.08	0.28	0.28	0.17	2.22	2.29	1.65	0.04	0.05	0.05	0.07	0.11	0.10	0.64	1.27	0.84
GHA_2_110wr	East Akim - Ab	0.19	0.15	0.09	0.33	0.32	0.20	2.50	2.63	1.88	0.05	0.06	0.06	0.08	0.12	0.12	0.58	1.26	0.96
GHA_2_111tr	Fanteakwa Nor	0.18	0.15	0.09	0.32	0.31	0.19	2.36	2.44	1.75	0.04	0.06	0.05	0.08	0.12	0.11	0.51	1.10	0.80
GHA_2_112lw	Fanteakwa Sou	0.13	0.11	0.07	0.24	0.23	0.14	2.06	2.15	1.55	0.03	0.04	0.04	0.06	0.09	0.09	0.46	1.00	0.76
GHA_2_113zw	Kwaebibirem	0.22	0.17	0.11	0.39	0.37	0.23	2.61	2.71	1.95	0.05	0.07	0.06	0.10	0.14	0.14	0.61	1.34	1.01
GHA_2_114uq	Kwahu East	0.19	0.14	0.09	0.34	0.30	0.19	2.24	2.36	1.70	0.04	0.06	0.05	0.07	0.11	0.11	0.45	1.12	0.87
GHA_2_115gw	Kwahu North	0.11	0.09	0.06	0.19	0.19	0.12	1.77	1.83	1.32	0.02	0.03	0.03	0.04	0.07	0.07	0.35	0.75	0.58
GHA_2_116uy	Kwahu South	0.13	0.11	0.07	0.24	0.22	0.14	1.93	2.02	1.45	0.03	0.04	0.04	0.06	0.09	0.08	0.35	0.85	0.64
GHA_2_117qt	Kwahu West	0.15	0.12	0.08	0.26	0.26	0.16	2.18	2.24	1.62	0.04	0.05	0.05	0.06	0.10	0.10	0.49	1.02	0.74
GHA_2_118gs	Lower-Manyas	0.39	0.32	0.20	0.70	0.67	0.42	3.73	3.91	2.84	0.10	0.13	0.12	0.18	0.28	0.25	0.99	1.54	0.94
GHA_2_119ml	New Juaben No	0.15	0.12	0.08	0.25	0.26	0.16	2.15	2.27	1.64	0.04	0.05	0.05	0.07	0.10	0.10	0.44	0.97	0.72
GHA_2_11kd	Afigya Kwabre	0.12	0.09	0.06	0.22	0.19	0.12	1.78	1.85	1.34	0.03	0.04	0.03	0.05	0.07	0.07	0.45	0.96	0.68
GHA_2_120hg	New Juaben Sc	0.19	0.15	0.10	0.34	0.32	0.20	2.59	2.64	1.90	0.05	0.07	0.06	0.09	0.13	0.12	0.65	1.05	0.68
GHA_2_121zq	Nsawam-Adoa	0.14	0.10	0.07	0.26	0.22	0.14	1.93	1.97	1.43	0.03	0.04	0.04	0.06	0.08	0.08	0.39	0.82	0.60
GHA_2_122qi	Okere	0.22	0.16	0.10	0.40	0.35	0.22	2.40	2.53	1.82	0.05	0.06	0.06	0.09	0.13	0.12	0.52	1.21	0.96
GHA_2_123de	Suhum	0.14	0.11	0.07	0.24	0.23	0.14	2.02	2.10	1.51	0.03	0.04	0.04	0.06	0.09	0.09	0.41	0.88	0.65
GHA_2_124tt	Upper Manyas	0.35	0.27	0.17	0.63	0.58	0.36	3.50	3.61	2.59	0.08	0.11	0.10	0.14	0.22	0.20	0.90	1.81	1.22
GHA_2_125cb	Upper West Ak	0.17	0.14	0.09	0.29	0.29	0.18	2.30	2.38	1.72	0.04	0.05	0.05	0.07	0.11	0.10	0.53	1.15	0.90
GHA_2_126yn	West Akim	0.18	0.14	0.09	0.31	0.30	0.19	2.36	2.45	1.77	0.04	0.06	0.05	0.07	0.11	0.11	0.54	1.15	0.85

Source: Tool for estimating the population size of people at risk of acquiring HIV in settings with high HIV incidence. Geneva, 2023.

ANALYZE VOLUME OF NEW HIV INFECTIONS

Geography		Females, Regular partner			Females, Non-regular partner(s)			Females, Key Populations			Males, Regular patner			Males, Non-regular partner(s)			Males, Key Populations		
area_id	area_name	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49	15-24	25-34	35-49
GHA_2_100xh	Akyemansa	1	1	1	3	2	1	0	0	0	0	0	1	1	1	1	0	0	0
GHA_2_101m	Asene Manso	1	2	2	7	3	2	1	0	0	0	0	1	1	2	2	0	1	0
GHA_2_102jl	Asuogyaman	2	5	4	17	9	6	1	1	0	0	1	3	3	4	4	1	1	0
GHA_2_103fq	Atiwa East	1	3	2	6	3	2	0	0	0	0	1	2	1	2	2	0	1	0
GHA_2_104wt	Atiwa West	1	3	2	8	5	3	0	0	0	0	1	2	2	3	3	0	1	0
GHA_2_105ph	Ayensuano	1	3	3	7	4	3	1	0	0	0	1	2	1	2	2	0	1	0
GHA_2_106un	Birim Central	3	6	4	17	9	5	1	1	0	0	2	3	3	4	3	1	1	0
GHA_2_107bu	Birim North	2	3	3	7	4	2	1	0	0	0	1	2	1	2	2	0	1	0
GHA_2_108fc	Birim South	1	2	2	7	3	2	0	0	0	0	1	1	1	1	1	0	0	0
GHA_2_109bi	Denkyembour	2	3	3	10	4	3	1	0	0	0	1	2	2	3	2	0	1	0
GHA_2_10rl	Adansi South	2	4	3	9	5	3	1	0	0	0	1	2	2	2	2	0	1	0
GHA_2_110wr	East Akim - Ab	2	3	3	12	6	4	1	1	0	0	1	2	2	3	3	1	1	0
GHA_2_111tr	Fanteakwa Nor	2	3	3	6	3	2	0	0	0	0	1	2	1	2	2	0	1	0
GHA_2_112lw	Fanteakwa Sou	1	2	2	6	3	2	0	0	0	0	1	1	1	2	2	0	1	0
GHA_2_113zw	Kwaebibirem	4	7	7	17	9	6	1	1	0	0	2	4	3	5	5	1	1	0
GHA_2_114uq	Kwahu East	2	4	3	10	4	2	1	0	0	0	1	2	2	2	2	1	1	0
GHA_2_115gw	Kwahu North	1	2	2	4	2	1	0	0	0	0	1	1	1	2	2	0	1	0
GHA_2_116uy	Kwahu South	2	3	2	8	3	2	1	0	0	0	1	2	1	2	1	0	1	0
GHA_2_117qt	Kwahu West	3	7	6	15	9	5	1	1	0	0	2	4	3	4	4	1	1	0
GHA_2_118gs	Lower-Manya	8	15	11	42	19	9	2	1	0	0	4	7	7	12	8	1	1	0
GHA_2_119ml	New Juaben No	2	5	4	12	6	4	1	1	0	0	1	2	2	4	3	1	1	0
GHA_2_11kd	Afigya Kwabre	1	2	2	6	4	2	0	0	0	0	1	1	1	2	1	0	0	0
GHA_2_120hg	New Juaben Sc	3	7	6	21	13	8	1	1	0	0	2	3	5	7	5	1	1	0
GHA_2_121zq	Nsawam-Adoa	2	5	5	13	10	6	1	1	0	0	2	3	2	5	5	1	1	0
GHA_2_122qi	Okere	2	3	3	7	3	2	0	0	0	0	1	1	1	2	2	0	1	0
GHA_2_123de	Suhum	2	4	4	13	8	5	1	1	0	0	1	3	2	3	3	1	1	0
GHA_2_124tt	Upper Manya-	3	6	5	16	9	5	1	1	0	0	2	3	3	5	5	1	1	0
GHA_2_125cb	Upper West Ak	2	4	4	11	6	4	1	1	0	0	1	2	2	3	3	1	1	0
GHA_2_126yn	West Akim	3	7	6	14	8	5	1	1	0	0	2	3	3	4	4	1	1	0
GHA_2_127hv	Yilo-Krobo	4	9	8	26	17	11	1	1	0	0	3	5	5	8	8	1	2	0

Figure: Excerpt from a national summary of district estimates for an eastern African country

DO NOT CITE

Source: Tool for estimating the population size of people at risk of acquiring HIV in settings with high HIV incidence. Geneva, 2023.

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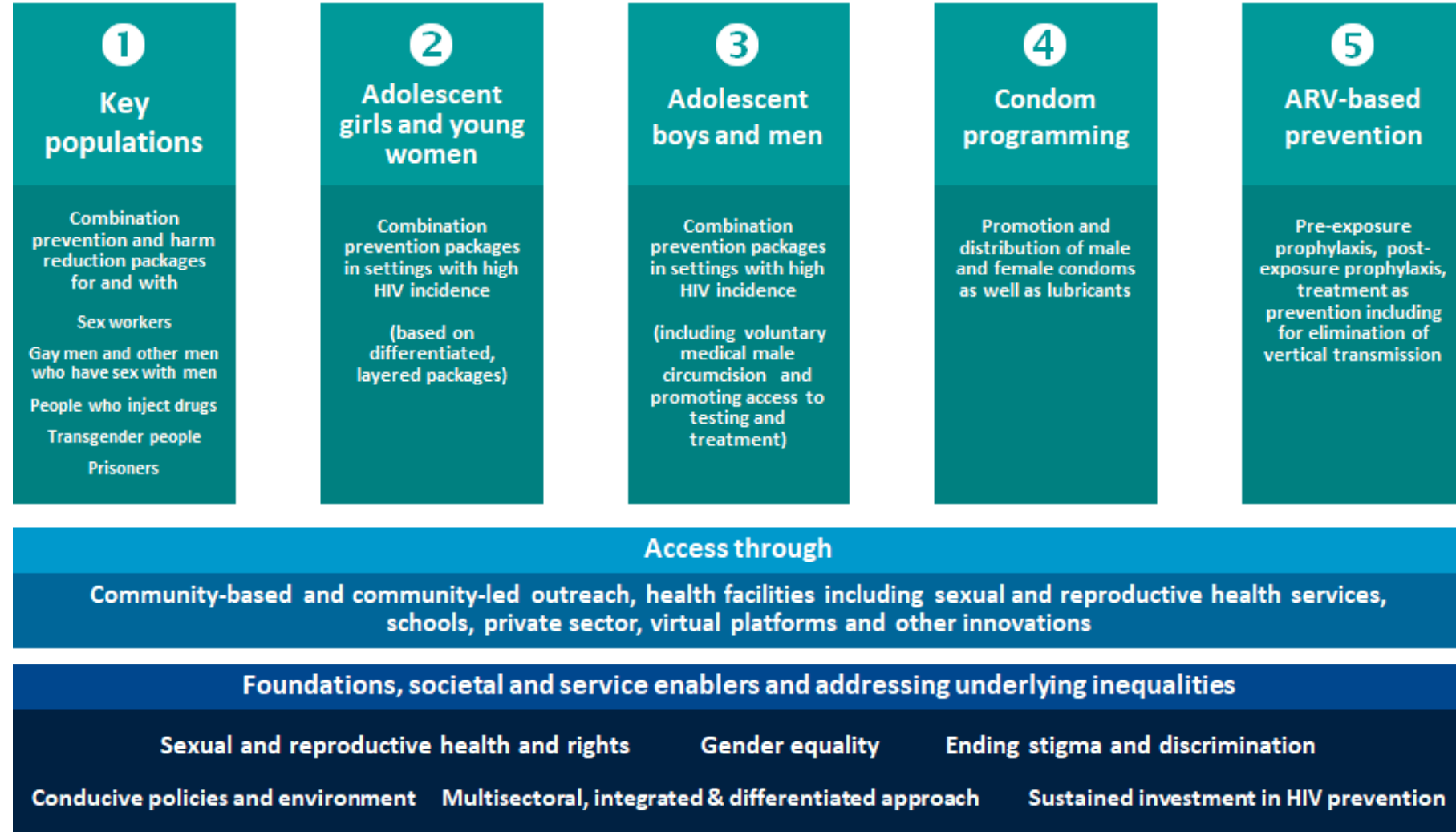
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Prevention Pillars

Fewer than 370,000
new HIV infections per year by 2025

95% of people at risk of HIV have equitable access to and use appropriate, prioritized, person-centred and effective combination prevention options



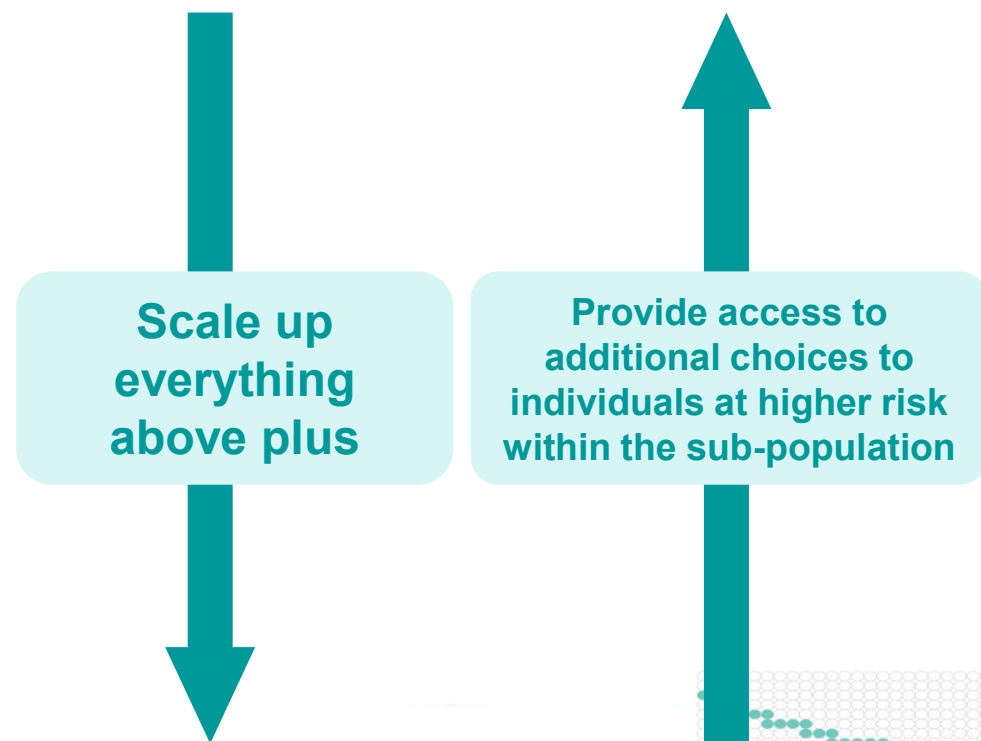
Road Map

- Focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers
- Highlights complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV

DESIGN DIFFERENTIATED PACKAGES IN LINE WITH LEVELS OF HIV INCIDENCE

Scaling up individual interventions contributing to HIV impact

HIV incidence rate in the sub-population (by age, sex, geography <u>and</u> behaviour)	Interventions to be delivered at scale for the specific sub-populations (with the respective HIV incidence rates)
Low (less than 0.2%)	<ul style="list-style-type: none"> + HTS & condoms available + Partner services for all AGYW with HIV + ART (all PLHIV)
Moderate (between 0.2% and 0.5%)	<ul style="list-style-type: none"> + Demand generation for essential combination prevention above (virtual/ media) + PEP
High (between 0.5% and 2%)	<ul style="list-style-type: none"> + Interpersonal (face-to-face) outreach (demand & services) + PrEP for people at higher risk
Very high (more than 2%)	<ul style="list-style-type: none"> + Higher PrEP targets



PART I. HIV programmes (high priority for HIV funding)				
HIV incidence	Health sector	Community	Education sector	Multisectoral action & coordination
<i>(by location)</i>	HIV programs for all priority populations (which also benefit adolescent girls and young women)			
Low (less than 0.3%)	<ul style="list-style-type: none"> HIV testing and treatment services, PEP, prevention of vertical transmission of HIV as part of maternal health, PrEP only for individuals at exceptionally high risk within key populations or discordant couples or in other exceptional individual circumstances Male & female condoms and lubricants, VMMC for adolescent boys and men (in relevant priority countries), basic national HIV information (prevention and treatment), risk reduction communications including new & social media 	<ul style="list-style-type: none"> Action to address HIV-related rights, stigma and discrimination HIV programmes including trusted community outreach platforms for key populations (including AGYW within key populations) 	<ul style="list-style-type: none"> HIV integrated in education policies and curricula. <i>(HIV funds only if not funded through education sector)</i> 	<ul style="list-style-type: none"> Multisectoral HIV policy development and coordination between health, community, education, gender, social protection, financing and other sectors
HIV prevention programmes for adolescent girls and young women				
Moderate (between 0.3 and 1%) All of the above PLUS	<ul style="list-style-type: none"> HIV/STI risk assessment and risk reduction counselling HIV testing services including self-testing Active condom and lubricant distribution & promotion 	<ul style="list-style-type: none"> Community outreach (interpersonal and virtual) addressing HIV prevention knowledge, risk perception and related social norms, demand generation and outreach services including condoms, self-testing, referrals <i>(focus on popular opinion leaders and high-risk venues frequented by AGYW and men 20-39 at higher risk of HIV)</i> 	<ul style="list-style-type: none"> Dedicated school-based HIV prevention campaigns (knowledge, risk perception, methods, skills, GBV) linked to services (condoms, testing, referrals) in selected schools & tertiary institutions <i>(HIV funds only if not funded through education sector)</i> 	<ul style="list-style-type: none"> Sub-national AIDS Office leads regular prevention programme review & problem-solving (that includes programmes with adolescent girls and young women), multi-sectoral coordination and referral systems between different sectors
	<ul style="list-style-type: none"> STI testing or syndromic management including as indicator for HIV risk and treatment HIV&STI service integration into family planning, contraceptive services (see separate guidance) Male partner services for testing: multiple approaches, self-testing, ART referral <i>(focus based on HIV/STI risk assessment)</i>			
High (1.0% and more) All of the above PLUS	<i>Expand the focused action above (in orange) to routine offer</i>	<i>Expand activities above to all AGYW & men 20-39</i>	<i>Expand activity above to all schools & tertiary institutions</i>	<i>Hold dedicated AGYW prevention programme reviews</i>
	<ul style="list-style-type: none"> Availability and provider-initiated offer of PrEP services <i>(focus on AGYW with casual or multiple partners, history of STIs and in transactional sex)</i> 	<ul style="list-style-type: none"> Active PrEP and PEP demand generation and community outreach services <i>(focus on settings frequented by AGYW at higher risk)</i> 	<ul style="list-style-type: none"> Accelerated introduction of comprehensive sexuality education <i>(HIV funds only if not funded through education sector)</i> 	<ul style="list-style-type: none"> Full-time HIV prevention focal point at sub-national level to drive action and accountability
	<ul style="list-style-type: none"> <i>Expand demand generation and active provider-initiated offer of PrEP services to routine offer for sub-populations with very high HIV incidence exceeding 3% and *)</i> 	<ul style="list-style-type: none"> Structured interpersonal communication on HIV prevention and related social norms, e.g., scalable (shorter) versions of Stepping Stones, SASA!, SHARE <i>(focus on locations with higher prevalence of risk factors)</i> 	<ul style="list-style-type: none"> Keep girls in-school / education assistance <i>(Other funding/ HIV funds only in exceptional cases for most vulnerable AGYW at high risk of HIV)</i> 	<ul style="list-style-type: none"> Social support and asset-building - eg safe spaces, mentoring and economic empowerment <i>(focus on most vulnerable AGYW at high risk of HIV)</i>
PART II. Other enablers and synergies (typically other funding than HIV)				
All locations (not guided by HIV incidence)	<ul style="list-style-type: none"> Access to integrated SRHR (including family planning, gender-based violence, cervical cancer screening, HPV vaccine and other STI services) including legal and policy support Youth-friendly health systems (trained providers, conducive hours, destigmatized care for adolescent girls and young women ...) 	<ul style="list-style-type: none"> Out of school comprehensive sexuality education 	<ul style="list-style-type: none"> Access to primary and secondary education Comprehensive sexuality education (CSE), school health programmes, non-discrimination in schools, intersections to GBV 	<ul style="list-style-type: none"> Social support and economic empowerment of vulnerable adolescents Cash transfers, economic empowerment

Legend ■ Routine offer for all AGYW in the area ■ Focus on specific groups of AGYW ■ Highly focused on AGYW at highest risk

NEW: Prevention method mix tables by population

		Women & Girls	Men & boys	Sex workers	Gay men & other MSM	Transgender people	People who inject drugs
For all populations	Condoms						
	Oral PrEP						
	Injectable PrEP						
	PEP						
For specific sub-populations	PrEP Ring						
	Needles & syringes						
	OAMT						
	VMMC						

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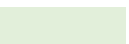
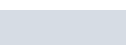
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and balance**

The 'right' way is local: Finding and engaging people using local data

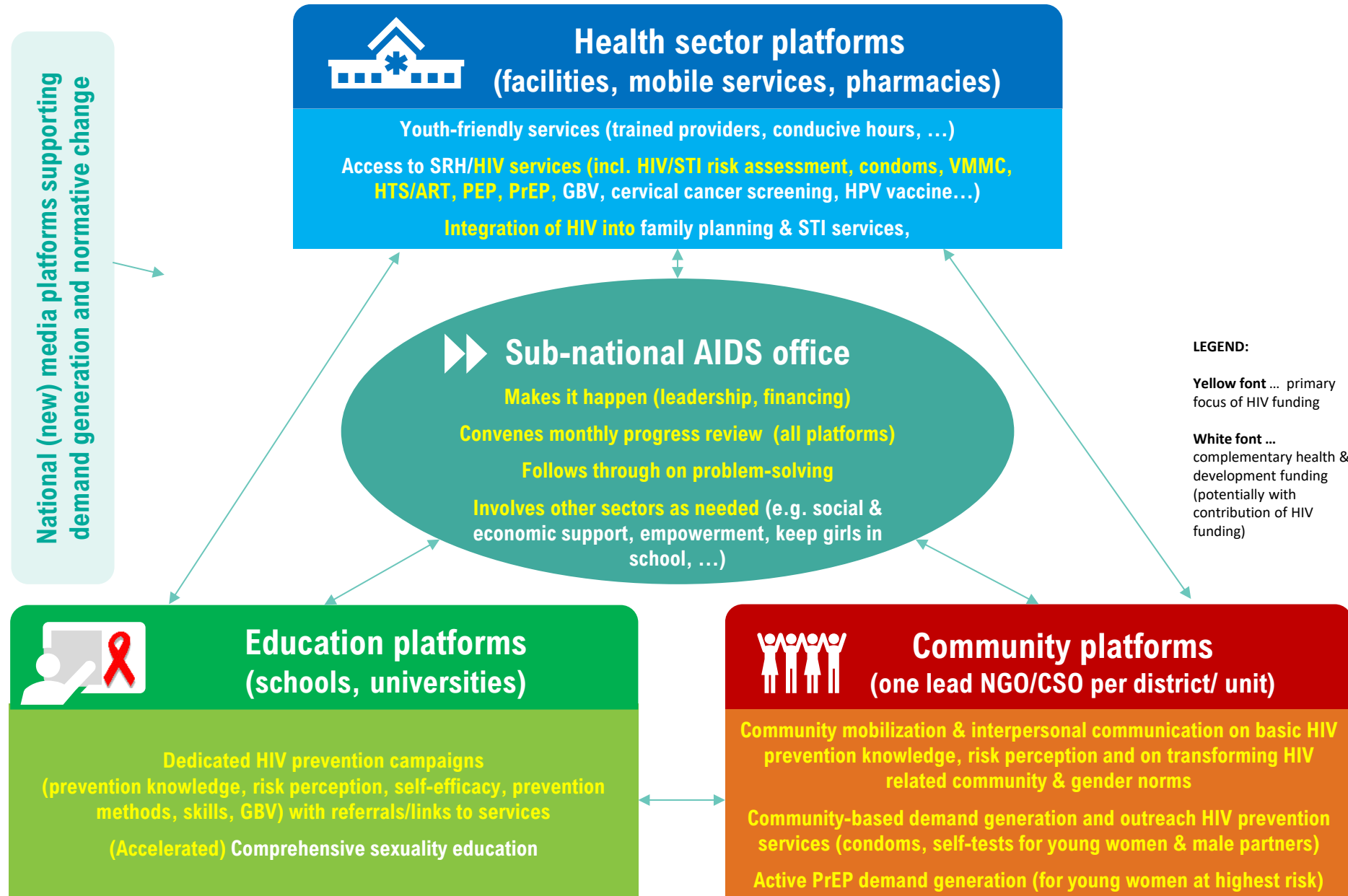
*Example:
Using local data to reach young women in a district with high HIV incidence*

Other population sizes for planning where to reach adolescent girls and young women	No sex	One regular partner	Non regular partners	Young women key pops	Total	
In school	3,877	81	807	-	4,765	As per district education office records
In tertiary institutions	81	76	207	-	364	
Out of school (see for platforms below)	2,561	2,181	6,399	248	11,389	
Reachable through contraceptive services	-	1,800	4,000	220	6,020	Local estimates based on survey and service data
Reachable through STI services	-	50	300	50	400	
Reachable through ANC/MNH services	-	200	100	10	310	
Reachable through GBV services	70	100	250	25	445	
Lower-income households/ neighborhoods	2,607	935	2,966	160	6,668	Local estimates based on social protection data
Orphaned (13-19)	200	100	250	10	560	
Other highly vulnerable adolescents (13-19)	200	100	250	10	560	
Attending bars and other entertainment venues	200	200	1,500	200	2,100	Local estimates based on total population in specific towns and areas, number of bars, and data on internet access
In sex work venues (brothel, street venues ...)	-	-	100	150	250	
In workplaces at higher risk (mines, farms, ...)	400	200	1,200	70	1,870	
Living in higher-risk areas (towns, major roads ...)	600	500	2,000	200	3,300	
Using online dating apps	300	100	1,500	100	2,000	
Reachable through online outreach	1,000	100	1,500	60	2,660	

Legend:

	Focus of sex worker programme
	Focus of AGYW community outreach
	Focus of AGYW community outreach + social support
	Focus of HIV prevention in health care settings
	Focus of online outreach
	Basic in-school prevention

Simplify delivery platforms for scaling up programs for adolescent girls, young women and men in settings with high HIV incidence: **Which ones are most essential?**



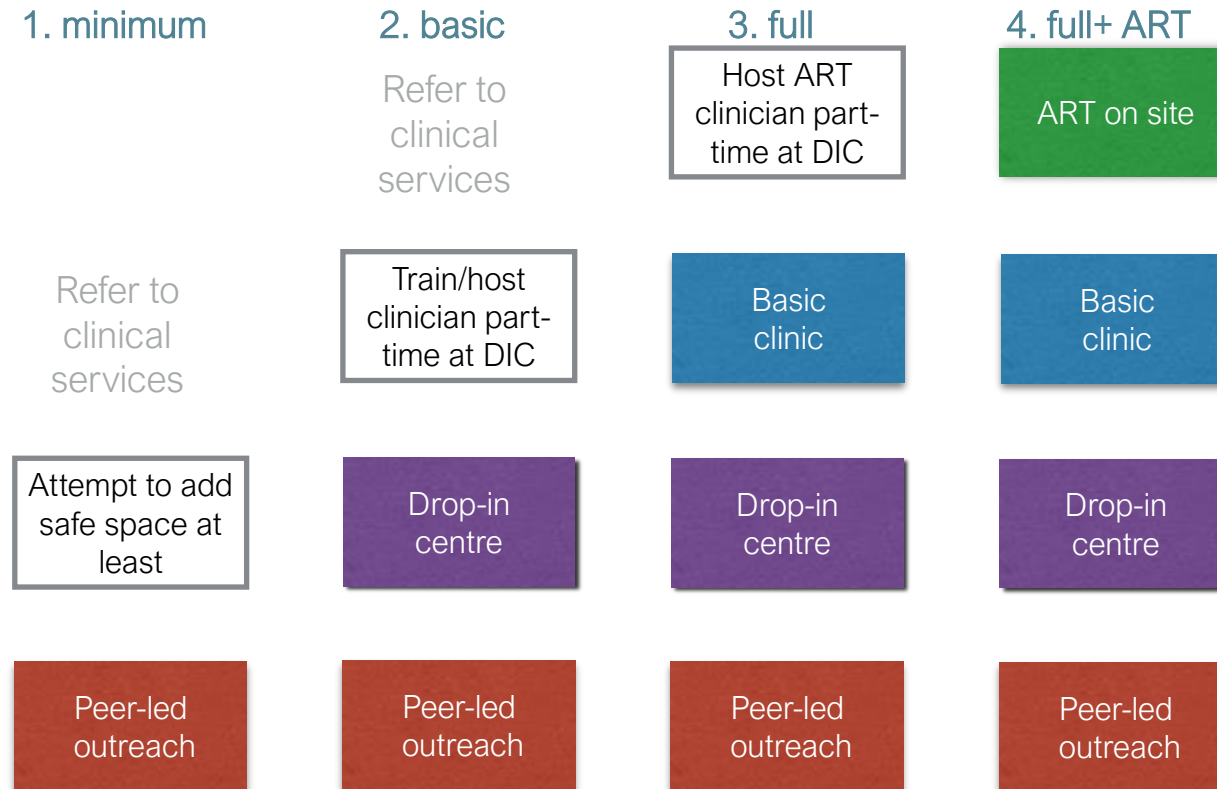
NEW: Prevention access platform tables

By intervention	Health facilities	Community outreach	Pharmacies	Key locations with higher risk	Virtual space	Private sector outlets
Cross-cutting prevention communications						
Condoms						
Oral PrEP						
Injectable PrEP						
PrEP ring						
PEP						
Needles & syringes						
OAMT						
VMMC						
By population						
Women & Girls						
Men & boys						
Gay men & other MSM						
Sex workers						
Transgender people						
People who inject drugs						

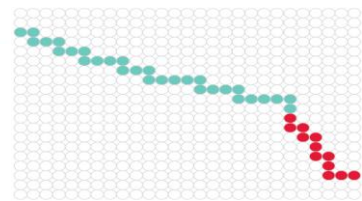
Define the right mix of access platforms in line with where communities are and available resources – key populations

- Strengthen community outreach system (rather than single-issue outreach) for a continuum of prevention, testing, treatment & support
- Importance of trusted access platforms (peer-led, accessible)
- Consider scalability in designing the model: (add more elements as feasible with available resources)
- Combine interpersonal with new virtual modalities

Expand mix of access platforms depending on resources available



[Considerations in Planning and Budgeting for a Key Population Trusted Access Platform, June 2020 – Unaid](#)

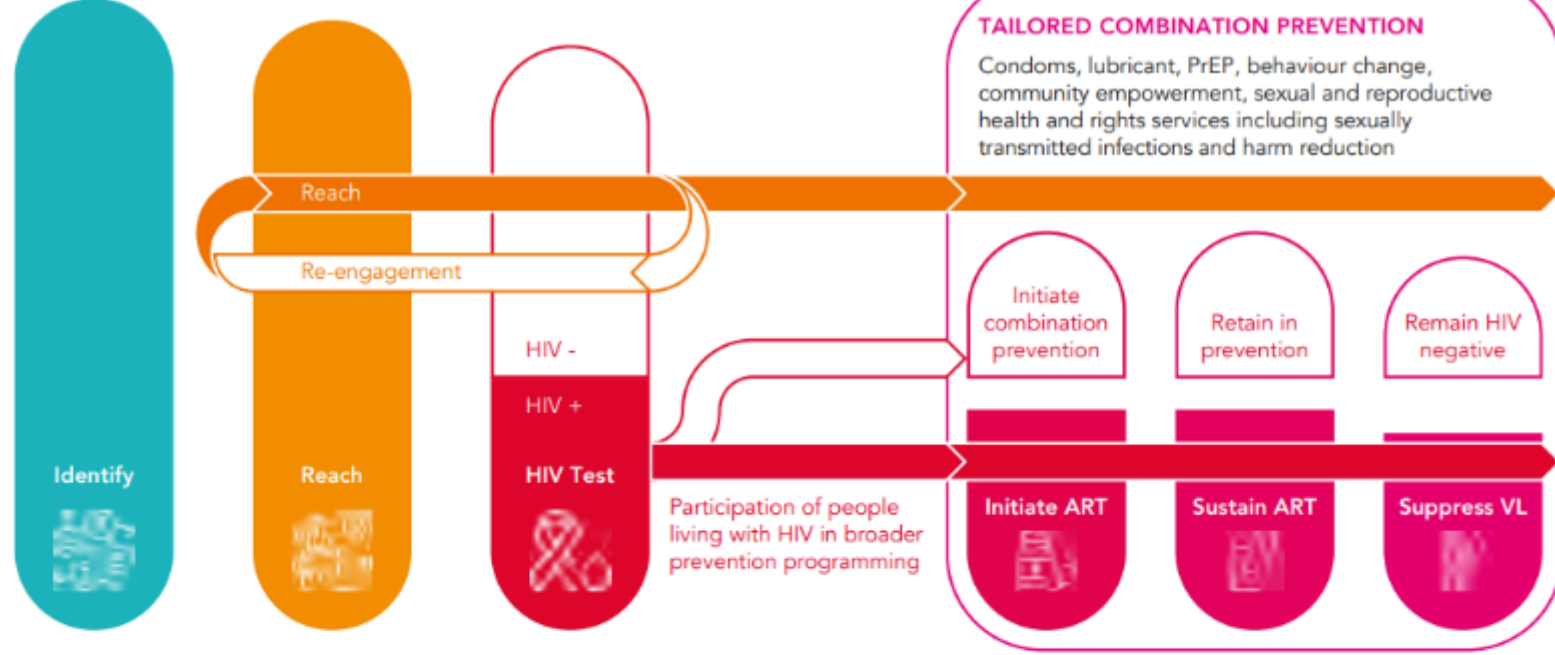


Virtual HIV interventions:

Consider the range of options and **prioritize** in line with country realities

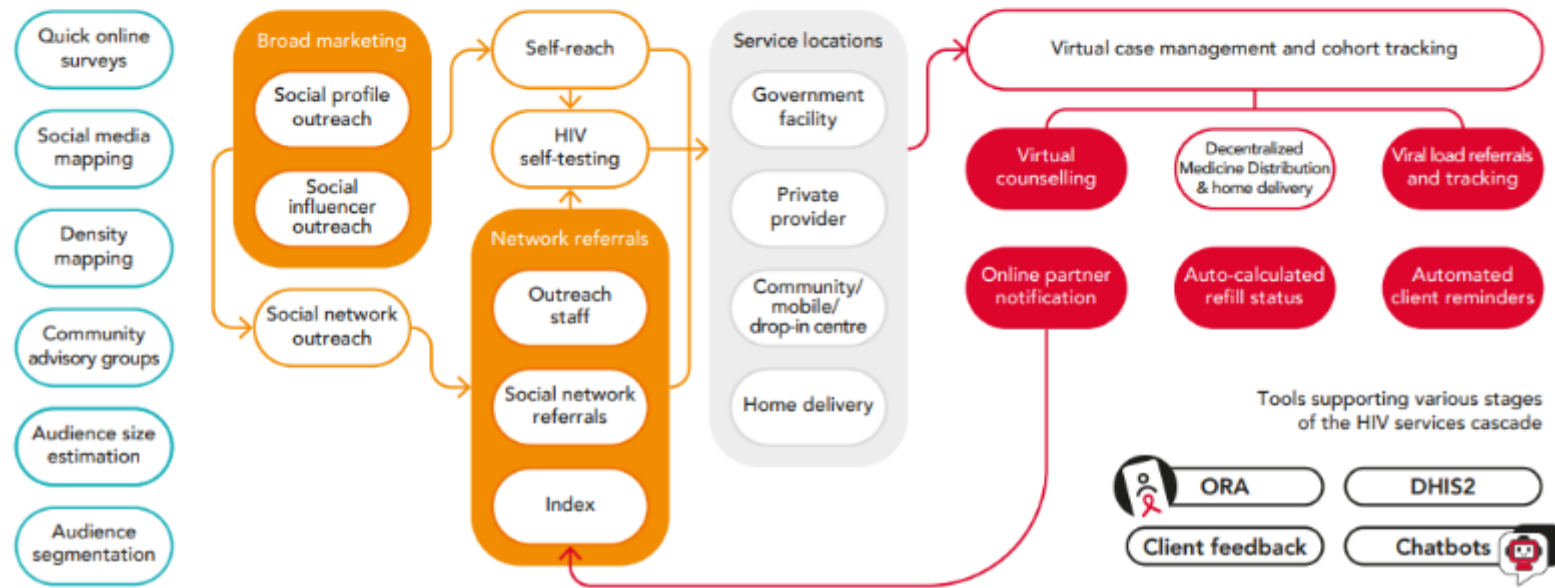
Enabling Environment

Human rights | Gender equality | Stigma, discrimination and violence



Approaches

Community Engagement and Capacity Development



Prioritized, efficient, effective & sustainable

- For the right **people**
- In the right **locations**
- With the right **interventions**
- At the right **time**
- In the right **way**
- At the right **cost**

The right
**combination
and balance**

Tool for examining HIV prevention impact and cost-effectiveness assumptions								What is the impact of spending USD 1 million on different HIV prevention investments?						
Modify only the white cells, cell shaded in blue and the color-coded ratings will be calculated automatically.								DO NOT CITE – ONLY ILLUSTRATIVE EXAMPLES						
Program description			Assumptions				Results with 1 million USD			Results for all in need			Cost vs Effect	
Location <small>(Type A - moderate HIV, Type B - high HIV)</small>	Population	Program package	HIV incidence (%)	Cost per person year (USD)	Effect	Total population in need of program	People reached (person years)	New HIV infections expected without intervention	New HIV infections averted	Total cost (USD)	New infections expected without intervention	New HIV infections averted (max. if all reached)	Rating of HIV impact (0-10)	Cost per HIV infection averted
Districts (Type A)	Women & men with non-reg partners, 15-49	Condoms+ demand generation	0.3	10	30%	1'700'000	100'000	300	90	17'000'000	5'100	1'530	4	11'111
Districts (Type B)	Women & men with non-reg partners, 15-49	Condoms+ demand generation	0.7	10	30%	600'000	100'000	700	210	6'000'000	4'200	1'260	10	4'762
Districts (Type A)	AGYW 15-24	Outreach, BCC, structural support	0.4	120	25%	950'000	8'333	33	8	114'000'000	3'800	950	0	120'000
Districts (Type B)	AGYW 15-24	Outreach, BCC, structural support,	0.9	120	25%	350'000	8'333	75	19	42'000'000	3'150	788	1	53'333
Districts (Type A)	Women & men at high risk via STI services	HTS, PrEP, condoms+	0.8	90	60%	250'000	11'111	89	53	22'500'000	2'000	1'200	3	18'750
Districts (Type B)	Women & men at high risk via STI services	HTS, PrEP, condoms+	2	90	60%	120'000	11'111	222	133	10'800'000	2'400	1'440	6	7'500
Districts (Type A)	All AGYW, 15-19	Cash transfers+	0.15	150	25%	800'000	6'667	10	3	120'000'000	1'200	300	0	400'000
Districts (Type B)	All AGYW, 15-19	Cash transfers+	0.4	150	25%	300'000	6'667	27	7	45'000'000	1'200	300	0	150'000
National	Boys & men, 15-29	VMMC +SRH package (cost annualized)	0.25	10	60%	300'000	100'000	250	150	3'000'000	750	450	7	6'667
National	Young adults, 20-34	Multi-media condom & HTS dampaign	0.3	1	3%	3'500'000	1'000'000	3'000	90	3'500'000	10'500	315	4	11'111
National	Sex workers	PrEP, condoms+, peer-led, structural	4	130	60%	40'000	7'692	308	185	5'200'000	1'600	960	9	5'417
National	Sex workers	Condoms+ peer-led outreach, structural	4	70	30%	40'000	14'286	571	171	2'800'000	1'600	480	8	5'833
National	Men who have sex with men with non-reg partner	PrEP, condoms+, virtual/ peer-led, structural	2.5	100	60%	35'000	10'000	250	150	3'500'000	875	525	7	6'667
National	Men who have sex with men with non-reg partner	Condoms+ peer-led/virtual outreach, structural	2.5	50	25%	35'000	20'000	500	125	1'750'000	875	219	6	8'000
National	People who inject drugs	Needles, syringes, peer-led outreach, structural	3	80	35%	20'000	12'500	375	131	1'600'000	600	210	6	7'619
National	People who inject drugs	OAT, needles, syringes, peer-led outreach, structural	3	250	70%	20'000	4'000	120	84	5'000'000	600	420	4	11'905

Cost-efficiency for prevention

What are typical areas for large savings through implementation efficiencies

- **Reduce fragmentation of delivery:** Reduce multiplicity of overlapping cadres & projects
- **Human resources:** Move to sustainable and standardized country scales for health and non-health delivery
- **Prevention commodities:** Use high volume international procurement platforms

Prevention is human-resource intensive.

Domesticating the cost of the prevention work force

Governments will not be able to sustain a work force outside domestic salary scales ... therefore it's necessary to

- Develop a nationally standardized salary scale for civil society implementers that are tied to equivalent national government scales (factoring in relevant benefits)
- Define transition periods (and necessary exceptions to retain critical managers at national level for managing large donor funds) in collaboration with international funders
- Develop circular and disseminate recommended scales to all funders and implementers

Illustrative example

Prevention workers <i>(paid from international grants)</i>	Corresponding government level <i>(examples, determine comparable profiles & level in country & use actual government levels)</i>	Government salary level (USD or local currency, including benefits)	Proposed NGO /CBO salary range (USD or local currency)
Peer educator (10 h /week)	Community health volunteer (10 h/week)		
Peer outreach supervisor (full-time)	Community health worker (full-time)		
Outreach service provider (full-time)	Nurse in PHC facility		
District programme officer	District administrative employee		
District programme manager	District health/medical officer		
Provincial programme manager	Provincial health officer		
Programme assistant	Government clerk		
National programme manager	Senior government health official		
...	...		

Prioritized, efficient, effective & sustainable

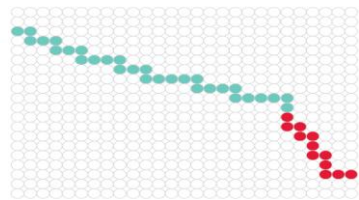
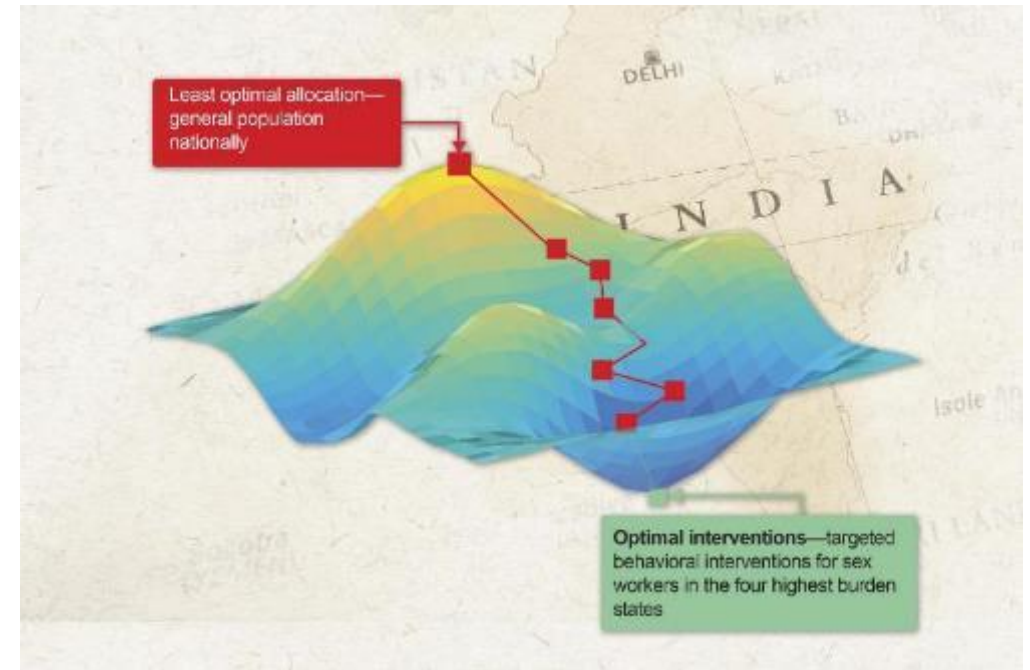
- For the right **people**
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The right
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Decision and delivery sciences and models can support decision-making



Formal mathematical optimization algorithms



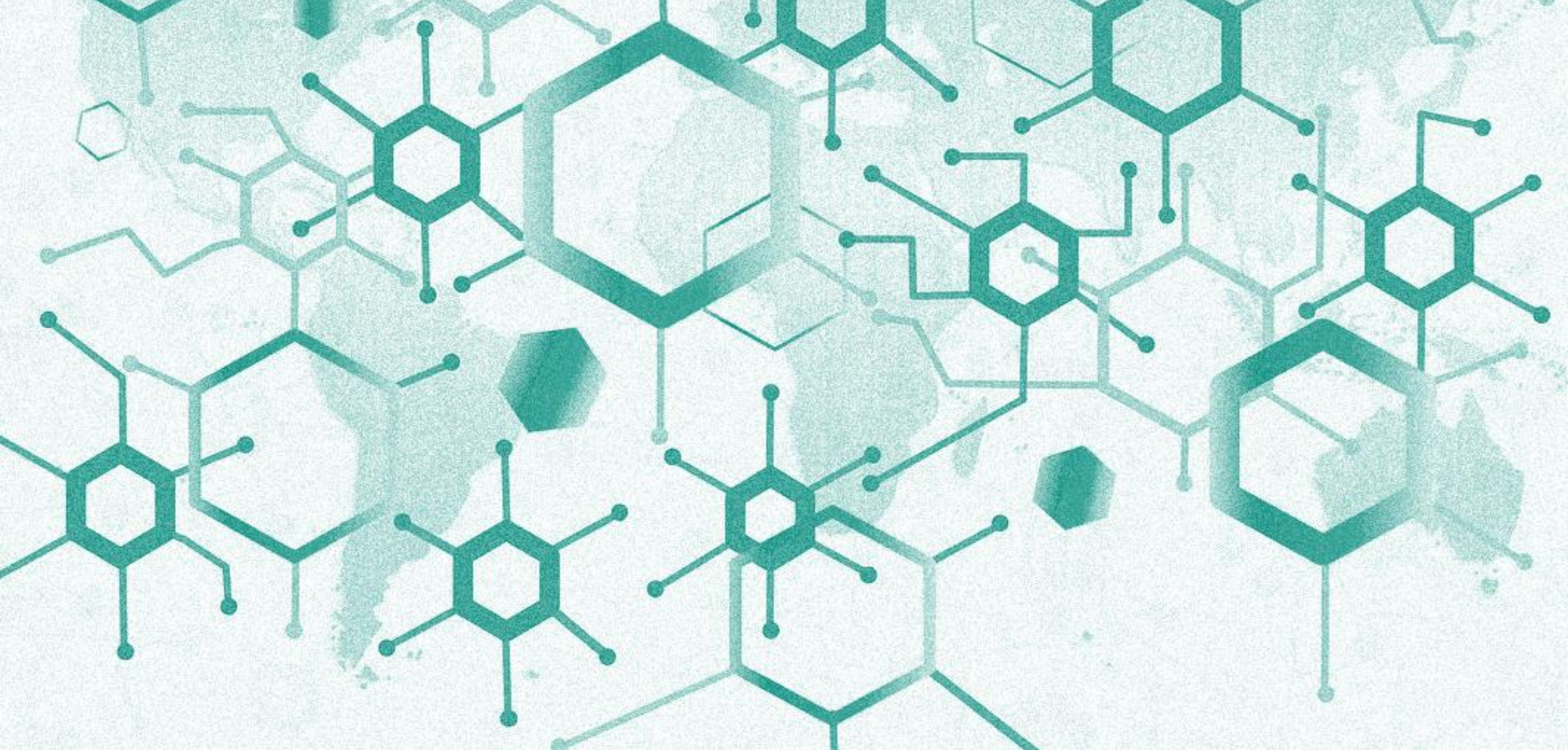
GPC support through four new **dialogue formats** to improve country prevention responses

- Virtual meeting(s) of key country experts, funders and global experts
- Choose from the options a theme & method suitable for the country

Dialogue format	Focus
A) Incidence reduction dialogue	What? For who? Optimal prevention mix for best impact
B) Prevention reform dialogue	How? Sustainable, scaled country-led prevention systems
C) Prevention innovation dialogue	How to integrate & introduce new technology
D) Prevention crisis room	Series of meetings to manage a strategic turnaround

In a snapshot: Practical actions for countries right now in HIV prevention (first half of 2025)

- Apply **RAFT tool** for PEPFAR funded prevention (and beyond)
- Establish **nationally sustainable unit cost guides** & ranges for all implementers of prevention (including non-health)
- Conduct **rapid cost-effectiveness analysis** for prioritization (and use more refined mathematical models if possible)
- Investment briefs & **domestic resource mobilization**
- GPC TA available through **new dialogue formats**



THANK YOU!

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Annex – Additional material

A) HIV incidence reduction dialogue: Outline for country adaptation

HIV incidence reduction dialogue		<i>Country XY, AA-BB-2025</i>
Objectives	<ul style="list-style-type: none"> Take stock of HIV incidence patterns and trends, programmatic progress in prevention Discuss the current country HIV prevention and prioritizing an optimized HIV prevention mix: For who? (populations); what? (method mix, supportive interventions) Discuss key elements of a results-oriented and dynamic country prevention agenda with a 2030 horizon 	
Participants	Country NAC and MOH HIV programme leads, country HIV prevention leads, country HIV epidemiology & M&E leads, selected in-country prevention thought leaders and prevention working group members including civil society, UNAIDS CO/RST/GC, GPC Secretariat, GF FPM and PR, USG in-country and global prevention lead, other GPC partners, mathematical modelers	
Resources	Spectrum/GOAL/SHIPP models, GPC scorecards, any investment cases, national prevention plan, country-specific analyses/reports	
Time	Topic	Responsible
10.00	Opening remarks & objectives	Country NAC/HIV programme lead
10.10	Overview on methodology	GPC Secretariat
10.15	Taking stock of the data: HIV incidence patterns & trends <i>Presentation and Q&A</i>	Country epidemiology specialist Global epidemiology speaker
10.45	Taking stock of the data: Programmatic status of the prevention response: Outcomes, coverage, summary of current spending/investment <i>Presentation and Q&A</i>	Country prevention/ M&E specialist Global scorecard/monitoring expert/ mathematical modeler
11.15	Short break	
11.30	An optimized strategy to reduce HIV incidence. <i>Facilitated discussion</i> Can alignment of the response to HIV incidence patterns be improved? Which changes are required? For who? (populations); what? (method mix, supportive interventions)	Country chair GPC Secretariat facilitation
12.15	Practical steps to improve the direction of prevention: <i>Facilitated discussion</i> <i>Which adjustments in strategy are required by government, funders and partners? How can this be translated into a vibrant prevention agenda? What are the concrete next steps?</i>	
12.55	Closing remarks	Country NAC/HIV programme lead

B) HIV prevention reform dialogue: Outline for country adaptation

HIV prevention reform dialogue		Country XY, AA-BB-2025
Objectives	<ul style="list-style-type: none"> Take stock of the HIV prevention response delivery system and key barriers to scaled programming and access Discuss areas of potential alignment towards a country-led, sustainable prevention system Develop specific actions for government, funders, implementers and civil society to get to an aligned prevention system 	
Participants	Country NAC and MOH HIV programme leads, country HIV prevention leads, key implementers, selected in-country prevention thought leaders and prevention working group members including civil society, UNAIDS CO/RST/GC, GPC Secretariat, GF FPM and PR, USG in-country and global prevention lead, domestic financing experts, other GPC partners, experts in system development	
Resources	GPC progress survey reports, any country assessments done, management sections of PSATs, GAM/NCPI, multi-sector stewardship guidance	
Time	Topic	Responsible
10.00	Opening remarks & objectives	Country NAC/HIV programme lead
10.10	Overview on methodology	GPC Secretariat
10.15	Taking stock of the HIV prevention response system <i>Presentation, commentary and Q&A</i>	Country NAC/MOH leads GPC Secretariat commentary based on survey, PSATs, GAM/NCPI
10.45	Participatory Mentimeter assessment on key system reform issues	Country & global facilitators
11.15	Short break	
11.30	Defining a prevention system reform agenda. <i>Facilitated discussion</i> Which are the main areas for alignment to be prioritized (strategy, approach, implementation, M&E, management? Which changes are required? What elements are required for a sustainable country-led prevention system?	Country chair GPC Secretariat facilitation
12.15	Practical steps towards making the reform happen: <i>Facilitated discussion</i> <i>Which adjustments in approach are required by government, funders, civil society, implementers and partners? What are the concrete next steps?</i>	
12.55	Closing remarks	Country NAC/HIV programme lead

C) HIV prevention innovation dialogue: Outline for country adaptation

HIV prevention innovation dialogue		Country XY, AA-BB-2025
Objectives	<ul style="list-style-type: none"> Define areas for innovation (eg new prevention technologies, new digital technologies) and key objectives to achieve through these innovations Develop specific actions for government, funders, implementers and civil society to introduce and implement innovations 	
Participants	Country NAC and MOH HIV programme leads, country HIV prevention leads, key implementers, selected in-country innovators and prevention thought leaders and prevention working group members including civil society, UNAIDS CO/RST/GC, GPC Secretariat, GF FPM and PR, USG in-country and global prevention lead, domestic financing experts, WHO, AVAC, other GPC partners, experts in new prevention technologies	
Resources	WHO PrEP guidelines, guidance on virtual interventions, any other tools required for the specific innovations of interest	
Time	Topic	Responsible
10.00	Opening remarks & objectives	Country NAC/HIV programme lead
10.10	Overview on methodology	GPC Secretariat
10.15	Overview on key innovations in HIV prevention technology and delivery Country reflections on needs and opportunities <i>Presentation, commentaries and Q&A</i>	GPC/WHO/AVAC NAC/MOH partner commentaries
11.00	Participatory Mentimeter assessment on opportunities for innovation	Country & global facilitators
11.15	Short break	
11.30	Defining a prevention innovation agenda. <i>Facilitated discussion</i> Which innovations are required for which populations and which interventions? Which innovations will have the greatest impact in the country context? How can existing gains be sustained in the context of innovations? How feasible are the innovations?	Country chair GPC Secretariat facilitation
12.15	Practical steps towards innovation: <i>Facilitated discussion</i> <i>Which actions are required by government, funders, civil society, implementers and partners? What are the concrete next steps?</i>	
12.55	Closing remarks	Country NAC/HIV programme lead

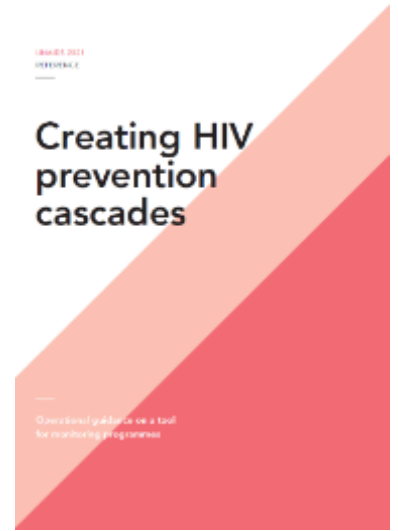
D) HIV prevention crisis room: Outline of a series of 6 crisis room meetings for country adaptation

HIV prevention crisis room		<i>Country XY, AA-BB-2025</i>
Objectives	<ul style="list-style-type: none"> Take stock of epidemiologic and programme data to develop a clear understanding of the country's prevention crisis (overall or population-location specific) Develop key strategic adjustment and changes required to address the crisis Develop specific actions for government, funders, implementers and civil society to achieve a turnaround 	
Participants	Country NAC and MOH HIV programme leads, country HIV prevention leads, key implementers, selected in-country prevention thought leaders and prevention working group members including civil society, UNAIDS CO/RST/GC, GPC Secretariat, GF FPM and PR, USG in-country and global prevention lead, domestic financing experts, WHO, AVAC, other GPC partners	
Resources	Spectrum/GOAL/SHIPP models, GPC scorecards, any investment cases, national prevention plan, country-specific analyses/reports, PSATs, ...	
Sessions	Topic	Composition
Month 1	Defining the crisis, setting up the crisis room team (country & regional/global support)	Country NAC lead Country MOH HIV lead Country HIV prevention leads Country data/epi leads, Country civil society/community UNAIDS CO GPC Secretariat USG country and global Global Fund FPM and principal recipient Selected GPC steering group partners (eg UNFPA, WHO)
Month 2	Defining key strategic shifts required (What, for you?)?	
Month 3	Defining a turnaround management agenda with practical steps for the next 12 months and associated resource needs	
Month 6	First progress review and problem-solving call	
Month 9	Second progress review and problem solving call	
Month 12	Final progress review	

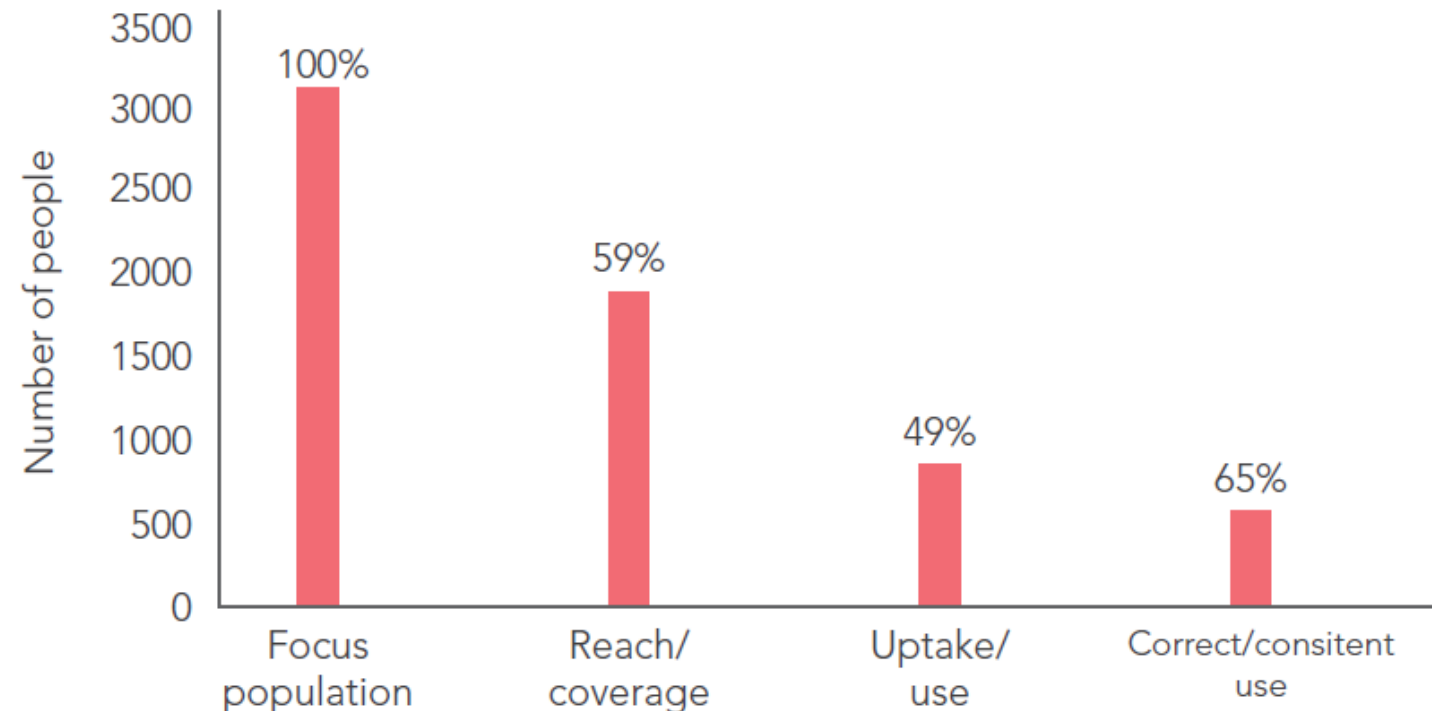
HIV prevention cascades can provide additional insights

- Prevention cascades already in use in some countries
- New guidance outlining a simplified programmatically oriented framework
- Cascades can be focused on a sub- population or prevention method(s) – typically a combination of both
- Important to recognize limitations: the denominator for prevention cascades (people at risk) is much more complex and unstable than for HIV treatment cascades
- Cascades: an additional useful tool (but not a magic bullet)

[Creating HIV prevention cascades; operational guidance on a tool for monitoring programmes – Unaid](#)

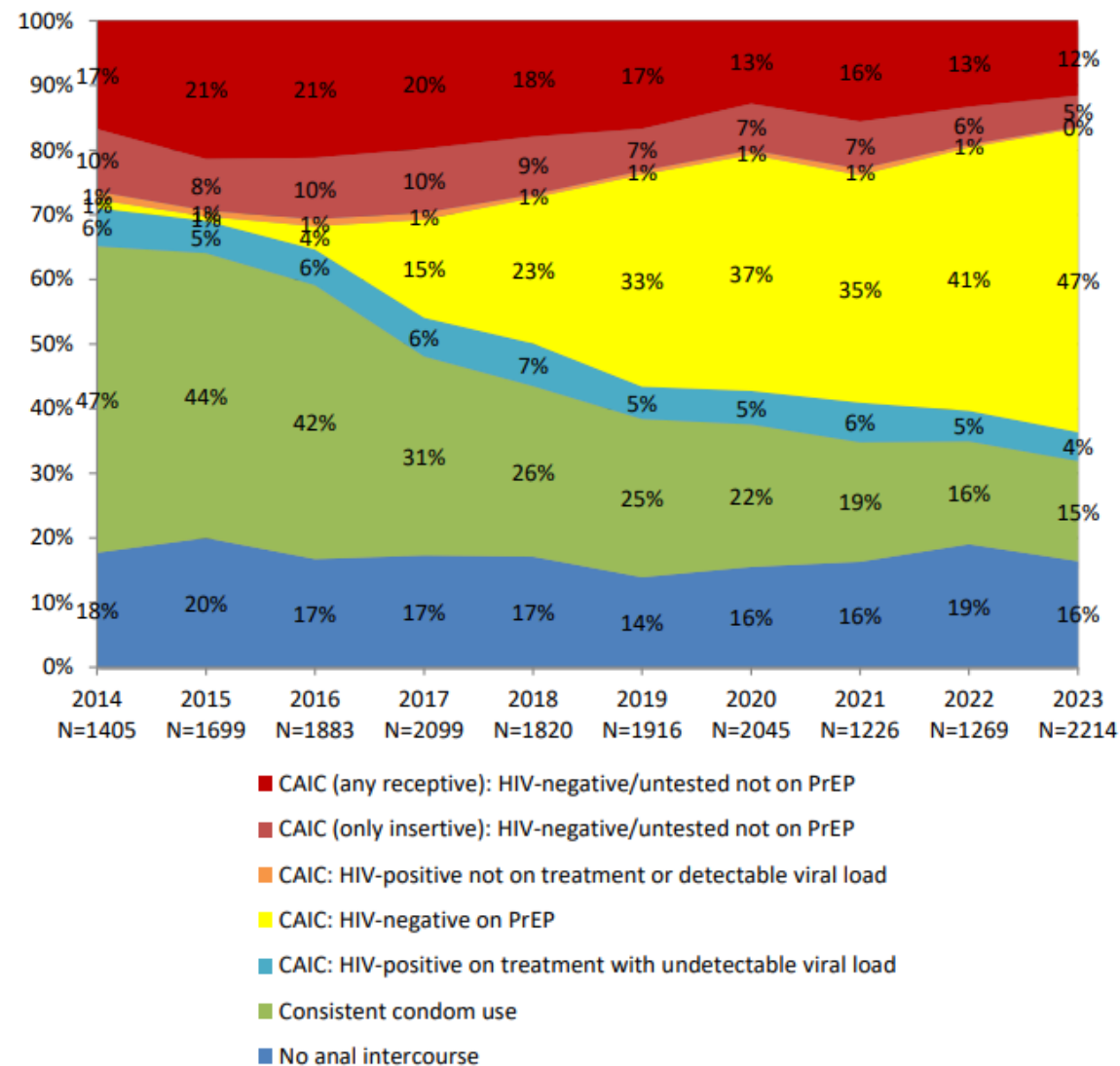


Prevention cascades: the basic model



Go beyond single intervention approaches and metrics

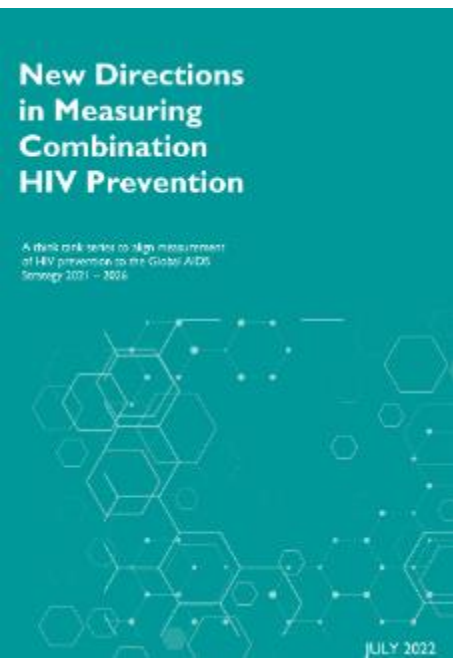
Figure 10: Gay and bisexual men with casual partners by method of risk prevention in the previous six months, 2019 to 2023



Source: University of New South Wales, Australia

Data source: Sydney Gay Community Periodic Survey, Centre for Social Research in Health, UNSW Sydney.

Note: CAIC = condomless anal intercourse with casual male partners. Consistent condom use includes men who report condom use for anal sex with casual male partners in the 6 months prior to survey and no condomless anal intercourse with those partners.



Ensure linkages to closing gaps in HIV treatment responses



Modelling in PopART suggests that reaching under 35-year-old men is almost as effective as reaching everybody

