

Workshop Report on Accelerating Precision HIV Prevention



**ATELIER REGIONAL D'ACCELERATION DE LA PREVENTION DU VIH
DANS LES PAYS PRIORITAIRES EN AFRIQUE DE L'OUEST ET DU CENTRE
26-28 MARS 2024 HOTEL PRINCE DE GALLES DOUALA CAMEROUN**



BACKGROUND

From 26 to 28 March 2024, a workshop on accelerating precision HIV prevention was held in Douala, Cameroon. This workshop on accelerating precision HIV prevention is part of the overall process launched by the UNAIDS Regional Office for West and Central Africa in collaboration with its partners to provide sustainable, high-impact HIV prevention support to priority countries in the region. This support is based on the processes and strategies deployed as part of the global coalition on HIV prevention (GPC), and will enable collective action by the Joint Regional Team on HIV (JURTA), the country offices of the various agencies and national and international partners as part of concerted and articulated programmes of support for the countries in the region, in order to accelerate the HIV prevention agenda in these countries.

The ultimate aim of the workshop is to build the capacity of country teams to better understand the approaches, tools for accelerating HIV prevention and guidance offered by the GPC's HIV prevention roadmap for 2025 to all stakeholders seeking to reduce new HIV infections.

The strategic players in the response, who are: representatives of the Ministry of Health (responsible for prevention if applicable); key populations; beneficiaries or sub-beneficiaries of the Global Fund grant for prevention; representatives of the National AIDS Councils/Committees (CNLS), JUNTA, JURTA, the Ministry of Education; youth associations, partners and UNAIDS country offices.

The workshop, which brought together representatives from priority countries in the West and Central Africa region, was an important opportunity to share country experiences and promising practices, discuss common challenges and develop innovative strategies to strengthen HIV prevention in the region.

It brought together five priority countries in West and Central Africa with the greatest prevention challenges in at least two population groups, plus three other GPC member countries. The following countries attended the workshop: Equatorial Guinea, Gabon, Guinea-Bissau, Mali, Central African Republic, Congo, Guinea Conakry and Cameroon.

The overall objective of this support workshop is to accelerate HIV prevention actions in order to reduce the levels of new HIV infections in the target countries.

Specific objectives

1. Building the capacity of country teams in precision prevention and its acceleration tools, and analysing epidemiological data and programmatic results for HIV prevention in countries.
2. Identify the opportunities specific to each country and draw up a draft roadmap of strategic and relevant acceleration actions targeting priority population groups and areas
3. Identify support mechanisms from technical and financial partners for the effective implementation of roadmaps to accelerate HIV prevention.

Expected results :

1. The capacities of the country teams are being strengthened in terms of precision prevention and tools for the various priority groups: adolescents, girls, young women, key populations and their clients (PrEP, PSAT....),
2. Epidemiological data and country programme results are analysed and gaps are identified by country
3. A draft roadmap of strategic and relevant actions for acceleration that will make a difference and enable each priority area and population group to be targeted is identified for each country.
4. Technical and financial partners are involved and support countries in implementing their roadmaps for accelerating HIV prevention.

Workshop schedule

The opening ceremony of the workshop was marked by the main speeches:

After welcoming the participants, the UNAIDS Country Director for Cameroon gave a brief presentation on HIV prevention in Cameroon, a member country of the Global Prevention Coalition, outlining the progress, challenges and prospects in this area, and wished the participants a successful continuation of their work.

The representative of the regional office explained to the participants the validity and importance of this workshop in accelerating the HIV prevention programme, and consequently in reducing new infections and the incidence of HIV in these countries. He confirmed the readiness of his institution and its partners to support countries in implementing the programmes and roadmaps resulting from this workshop.

The workshop took place over three days and included a combination of presentations, interactive sessions, working groups and plenary discussions. The main topics covered included:

1. Overview of HIV prevention in the region.
2. Innovative approaches to precision prevention, including pre-exposure prophylaxis (PrEP), medical male circumcision, and prevention in key populations.
3. Integrating HIV prevention into health systems and sexual and reproductive health services.
4. Strengthening monitoring and evaluation systems to measure the impact of prevention interventions.
5. Sharing good practice and successful HIV prevention initiatives in participating countries.

Summary of presentations :

Several presentations were made during the workshop.

After a presentation on the objectives and timetable for the workshop, participants were given a presentation on the epidemiological data on HIV prevention.

The regional adviser in charge of strategic information presented information on the rate of ARV coverage, prevalence, new infections and incidence among key populations, adolescents, girls, women, young people and other vulnerable groups.

The following points should be noted from this presentation:

- In 2022, West and Central Africa will account for 12.2% of all PLHIV, i.e. 4.8 million PLHIV, 19.7% of all AIDS deaths and 41% of all deaths among children globally.
- The number of new HIV infections in the region is expected to reach 160,000 by 2022 with a target of less than 51,000 by 2025
- It should be noted that seven 7 countries are members of the global coalition on HIV prevention and make a significant contribution to the epidemic (the Big Five), five others are priorities and 13 countries are to be monitored.
- An overall reduction in new infections of less than 49% in West and Central Africa between 2010 and 2022, with a more marked reduction in the Big Five among adolescents and young women (aged 15-24).

- Significant reduction in new infections among men who have sex with men than among men who have sex with men
- Prevalence in the general population five times lower than in key populations

To improve prevention, the presenter formulated the following key messages:

- Improve prevention among key populations, adolescents, young women and girls;
- Strengthening and accelerating targeted prevention strategies
- Obtaining data to support decision-making and accuracy

The presentation on the Decision-Making Framework for Adolescent Girls and Young Women follows.

The presenter recalled that in West and Central Africa, adolescent girls and young women are more infected than young boys. The underlying factors include a lack of secondary and sexual education, child marriage, early pregnancy, insecurity and poverty.

He recalled the existence of a programmatic framework on the implementation of HIV prevention programmes with evidence-based priorities and uses targeted prevention approaches adapted to countries (UNAIDS Guidelines).

The presenter highlighted that although a number of comprehensive and dynamic prevention projects are being implemented for adolescent girls and young women, the response in high HIV incidence settings but still lack scale and impact and according to the Global Coalition for HIV Prevention National Scorecards (2022), HIV prevention programmes for adolescent girls and young women only exist in a minority of sub-national areas where HIV incidence is moderate (> 0.3%) or high (> 1.0%).

This demonstrates the need for HIV prevention programmes with a focus on adolescent girls and young women, based on broader HIV programmes aimed at young people and adults.

It should be noted that there are a number of specific, non-exhaustive challenges in HIV prevention programmes aimed at these population groups. These include :

- Insufficient access to good quality sexual and reproductive health information, commodities and services, partly due to the age of consent barrier to accessing services; access to sexual health information and services;
- Little personal freedom of action, which means that women are unable to make choices and take action on issues relating to their health and well-being
- Harmful gender norms, in particular child marriages, early marriages and forced marriages, which lead to early pregnancies;

- Transactional, intergenerational and unprotected sex, often due to poverty, lack of opportunities or material goods;
- Lack of access to secondary education and comprehensive, age-appropriate sex education;
- Intimate partner violence, which has an impact on risk behaviours and health seeking ;
- Violence in conflict and post-conflict situations, or in the context of insecurity in the shanty towns of large cities.

The key points and messages from this presentation are as follows:

- The prevention programme for young women and adolescents must be strengthened to achieve the UNAIDS 2025 targets;
- Increase funding for education, sexual protection, rights and health, and make the healthcare system more youth-friendly;
- The need for a more systematic approach to setting priorities and a variety of prevention programmes in places where the incidence of HIV is different;
- The need to step up prevention for populations with the highest incidence of HIV (key populations and adolescents) and to include approaches such as PrEP and regular awareness-raising and community empowerment initiatives;
- Use low-cost basic prevention options (condoms, VMMC where appropriate, screening and treatment) in other contexts where the incidence of HIV is moderate;
- Define a clear theory of change (what results in terms of prevention behaviour will lead to a reduction in the incidence of HIV and new infections). Accompanied by programme monitoring;
- Coordinate and manage programmes and involve teenage girls and young women throughout the process

The framework for a renewed commitment to prevention

This presentation emphasised the need for a committed, multisectoral political environment for the implementation of HIV prevention programmes. These programmes must place the individual at the centre of all preventive actions to ensure that the 95-95-95 and 10-10-10 targets are met.

The presenter recalled that a Global Prevention Coalition (GPC) had been set up. This Global Prevention Coalition has drawn up two roadmaps on prevention, designed to take account of persistent inequalities and to intensify attention to key populations and other vulnerable groups. They also emphasise responsibility, the use of limited resources and innovative actions.

The framework must take account of an evolving context marked by persistent inequalities and reflect the intensification of the attention paid to key populations, everywhere, adolescent girls, young women and men in the West and Central Africa region, the strengthening of multisectoriality as well as the reinforcement of the role of communities in HIV prevention.

It focuses on increasing access to and use of innovative HIV prevention options and approaches, and guides the use of limited resources to achieve maximum impact. It emphasises the importance of sound management and accountability processes.

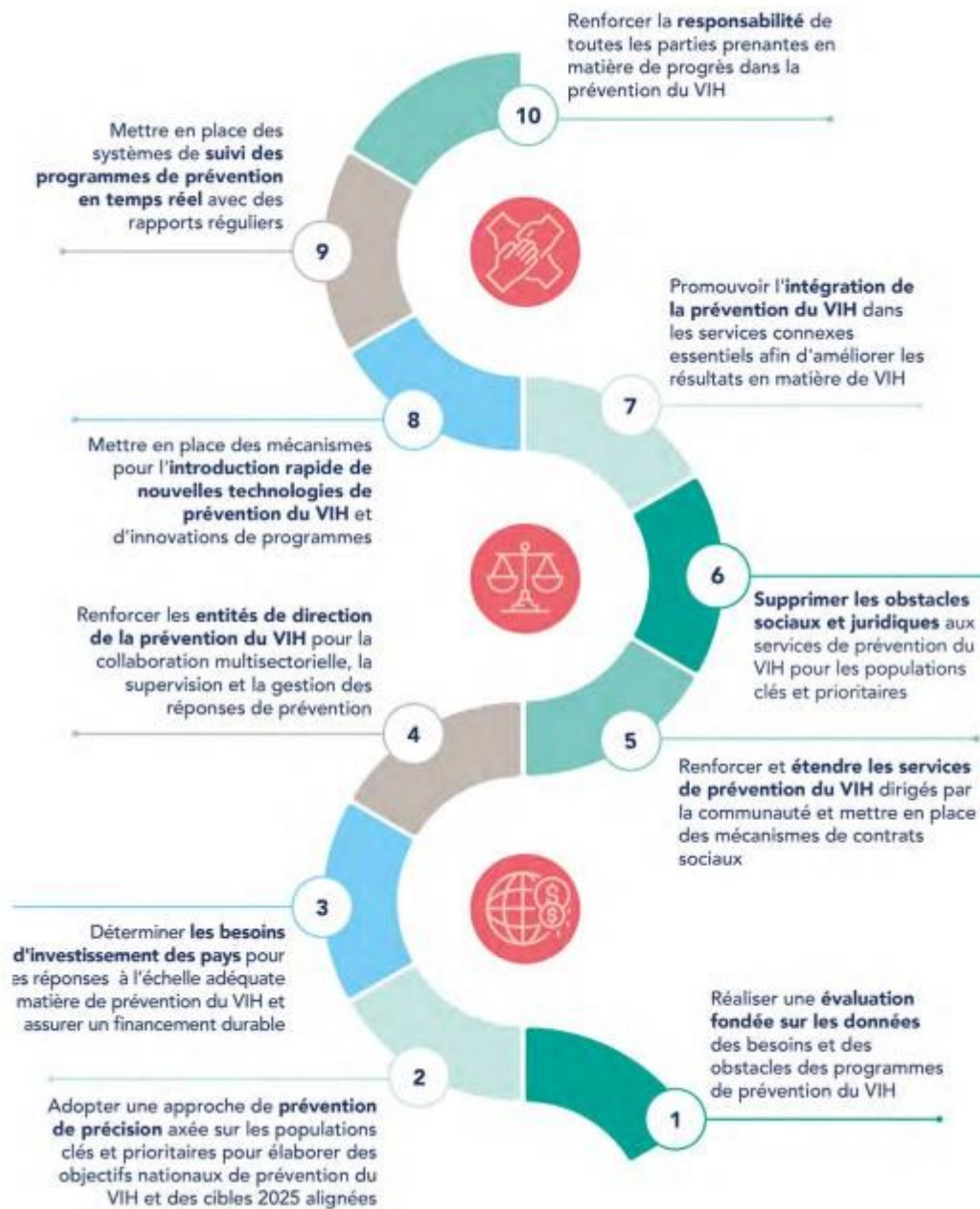
Pillars of prevention

Roadmap

- The emphasis is on stepping up primary prevention of HIV infection and putting in place enabling political, legal and societal measures.
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- Emphasises the complementary nature and interaction between primary prevention of HIV, screening, treatment and prevention of vertical transmission of HIV

The ten-point action plan shows the way forward for the implementation of the Roadmap 2025. The ten points of the action plan are as follows: (see figure below):

The HIV prevention roadmap for 2025: a ten-point action plan



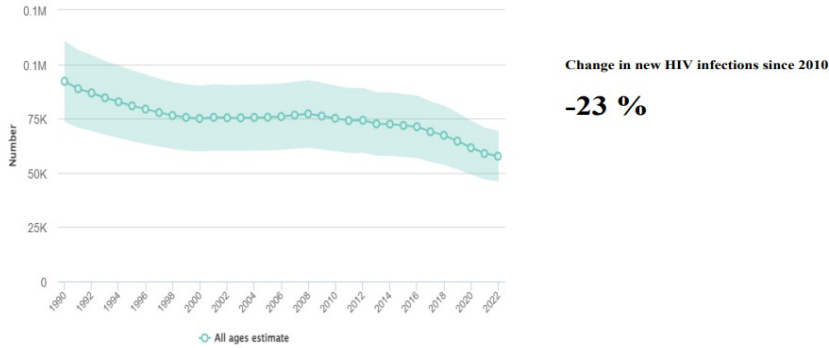
population groups and areas/locations most at risk, taking into account existing gaps and bottlenecks such as political leadership, political obstacles, funding for the response in general and prevention in particular, access to precision prevention services and programme scale-up. This is done while also taking into account trends in incidences and new infections in the region:

Trends in new infections in AOC

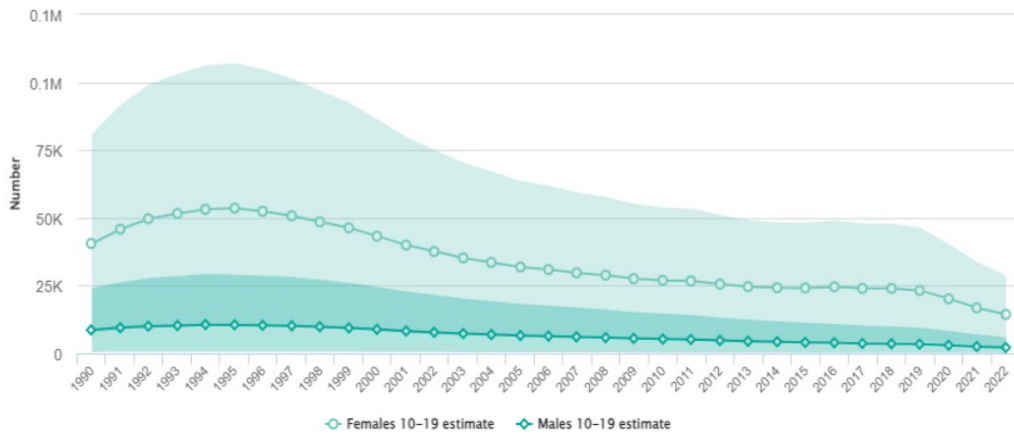
- New WCA infections have fallen by 49% since 2010,

- The target for 2025 is an 85% reduction (50,000 new infections per year).
- 160,000 new infections in the region by 2022,

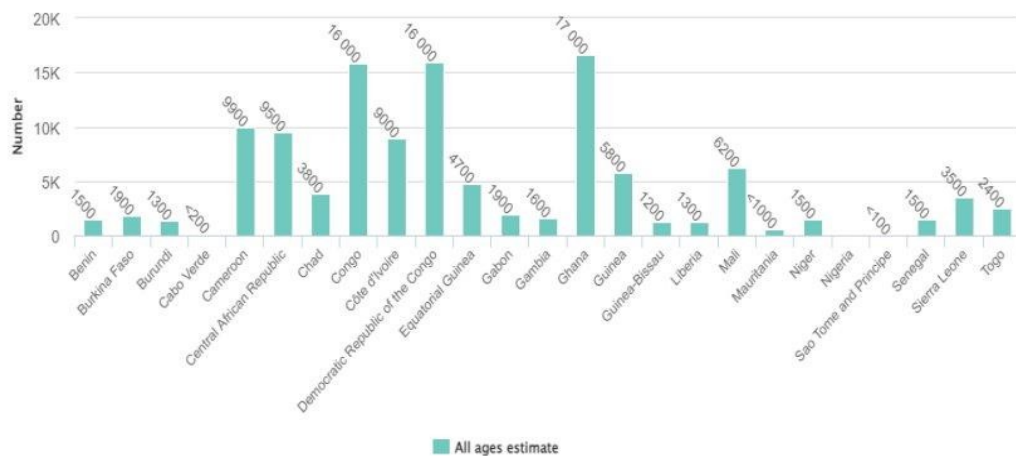
Trend of new HIV infections |



New HIV infections among adolescents (10-19) - by sex



New HIV Infections (all ages) - by country



Although the incidence-prevalence ratio (IPR) fell from 6.9% to 3.41% between 2010 and 2022, it is still higher than the 3% target, and there are major disparities between countries. Côte d'Ivoire, for example, has an IPR of 2.2% in 2022, while Equatorial Guinea, with an IPR of 6.57% in 2022, is even further away from the 3% target.

As part of the regionalisation of the 2025 roadmap and its action plan, the UNAIDS regional office and its partners have launched a process aimed at accompanying priority countries and providing sustainable, high-impact support to these countries. This support is based on the processes and strategies deployed within the framework of the GPC and with the involvement of the "prevention, education and youth" sub-group of the Joint Regional Team on HIV (JURTA), the UCOs, the JUNTAs and other partners.

HIV screening as a gateway to prevention :

The presentation on HIV screening reminded us that it is important for people to know their status and that it is a public health benefit to reduce new infections. It involves the following stages:

- Before the door: community awareness and mobilisation sessions/ demand, risk-taking and relevant interventions
- After the door: Counselling and exit with known results, referral to other communities and services (STIs, Hepatitis C, PrEP, etc.)
- Behind the door: having a treatment, notification of partners, sibling screening It is important to use the WHO guidelines on screening for screening options such as: self-screening, network screening, triple screening.

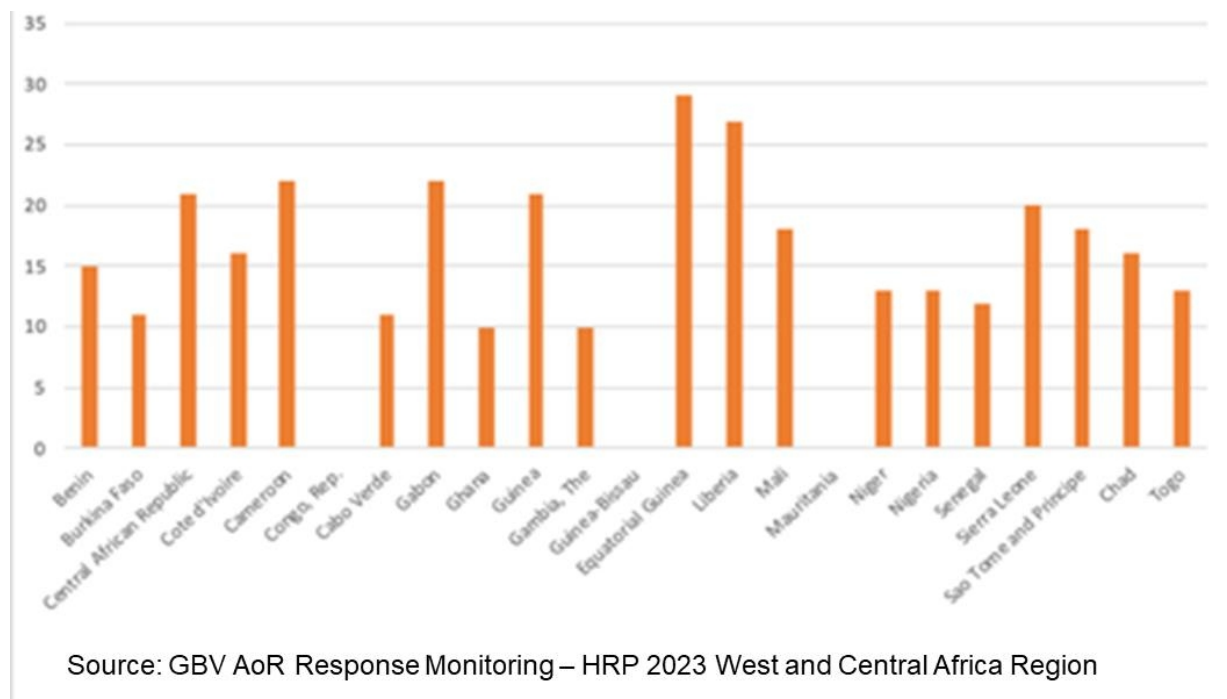
It is also worth noting the existence of a maturity tool: differentiated screening, setting up relationship.

Combating violence and harmful practices to speed up HIV and STI prevention:

The context of this theme reminds us that data from the United Nations Economic Commission for Africa shows that most countries in the region are not on track to meet the targets of the SDGs, particularly SDG 5, which the African Centre for Statistics estimates that at the current rate, gender equality (GE) and women's empowerment will not be achieved until 2094 and that violence and harmful practices remain widely tolerated, rooted in social norms that limit GE and access to sexual and reproductive health and rights (SRHR).

In terms of violence in West and Central Africa, 10% to 30% of women aged 15-49 who have been married have suffered physical or sexual violence in the past year, and according to the WHO, 1/4 of young women aged 15-24 have already experienced violence, and the percentage of adolescent girls aged 15-19 who have been in a relationship and suffered violence from their intimate partner varies from 9% (Mauritania) to 50% (Equatorial Guinea). These figures are probably underestimated due to stigmatisation and gaps in reporting.

Proportion of women who have experienced physical and/or sexual violence in the last 12 months



The burden of gender-based violence (GBV) in the region shows that 8.6 million people need assistance against GBV and 68 million are at risk of female genital mutilation (FGM).

It should be noted that in 2022, women and girls accounted for 46% of all new HIV infections and that 4,000 adolescents and young people aged 15-24 were infected with HIV every week.

Physical and/or sexual violence is very widespread among people living with HIV, because HIV and violence disproportionately affect vulnerable populations (MSM, sex workers, young people, etc.) and domestic violence increases women's risk of contracting HIV by 50% in high-prevalence regions.

AIDS remains one of the leading causes of death among women of childbearing age in sub-Saharan Africa.

Key messages:

- Integration as an essential vector for saving lives
 - ✓ Giving greater importance to SRHR in HIV prevention programmes
 - ✓ Taking megatrends (humanitarian crises, climate change, etc.) into account (climate, demographic change...)
 - ✓ Don't forget STIs
- Addressing discriminatory norms and harmful practices in HIV prevention programmes, with particular attention to vulnerable populations (leaving no one behind)
- EG plays a crucial role (bodily autonomy, decision-making power, access to information, etc.). (services and information)

Participants were given a prevention session on the Global Fund's vision for HIV prevention:

According to the Global Fund, in order to accelerate HIV prevention in these priority countries, it is necessary to :

- Focus on precision combined prevention,
- Remember that ARV treatment remains a means of prevention
- Filling gaps in cover
- Speed up access to and use of new options
- Developing platforms

It is also worth noting the existence of an information note providing guidance on the following standards

for the design and coverage of the programme.

The essential elements of the programme are: critical interventions for impact, interventions recommended by technical partners, ensuring equity of access and strengthening programmes. These elements have guided the development of the GC7.

In the case of a generalised epidemic, the global problem lies with key populations, and the WHO guidelines call for a focus on at-risk populations. Actions must combat the transmission and acquisition of HIV, so it is important to focus and invest where necessary. We need to think about the integration of HIV in order to optimise actions for a much broader response. It is important to adapt each strategy to a specific target, and countries must be supported to improve the quality of data and the inclusion of community data. It is therefore important to think about how to obtain accurate data through capacity building and funding to include data from all the key players in the fight against HIV. Improve the legal environment so that key populations can access services.

To answer the question: "Is prevention a priority for countries? ". Although prevention is a priority in countries' strategic and normative documents, the scarcity of resources and international guidelines on access to treatment have led countries to focus on screening, putting people on treatment and improving the legal environment.

The presenter recommended rethinking prevention strategies for infants and young women in mining areas.

As part of the sharing of experiences between countries, Cameroon presented the Global Prevention Coalition's roadmap, adapted to the country's context. Challenges remain in implementing this roadmap due to the lack of a structure to support this activity, despite the importance of implementing precision prevention programmes for different population groups.

Senegal's experience of PrEP was also shared with participants as a promising practice.

As part of the presentation of prevention tools, the HIV Prevention Self-Assessment Tool (PSAT) was introduced to participants. This tool was created in response to the need to set up a peer learning network. To date, 15 countries have joined the network. They share their experiences and best practices, making it possible to mobilise funds, optimise the use of resources and improve the quality of care.

resources between different countries. To implement the tool, a number of steps need to be taken:

- Literature review ;
- Interview;
- Project development and evaluation form ;
- Dissemination, implementation and feedback.

It has been translated into several languages of the sub-region (English, French, Spanish and Portuguese). The tool is structured into three areas;

- Programme management ;
- Implementation of the programme ;
- Programme results.

An Excel roadmap has been created to facilitate the evaluation of the PSAT, adapted to all countries and easy to use.

The example of the Congo was used as an illustration: to highlight the challenges and efforts that have made it possible to strengthen the capacities of key populations.

The PSAT tools are available on the website of the coalition, which is ready to support the various countries. An action plan and a roadmap for implementing the tool were also presented, based on ten predefined key points, focusing on the points that proved to be very weak during the assessment. For the completion of this tool, the presence of all the stakeholders and using the champions of the different institutions actors or group is essential.

The tool enables a comparative follow-up to be carried out after the first assessment to see whether the weaknesses identified have been remedied.

It is possible to adapt this tool to community interventions.

It should be noted that there is no support available for all Spanish-speaking countries.

The participants were then given a presentation on the main data visualization and extraction frameworks used to inform and understand the HIV epidemic. This presentation enabled them to :

- Show all the different data visualisation tools (coverage, incidence, mortality, etc.) available in the different platforms (NAOMI, ADR, etc.).
- Identify the data sources for each country
- To gain a better understanding of the epidemiological situation in their country, including at sub-national level, and to help draw up the roadmap.

Drawing up country roadmaps

The country group work session that followed was used to draw up a roadmap based on the needs and priorities of each country. This draft roadmap will be finalised and validated by each country.

The country presentations of the roadmaps at the plenary sessions revealed the following shortcomings:

- Weak coordination of prevention activities at country level ;
- Insufficient funding for HIV prevention ;
- Strong discrimination against key populations and PLHIV in several countries;
- Weak regulatory and legislative framework in favour of prevention.

- Weak community leadership ;
- Weaknesses in interventions and approaches to reduce new infections and the location of key populations, girls, young women and adolescents;
- Weaknesses in data management.

The main priority actions have been reflected in the various roadmaps. These are :

- Set up and ensure the operation of the technical working group (TWG) for prevention, involving the various departments of the Ministry of Health, Education and all the stakeholders, coordinated by the dedicated coordination body.
- Draw up a prevention plan with a precision prevention approach for key populations and adolescents, girls, young women and other vulnerable population groups.
- Involve community stakeholders in the response to HIV, particularly in prevention programmes
- Strengthen advocacy to mobilise resources, particularly domestic resources.
- Strengthening the data management system to better guide policies and programmes

In the context of the sustainability of HIV prevention interventions in WCA, it has emerged that fluctuations in funding have a destabilising impact on HIV prevention programmes, despite the existence of current mechanisms to guarantee the sustainability of funding for HIV prevention.

The principles of efficiency must be integrated into the future vision of HIV prevention funding, and it is essential to promote collaboration and coordination between funding partners in order to achieve this effectiveness/efficiency.

In this respect, a panel on the involvement of partners in supporting countries in the implementation of HIV prevention roadmaps was organised. The partners' panel was moderated by a representative of JURTA/AOC, representing Principal Recipients of Global Fund grants, the French Red Cross (FRC) and the Global Fund.

The panellists pointed out that the GC7 grant is more flexible than previous Global Fund financing cycles for supporting this type of programme. It is important to achieve pooling and synergy of action between the various partners and the government to avoid duplication and wastage of funds with little impact. It was pointed out that UNFPA already provides support on human rights issues, the fight against inequality, HIV among adolescents/young people, key populations and the fight against GBV, including sexual violence. The country offices of the various UN agencies will support the countries in finalising the roadmaps. The other partners are also committed to supporting the countries in finalising and implementing the roadmaps.

Results and recommendations

At the end of the workshop, the participants formulated a number of recommendations and key messages for strengthening HIV prevention. They also developed and presented a draft

roadmap with specific concrete actions, including the necessary support mechanisms, to be finalised and validated at national level.

The workshop concluded with the following key messages and recommendations:

- Accelerate precision combined prevention among key populations, adolescents, young girls and women, focusing on high-risk population groups and areas;
- Strengthening multi-sectorality and filling the gaps: political leadership, political obstacles, funding, stepping up high-impact actions.
- Intensify evidence-based combination prevention, action to end inequalities, differentiated interventions, consider 95% coverage, an approach focused on the individual and on a sufficient scale to have an impact.
- Strengthening the integration of services, combating discriminatory standards and harmful practices, empowering women.
- Include critical high-impact interventions in OG7 grants for implementation to ensure equity of access and strengthen programmes.
- Target the most at-risk groups (key populations and their partners, adolescents, girls and young women and other vulnerable groups),
- Targeting areas and localities with high rates of new infection and low incidence reduction to support the implementation of differentiated, context-specific programmes and interventions.
- Putting an end to the glaring inequalities that fuel transmission and limit access to services, in particular by strengthening social catalysts.
- Define the responsibilities of policy-makers and programme managers in order to put in place systems that ensure universal health, leave no one behind, are resilient to future health shocks and support communities as key partners in the fight against the pandemic.
- Monitoring the implementation of recommendations and country roadmaps.

Conclusion and closing

At the end of all the presentations, each country defined an action plan for the return of the quintessence and the workshop, of the actions to be taken, and presented an approximate chronogram of the return of the workshop and the finalization of the Roadmap. Countries are therefore encouraged to keep up the momentum to drive concrete change in precision prevention approaches based on the various roadmaps. The workshop was a success, enabling participants to share experiences, identify opportunities for collaboration and formulate concrete recommendations for strengthening HIV prevention in priority countries in the West and Central Africa region. It is essential that the commitments made at this workshop are implemented in an effective and coordinated way to advance the fight against HIV and improve the health and well-being of people in the region.

The workshop on accelerating HIV prevention in priority countries ended in a climate of understanding and commitment.