

UNAIDS Draft Prevention Strategy
Comments from the UK Department for International Development

Summary Key Messages:

The UK wants to see the UNAIDS Prevention strategy

- Outline a clear technical approach to HIV Prevention focusing on a) the evidence base, including examples of what interventions and approaches work and which do not, b) the balance between support to country-led processes and priorities under the “nes” principles, whilst providing clear and evidence based guidance to those countries and c) the roles and responsibilities of UN agencies in this response d) acknowledging the political nature of HIV prevention, and the need to balance ideological drivers and securing a strong evidence base
- Emphasise the need for high level political commitment, which is critical to securing strong responses, allocating adequate resources and confronting stigma & discrimination that undermine effective prevention strategies
- Emphasise the importance of sexual and reproductive health and rights in HIV prevention including access to comprehensive, high quality, and affordable sexual and reproductive health services and commodities such as male and female condoms
- Fully support and emphasise harm reduction interventions (including needle and syringe exchange programmes, methadone substitution therapy) in HIV prevention amongst drug users and their partners as part of the comprehensive HIV prevention programmes.
- Emphasise the role of Health, Education and Social Systems, civil society and private sector strengthening in HIV prevention scale up
- The engagement of people living with HIV and AIDS, and communities at highest risk of HIV (in particular marginalized communities) at all levels in design and implementation of HIV prevention strategies programmes and services.
- Address both enabling HIV prevention strategies (eg securing access to education for girls) with targeted approaches (eg condom marketing).
- Balance the importance of securing strong responses with current prevention options with efforts to enhance Research and Development into new prevention technologies, including microbicides and vaccines as part of future prevention efforts.
- A clear outline of the UN global and country level comparative advantage, including clear identification of roles and responsibilities, actions and monitoring and evaluation

1. The UK welcomes the work undertaken to date on the UNAIDS HIV Prevention Strategy. The UK has submitted detailed comments during earlier stages in developing the Draft strategy (annex1), and is encouraged that new drafts have advanced substantially. The UK would like to see some further enhancements. Detailed comments are summarised below relating to the revised section 4 on the role of the UN and to the first draft of wider strategy document.

Style and structure:

2. It would be helpful to have a concise and clear statement on the purpose of the strategy at the very beginning of the document.
3. We would suggest that the final version of the strategy is shorter, that language is more concise and that it makes use of annexes to highlight in more detail the current evidence base of what interventions and approaches work and which do not.
4. The box outlining the '10 essential HIV prevention actions' (p.14) is the key message and should be highlighted early on in the document instead of buried towards the end.
5. The document refers several times to agreed targets and goals for HIV prevention. It would be useful if these were outlined in full early on in the document, including a summary of progress and key issues for achieving them.

General Comments on Policy Content

6. We welcome the focus on support to country led strategies and priorities in line with the "3 ones principles", reflecting country specific issues. However, the strategy should also provide clearer guidance to countries on the evidence base for interventions that have proved most successful, those which have not and how effective strategies can be taken forward. For example the strategy could be more upfront on where and why many comprehensive prevention strategies have failed over the past 15 years. An outline of current evidence and examples of best practice should be included.
7. Evidence based/informed approach: Highlight that while there is much additional money it often supports narrow elements of a comprehensive approach and often resource allocation is not informed by evidence of effect. Ensure that the broader enabling factors for HIV prevention (eg confronting discrimination against marginalized communities) are addressed as well as targeted interventions.
8. Harm Reduction: The UK welcomes and fully supports the attention to harm reduction interventions in the strategy as part of a comprehensive response to HIV prevention. We would recommend inclusion of examples where this intervention, as part of a broader prevention strategy has been particularly successful.
9. Sexual and Reproductive Health and Rights (SRHR): the language on the link between SRHR and HIV prevention needs be far stronger and explicit throughout the document. The role of SRHR could be greatly strengthened to make clear that universal access to SRHR services is a prerequisite for achieving HIV prevention goals. (See p.8 para 2 last sentence). This should emphasise universal access to comprehensive,

high quality, and affordable sexual and reproductive health services and commodities such as male and female condoms etc. and the link to effective health systems. The strategy could also be much stronger on gender issues, including universal access to SRHR services, including for commercial sex workers (eg see p.9 last para; p.10 para 2 the word 'gender' should be changed to 'low status of women and gender based violence').

10. System Strengthening: The integration of strategies into health, education and social systems in HIV prevention could be stronger. In many countries the health sector (public and private) is doing most of the work on STI services and outreach to sex workers, and treatment for drug users. We would recommend emphasising the need for HIV prevention programmes to be integrated into the broader health system to the key principles. The importance of the education sector response to AIDS, and broader strengthening of Education systems to achieve education for all, and in particular completion of secondary education for girls should be strengthened.
11. On scaling up and coverage we would recommend more detailed discussion on the a) significance of Three Ones development, b) the role of health systems in scaling up HIV prevention c) the roles of a range of key sectors (eg social protection, industry) d) the role of civil society and the private sector and e) the need for increased financing and resources for all areas of prevention.
12. The draft could give a stronger reference and outline of strategies to ensure the engagement of people living with HIV and AIDS, and communities at highest risk of HIV (in particular marginalized communities) at all levels in design and implementation of HIV prevention strategies programmes and services.
13. The paper could include more detail on who is going to implement the strategy and how prevention strategies should and could be implemented, using country examples. For example Section 3 should emphasise the Three Ones, and give far more detail on how UNAIDS will support national plans to extend, scale up and monitor HIV prevention activities within quality HIV strategic frameworks and implementation plans.
14. New Prevention technologies should be emphasised to address the importance of accelerating Research and Development into new prevention technologies such as microbicides, vaccines and other potential approaches as part of future prevention efforts. This will need to be balanced with the importance of securing strong responses with current prevention options.
15. In context of the discussion of the high prevalence/low prevalence, it is also important to emphasise the need to include behaviours and risk to identify which population groups and what kind of coverage is needed,

rather than implying that prevalence *per se* is the main trigger for moving to scaled up coverage.

16. High Political commitment: more emphasis is needed on the importance of high-level political leadership from the highest level in driving the HIV prevention agenda. This is critical to securing strong responses, allocating adequate resources and confronting stigma & discrimination that undermine effective prevention strategies. It is important for the strategy to emphasise, in the context of political leadership, the need to balance ideological drivers and securing a strong evidence base. We recommend adding the need for political commitment at the highest level to the ten essential actions. The role of civil society in advocacy, securing accountability and implementation is also underplayed.

Role of UNAIDS (section 4):

17. We welcome the work outlining the role of the UN in HIV Prevention. This section could be much more detailed and in line with current debates on the international architecture and the role it plays at country level. This section would benefit from stronger reference to the work of the GTT, the global architecture for AIDS and how it might divide up labour to achieve better prevention results. The UN's role seems to be discussed in isolation from the presence of significant other stakeholders and donors.
18. The section could also benefit from more detail and analysis of the different types of roles the UN has to play in different national settings (e.g. PRSP environments, MICs, fragile states) and specific analysis of the comparative advantages of different cosponsor agencies, rather than just a description of what they seem to do. In terms of country support, more discussion on the Three Ones is required. The respective roles of agencies should be reflected in the UN ISP and agreed with the UNCT and national authorities.
19. The reference to UNAIDS focus in delivering prevention should map more closely its core functions. As currently drafted, this seems to address only half of the functions.
20. We would like to see a clearer outline of
- UN cosponsor roles and comparative advantage at global and country level
 - Role of UNAIDS playing a challenge function where countries are not responding adequately - or the response is having a negative impact, eg increasing stigma.
21. It would be good to see clear outcomes specified. Much of the focus is on process assessments, when a lot has been done already (e.g. on the policy development, what are the gaps from what UNAIDS has

already done? or other key bodies, such as the Policy Project. Is it possible to identify specific areas that may be addressed?)

22. On capacity – more could be said about the need to stimulate demand for technical support so it is well used, matching external TA with development of local capacity. The current section on the UN emphasises supply rather than demand side. This is inconsistent with the work of the GTT. Also, this section should note that there are global shortfalls in TA - e.g. on harm reduction interventions, a number of countries have experienced difficulties in scaling up programmes because of a lack of TA eg on methadone programming.
23. We would emphasise UNAIDS role in (a) promoting research into new preventive technologies as part of a comprehensive response and (b) bringing in southern players for active participation in such work (c) emphasising broader research challenges and gaps.