

# Report of the Meeting of the UNAIDS Reference Group on HIV Prevention



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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January 11-12, 2005

Glion, Switzerland



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## OVERVIEW

This report summarizes conclusions and recommendations made at the first meeting of the UNAIDS Reference Group on HIV Prevention in Glion, Switzerland, held 11-12 January 2005. The meeting focused on concrete actions to strengthen HIV prevention strategies in the context of expanded treatment access, with specific attention paid to operationalising the recommendations of the Global HIV Prevention Working Group 2004 report, *HIV Prevention in the Era of Expanded Treatment Access*.<sup>1</sup>

### HIV Prevention and the Global Response

HIV prevention is the cornerstone of an effective response to the global AIDS epidemic. A wide range of approaches have proven effective to prevent transmission of HIV, and a number of countries have reduced HIV incidence and prevalence by implementing interventions targeted to the populations at risk of infection. With the rate of new infections on the rise globally, there is an urgent need to strengthen global HIV prevention efforts.

As the epidemic has evolved, new prevention strategies and tools have been identified to meet new challenges and realities. Over the last several years, increasing access to antiretroviral therapy has fundamentally changed the global AIDS landscape, requiring a re-examination of prevention strategies as well. WHO/UNAIDS established a global goal of ensuring 3 million people receive antiretroviral therapy by the end of 2005, and the "3 by 5" progress report in December 2004 indicates that antiretroviral therapy utilization in developing countries is increasing rapidly.

But the future viability of treatment programmes depends on dramatically expanding access to HIV prevention. Unless the number of new infections is substantially reduced, the costs of treatment will rapidly exceed available resources.

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<sup>1</sup> The Global HIV Prevention Working Group, an international panel of more than 50 prevention experts, was created to inform global policy-making, program planning, and donor decisions on HIV prevention, and advocate for a comprehensive and integrated response to AIDS. The Working Group was convened in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation. To date, the Working Group has issued three major reports – Global HIV Prevention: A Blueprint for Action in 2002; Access to HIV Prevention: Closing the Gap in 2003; and HIV Prevention in the Era of Expanded Treatment Access in 2004. The latter is available online at <http://www.gatesfoundation.org/nr/downloads/globalhealth/aids/PWG2004Report.pdf>

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## Glion Meeting of the UNAIDS Reference Group on HIV Prevention

Under the auspices of the UNAIDS Reference Group on HIV Prevention, a group of more than 30 prevention experts met in Glion, Switzerland to identify policies and actions needed to operationalize the recommendations of the Working Group's 2004 report. The report discusses the potential for expanded treatment access to significantly bolster HIV prevention efforts—by providing new settings where HIV prevention services can be delivered, and by providing important new incentives to increase knowledge of HIV serostatus, alleviating the stigma associated with HIV, and potentially reducing the infectivity of people living with HIV. Drawing on experience in industrialized countries, the report cautions that expanded treatment access could also lead in some contexts to increases in risk behaviour among both HIV-infected and HIV-uninfected people. Unless prevention strategies are adapted to remain effective as treatment access expands, increases in risk behaviour could result in a net increase in HIV incidence.

Participants included representatives from leading national AIDS control programmes, treatment programmes in developing countries, bilateral donors, multilateral and technical agencies, non-governmental organizations, and people living with HIV. A list of participants is attached as Appendix A.

The meeting generated key messages, priority next steps, and detailed recommendations to strengthen prevention in the era of expanding treatment access in each of the following five areas:

- I. Increasing knowledge of HIV serostatus
- II. Integrating HIV prevention into diverse health care settings
- III. Providing prevention services to people living with HIV
- IV. Adapting HIV prevention approaches for HIV-negative and untested individuals
- V. Mobilizing sufficient resources to ensure a comprehensive global response to the epidemic

### I. KEY MESSAGES

Meeting participants emphasized a number of key points about prevention to serve as guiding messages for advocacy: *Prevention is central to an effective global response to AIDS:* To reverse the global epidemic, HIV incidence must be substantially reduced.

1. *Prevention works, but only if coverage levels are high and sustained over time: HIV incidence will not decline if only 1 in 5 people at high risk of HIV exposure is reached with proven prevention interventions.*
2. *The environment for prevention is rapidly changing as treatment access expands: Treatment access can lead to increased prevention opportunities, but could also lead to increased risk behaviour.*
3. *Prevention is essential to treatment success: Without expanded prevention access, treatment programmes will quickly become overwhelmed and unsustainable.*
4. *Prevention strategies must address both risk behaviour and vulnerability to infection: Do what's feasible now to reduce HIV risk factors, while advocating for social change and supportive policies to address underlying social and economic factors that increase vulnerability to HIV.*

## II. PRIORITIES / NEXT STEPS

The group made many specific recommendations detailed in this report. Key next steps include:

1. ***Regional & country-level meetings— Summer-Winter 2005:*** While many of the recommendations summarized in this report can be implemented now, others will require additional input from the field. A key next step will be for the UNAIDS Secretariat<sup>2</sup> and its cosponsors, including WHO, to arrange country-level meetings/consultations, and/or meetings at the regional AIDS conferences in Asia (July 1–5, Kobe) and Africa (December 4–9, Abuja).

The purpose of the meetings would be to two-fold: 1) Provide training and technical assistance on implementation of these recommendations; and 2) Seek input from the field and build consensus on key issues. Specific topics for discussion would include training needs, human and financial resource needs, perceptions, best practices, and next steps for implementation in each of the following areas (see Recommendations for additional detail):

- a. *HIV Testing:* Implementation of provider-initiated testing (i.e., routine offer) in health care settings, and maximizing the use and effectiveness of rapid testing technologies
  - b. *Integration of prevention and care:* Strategies to promote the delivery of prevention interventions in clinical settings
  - c. *Prevention with people living with HIV:* Delivery of prevention programmes specifically designed for people living with HIV
  - d. *Prevention for HIV-negative and untested people:* Adapting prevention to remain effective for HIV-negative and untested people as treatment access expands
2. ***UNAIDS Guidelines—Begin Spring 2005:*** Based in part on the discussion at Glion and on the consensus process noted above, the UNAIDS Secretariat and its cosponsors, including WHO, should immediately undertake a process to develop/update guidelines on:
    - a. HIV testing
    - b. Integration of prevention and care
    - c. Prevention with people living with HIV
  3. ***Engaging Ministers of Health—Spring/Summer 2005:*** the UNAIDS Secretariat and its cosponsors, particularly WHO, should actively engage Ministers of Health—at the country level, and during international meetings, such as World Health Assembly in

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<sup>2</sup> The term UNAIDS refers to the UNAIDS Secretariat and its ten cosponsors. Each agency takes the lead in its areas of comparative advantage. UNAIDS' Committee of Cosponsoring Organizations (CCO) conferred convening agency status in October 2001 on Cosponsors and the Secretariat for the following areas of work: ILO (World of work), UNODC (Injecting drug use), UNDP (Governance and development planning), UNESCO (Education sector), UNFPA (Condom programming for prevention of HIV; Young people) UNICEF (Orphans and vulnerable children), WHO (Care and support within the health sector; Prevention of HIV transmission to pregnant women, mothers and children), World Bank (Evaluation of AIDS programmes at country level; Economic impact) UNAIDS Secretariat (Men who have sex with men, Commercial sex work, Evaluation of AIDS programming at global level). Source: UNAIDS (2002) Convening Agencies: Roles and Responsibilities. On joining UNAIDS, two Cosponsors took convening agency status for the following areas of work: WFP (Food Security and Nutrition (2003); UNHCR (Displaced populations and refugees (2004).

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May 2005—to discuss country-level action to ensure the effectiveness of prevention in the context of expanded treatment access.

4. ***Task Force on Prevention for People living with HIV—Spring/Summer 2005:*** UNAIDS Secretariat and its cosponsors should create a task force involving leading people living with HIV to inform the development of guidelines for tailored prevention services for people living with HIV, and to devise ways to increase the meaningful involvement of people living with HIV in prevention efforts globally. The Task Force should be formed in advance of the 12<sup>th</sup> International Conference for People Living with HIV in October, 2005, and its activities should be discussed at the meeting.
5. ***Advocacy—Spring/Summer/Fall 2005:*** Glion participants emphasized the importance of strengthening prevention advocacy. Specific next steps include:
  - a. *Goals:* Development of one or more globally agreed goals on HIV prevention (comparable to the “3 by 5” treatment goal). These would form a key component of proposed unified goals for HIV prevention, treatment, care, and orphan support, which may be announced at the September Millennium Development Goals summit at the UN in New York.
  - b. *Messages/”Branding”:* Development of stronger, sharper, and simpler prevention advocacy messages.
  - c. *“Essential prevention list”:* Identification and dissemination of essential prevention packages in diverse epidemiological settings.
6. ***Reference Group follow-up—Spring 2006:*** A stocktaking on progress will be undertaken by the UNAIDS Reference Group on HIV Prevention in early 2006 to discuss further steps toward implementation, based on experience and lessons learned from the operationalisation of these recommendations.

### III. RECOMMENDATIONS

Following is a summary of specific recommendations from the Glion meeting, including recommended lead partner(s) for each action step.

#### 1. Promote Greater Knowledge of HIV Status

##### **Global HIV Prevention Working Group Report Recommendation**

In agreement with the UNAIDS/WHO Policy Statement on HIV Testing<sup>3</sup>, the Working Group in its 2004 report called for the routine offer of HIV testing (with the ability to opt out) in diverse health care settings in areas where antiretroviral therapy access exists, greater use of rapid testing technologies, and an increase in resources for voluntary HIV counselling and testing services.

##### **UNAIDS Reference Group on HIV Prevention Recommended Action Steps      Lead Partner(s)**

*Note on Terminology:* Consistent with guidance issued by UNAIDS/WHO in 2004, meeting participants recommended use of the terms “Provider-Initiated Testing” and “Client-Initiated Testing” to distinguish between HIV testing routinely offered in health care settings (with the patient having the right to refuse), and voluntary HIV testing provided in specialized voluntary counselling and testing sites.

##### **A. Training and Engagement of Key Stakeholders**

*Consensus Meetings:* UNAIDS Secretariat and its cosponsors, including WHO, should convene meetings at the Regional AIDS Conferences and/or at the country level to:

Ensure clear understanding of the concept of a routine offer of testing in clinical settings, and the distinction between provider-initiated and client initiated testing

- Build consensus on local epidemiologic and other factors that should lead to expanded provider-initiated testing (e.g. HIV prevalence; access to treatment)
- Discuss rapid testing training and quality assurance needs
- Identify and share best practices for provider-initiated and rapid testing
- Better understand and resolve the greatest impediments to expanded testing
- Identify essential post-test services that must accompany new testing initiatives
- Promote regional technical collaboration

UNAIDS  
Secretariat and  
its cosponsors

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<sup>3</sup> UNAIDS/WHO Policy Statement on HIV Testing, June 2004

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## B. Technical Guidance and Support

1. *Guidelines*: UNAIDS Secretariat with WHO should revise existing guidelines for counselling and testing to:
  - Indicate when provider-initiated testing is recommended (e.g., HIV prevalence threshold; level of treatment access)<sup>4</sup>
  - Provide guidance on the level and quality of counselling and referrals
  - Provide guidance on use of rapid testing technologies
  - Address other issues related to the implementation of testing initiatives, including necessary post-test services

UNAIDS Secretariat,  
WHO with WHO

## C. Research/Surveys

1. *Health Care Worker Attitudes*. UNAIDS Secretariat, WHO, public sector research agencies, and international donors should assist national programmes in collecting information about the attitudes of health care workers and clients regarding provider-initiated testing. Research findings should inform the development, implementation, and (where appropriate) revision of strategies to implement provider-initiated testing, with particular attention to informed consent procedures.
2. *Rapid testing*:
  - a. Donors should support the development and implementation of rapid testing pilot projects to determine operational, technical, and quality assurance needs.
  - b. Public health agencies and international technical agencies should also work more closely with private industry to address quality control issues and ensure the reliability of rapid testing technologies.

UNAIDS  
Secretariat, WHO,  
public sector  
researchers,  
donors<sup>5</sup>

Donors, private  
industry, public health  
agencies

## D. National Policy Development: Countries should establish national policies that facilitate increased HIV testing uptake while protecting human rights:

National governments

1. *Implementation of provider-initiated testing*: National programmes—with support from international donors and multilateral agencies—should immediately encourage provider-initiated testing in settings frequented by people at high risk for HIV, including tuberculosis, sexually transmitted infection and antenatal clinics.
2. *Health care worker eligibility*: National policies should allow non-physician health care workers to conduct HIV testing and

National  
governments,  
UNAIDS, donors

National governments

<sup>4</sup> There is ongoing debate as to whether routine offer testing is ethical in contexts where antiretroviral treatment is not yet available. The arguments are made that stigma and discrimination will persist in the absence of visible treatment effects and that knowledge of serostatus in the absence of access to antiretroviral treatment has more disadvantages than advantages for the individual. Others argue that routine offer testing will stimulate treatment demand for those that are ill and will permit a strong focus on positive living (nutrition, cotrimoxazole prophylaxis, healthy living, secondary prevention, psychosocial support, etc.)

<sup>5</sup> The term “donors” refers to bilateral development agencies.

associated laboratory work.

3. *Anti-discrimination:* Countries should have in place meaningful, enforceable laws to prevent HIV-related discrimination, promote human rights in the context of the AIDS epidemic, and ensure meaningful access to prevention services for individuals who decline to accept a routine offer of an HIV test (i.e. provider-initiated testing). National governments
4. *Involvement of people living with HIV:* In formulating and implementing national testing policies, national programmes should work in close partnership with people living with HIV and with HIV-related nongovernmental organizations. Donors should prioritize financial support for organizations of people living with HIV. National governments, people living with HIV, nongovernmental organizations
5. *Affordable testing:* National policy should ensure that HIV testing services are affordable, accessible, and confidential. National governments, people living with HIV, donors

## **E. Build National Capacity**

1. *Resource Estimates:* International donors should provide targeted financial support to UNAIDS to support the development of sound estimates of human and financial resources required to implement provider-initiated testing and client-initiated testing in diverse settings. Donors, UNAIDS Secretariat and its cosponsors, particularly WHO
  2. *Capacity Plans:* National programmes, with assistance from UNAIDS Secretariat and its cosponsors, including WHO, should develop strategic plans to ensure sufficient human and laboratory capacity to facilitate increased access to HIV testing services. National governments (with UNAIDS Secretariat and its cosponsors, including WHO)
  3. *Civil Society:* National programmes—with assistance from the UNAIDS Secretariat and its cosponsors, including World Bank, WHO and international donors—should help build the capacity of civil society (including community groups, faith-based organizations, businesses, and others) to contribute to national testing initiatives. National governments (with UNAIDS Secretariat and its cosponsors, including World Bank and WHO, donors)
  4. *Quality control:* UNAIDS Secretariat and its cosponsors, including World Bank and WHO, should assist countries in developing and implementing plans, including strategies to build sufficient capacity, to monitor the quality of counselling provided in the context of provider-initiated testing and client-initiated testing, and the quality of rapid testing (to reduce false-positive rates). UNAIDS Secretariat and its cosponsors, including World Bank and WHO
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## 2. Integrate HIV Prevention in Health Care Settings

### Global HIV Prevention Working Group Report Recommendation

As expanded treatment access draws patients to health care settings, prevention education and interventions should be integrated into the delivery of clinical care. Clinicians and non-clinical staff should be trained and motivated to provide prevention interventions, and staff who provide treatment adherence services should be trained in prevention counselling.

In addition to AIDS care clinical settings, clinics that provide tuberculosis, sexually transmitted infection and reproductive health services should participate in the delivery of HIV prevention services. In the era of expanded treatment access, clinical settings will supplement rather than replace community-based prevention efforts, which will remain vital to the delivery of effective prevention.

UNAIDS Reference Group on HIV Prevention Recommended Action Steps	Lead Partner(s)
<b>A. Training and Engagement of Key Stakeholders</b>	
1. <i>Consensus-building/Best practices:</i> UNAIDS Secretariat and its cosponsors, including WHO, should convene national consultation/consensus meetings to educate stakeholders regarding integration of HIV prevention in health care settings and identify existing best practices. (Part of same consensus process as Recommendations on Knowledge of Serostatus, described in the previous section.)	UNAIDS Secretariat and its cosponsors, including WHO
2. <i>Ministers of Health:</i> UNAIDS Secretariat and its cosponsors, including WHO, should undertake high-level advocacy to encourage health ministries to integrate testing, counselling, prevention, and treatment services.	UNAIDS Secretariat and its cosponsors, including WHO
3. <i>Health care workers:</i> With the assistance of UNAIDS Secretariat and its cosponsors, particularly technical agencies such as WHO, and of donor technical agencies, national health ministries should provide training and technical assistance to promote the involvement of health care workers in delivery of HIV prevention services.	National Ministries of Health; UNAIDS Secretariat and its technical agency cosponsors, particularly WHO; donor technical agencies
4. <i>Community awareness:</i> National programmes should develop and implement initiatives to promote broad community-based understanding of the basics of HIV infection and the benefits and limitations of existing therapies.	National programmes, with civil society organizations

## **B. Technical Guidance and Support**

1. *Guidelines:* Using information derived from national and regional consultation/consensus meetings, UNAIDS Secretariat and its cosponsors, including WHO, should develop guidelines on the provision of HIV prevention services in clinical settings. UNAIDS Secretariat and its cosponsors, including WHO
2. *Technical Assistance:* Donor country public health agencies; UNAIDS Secretariat and its cosponsors, particularly WHO; should provide technical assistance to countries to facilitate the development and implementation of policies and practices to promote integration of HIV prevention in treatment settings. Donor public health agencies; UNAIDS Secretariat and its cosponsors, particularly WHO

## **C Surveys/Research**

1. *Surveys:* National health ministries, with support from technical agencies and the UNAIDS Secretariat and its cosponsors, particularly WHO, should undertake representative surveys of health care workers to assess their attitudes regarding the delivery of HIV prevention services in clinical settings, and obstacles to delivering those services. National Ministries of Health, technical agencies and UNAIDS Secretariat and its cosponsors, particularly WHO
  2. *Resource estimates:* With support from international donors, the UNAIDS Secretariat should lead the work to develop sound estimates of human and financial resources required to integrate HIV prevention services in diverse clinical settings. Donors, UNAIDS Secretariat
  3. *Intervention research:* Public sector research agencies in donor countries should support research to identify optimally effective, brief, and simple interventions for delivery of prevention interventions in clinical settings. Donor public sector research agencies
  4. *Pilot projects:* Donors should support pilot projects to assess the human and financial resources needed to operationalize integrated prevention/treatment programmes, and technical and training requirements. Donors; UNAIDS Secretariat and its cosponsors, particularly WHO; nongovernmental organizations
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## **D Build National Capacity**

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| <p>1. <i>Non-clinical staff:</i> Countries, nongovernmental organizations, and other sponsors of health care delivery in developing countries should make optimal use of non-clinical staff for the delivery of HIV prevention services in clinical settings.</p>  | <p>National Ministries of Health with civil society organizations</p>                         |
| <p>2. <i>Nongovernmental organizations:</i> National AIDS programmes and health ministries should prioritize strong partnerships with nongovernmental organizations to promote assistance from them in the delivery of HIV prevention services in clinical and non-clinical settings.</p>  | <p>National AIDS programmes, National Ministries of Health, nongovernmental organizations</p> |
| <p>3. <i>Budget:</i> National governments should earmark a portion of health service budgets for the delivery of HIV prevention services in clinical settings. National programmes should ensure budgets provide strong funding for both treatment and prevention programmes, and that allocations for one component are not reduced to finance activities in another.</p> | <p>National governments</p>   |
| <p>4. <i>Donors:</i> Donors should provide financial support to increase human and technical capacity to deliver integrated prevention and treatment programmes</p>  | <p>Donors</p>   |

## **E Guidance for Donors**

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| <p>1. <i>Funding criteria:</i> Bilateral donors, Global Fund to fight AIDS, Tuberculosis and Malaria, World Bank, foundations, national programmes, and nongovernmental organizations that fund AIDS treatment programmes should analyze existing criteria for funding, as well as reporting requirements, to create financial incentives for the integration of prevention services in clinical settings.</p> | <p>Donors, World Bank, Global Fund to fight AIDS, Tuberculosis and Malaria, foundations, nongovernmental organizations</p> |
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### 3. Provide Prevention Services for People Living With HIV

#### Global HIV Prevention Working Group Report Recommendation

As more individuals are diagnosed with HIV infection as a result of incentives created by greater treatment access, opportunities will increase to target prevention programmes based on serostatus. Although most people diagnosed with HIV take steps to avoid exposing others to the virus, some have difficulty maintaining safer behaviour, making prevention with people living with HIV a critical strategy in reducing the number of new infections.

In both industrialized and developing countries, however, prevention programmes have seldom specifically been developed by and for people living with HIV. To ensure the effectiveness of HIV prevention in the context of expanded treatment access, prevention programmes should address the specific prevention needs of people living with HIV. While clinical settings represent an important venue for delivering and reinforcing prevention messages for people living with HIV, community-based programmes will remain essential, and people living with HIV must play a central role in prevention programmes for both HIV-negative and HIV-positive people.

<b>UNAIDS Reference Group on HIV Prevention Recommended Action Steps</b>	<b>Lead Partner(s)</b>
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#### **A Training and Engagement of Key Stakeholders**

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| 1. <i>Task Force:</i> UNAIDS should convene a task force, involving GNP+ and representatives of other organizations of people living with HIV, to identify key principles for provision of prevention services for people living with HIV, with findings to be presented at 12 <sup>th</sup> International Conference of People Living with HIV (October 9–14, 2005, Lima). In addition to key principles for prevention, the task force should discuss whether revisions to established GIPA (Greater Involvement of People Living with AIDS) strategies are merited in light of prospects for increased treatment access. | UNAIDS (with International Council for Women Living with HIV [ICW], GNP+, Global Coalition on Women, others) |
| 2. <i>Consensus meetings:</i> The national and regional consultation/consensus meetings described in the previous sections should be used to share existing best practices and build consensus on prevention for people living with HIV. (See Recommendations on Knowledge of Serostatus, above)  | National AIDS programmes, National Ministries of Health, UNAIDS Secretariat and cosponsors, Civil Society    |

#### **B Technical Guidance and Support**

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| 1. <i>Guidelines:</i> As a key outcome of the consensus meetings described above, UNAIDS should publish guidelines in 2005 on implementation of prevention programmes for | UNAIDS, Civil Society |
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people living with HIV. These guidelines should address, among other things, the role of peer-based programmes for people living with HIV and strategies for addressing the unique needs of women.

2. *Best Practices:* Public health agencies in developed countries should publish summaries of their own experiences in supporting prevention services for people living with HIV. Through country-level consensus meetings, UNAIDS should identify and disseminate additional best practices. Donor public health agencies, UNAIDS
3. *Technical assistance:* UNAIDS, donor public sector health agencies, and nongovernmental organizations should provide technical assistance to countries to facilitate the development and implementation of prevention programmes for people living with HIV. UNAIDS, Donor public health agencies, nongovernmental organizations

## **C Research**

1. *Interventions:* Public sector research agencies, international donors, and national programmes should collaborate on research to identify effective messages and approaches for prevention for people living with HIV. UNAIDS should rapidly translate and disseminate research findings. Public sector research agencies; UNAIDS

## **D National Policy Development**

1. *Anti-discrimination laws/Political leadership:* Countries should enact and enforce laws prohibiting HIV-related discrimination and promoting human rights, and national leaders from all sectors should speak openly about AIDS and the need for compassion and understanding toward those who are infected. National governments, organizations of people living with HIV
2. *Involvement of people living with HIV:* Consistent with international GIPA principles, national programmes should ensure the active and meaningful involvement of people living with HIV in the development and implementation of prevention programmes for people living with HIV. National programmes
3. *Visibility of people living with HIV:* Working closely with organizations of people living with HIV and spokespeople, national programmes should strongly support initiatives to increase the visibility of people living with HIV. National programmes, organizations of people living with HIV

## **E National Capacity Building**

1. *Organizations of people living with HIV:* Donors should provide financial assistance to build the capacity of organizations of people living with HIV and to support the development and delivery of prevention services for people living with HIV. Donors, organizations of people living with HIV, NGOs

#### 4. Adapt Prevention for HIV-Negative and Untested Individuals

##### Global HIV Prevention Working Group **Report Recommendation**

As antiretroviral treatment access expands, leading to reduced HIV-related morbidity and mortality, perceptions of the disease are likely to change, potentially resulting in increased risk behaviour. To remain effective, prevention strategies targeting uninfected or untested individuals must adapt to the new realities created by improved treatment access.

*NOTE: This section also includes recommendations to strengthen HIV prevention generally.*

<b>UNAIDS Reference Group on HIV Prevention Recommended Action Steps</b>	<b>Lead Partner(s)</b>
<b>A Research/Surveys</b>	
1. <i>Research on Interventions.</i>	
a. <i>New Messages and Approaches:</i> Public sector research agencies, international donors, and national AIDS programmes should collaborate in the development and implementation of research projects to identify effective messages and approaches for prevention in the context of expanded treatment access. UNAIDS should rapidly translate and disseminate research findings.	Public sector research agencies; National AIDS programmes; Donors, UNAIDS
2. <i>Research on Perceptions.</i>	
a. <i>Risk behaviour:</i> UNAIDS Secretariat and its cosponsors, particularly WHO, should spearhead the development and implementation of behavioural surveillance and other mechanisms to monitor HIV-related risk behaviours in areas where treatment access is expanding.	UNAIDS Secretariat and its cosponsors, particularly WHO; public sector research agencies;
b. <i>Community perceptions:</i> Public sector research agencies, with technical assistance from UNAIDS and its cosponsors, particularly WHO, and donors should implement measures to survey community perceptions regarding AIDS as treatment access expands.	National programmes Donors Public sector research agencies; UNAIDS Secretariat and its cosponsors, particularly WHO; donors
<b>B National Policy Development—Vulnerability Reduction</b>	
1. <i>Vulnerability Reduction Task Force:</i> UNAIDS should convene a task force to develop a specific, evidence-based vulnerability reduction agenda, including goals and recommended actions on key issues including anti-discrimination, gender equity, human rights, and economic development.	UNAIDS, Community-based organizations
2. <i>Vulnerability Research:</i> Public sector research agencies, international donors, leaders in the field of international development, and national programmes should collaborate	UNAIDS, public sector research agencies, civil society organizations

in the development and implementation of research projects to evaluate the effectiveness of policy interventions (such as universal education, microfinance initiatives, etc.) in reducing vulnerability to HIV.

## 5. Resource Mobilization and Advocacy

### Global HIV Prevention Working Group Report Recommendation

A primary cause of the low coverage levels for HIV prevention services is the world's inadequate financial commitment to proven prevention strategies, and inadequate focus of existing funds on proven prevention strategies for the populations most at risk. Funding for prevention services in 2005 would need to triple over 2003 levels to reach optimal coverage levels for essential prevention strategies.

To mobilize and sustain the level of resources required to scale up proven prevention strategies, strong advocacy is needed to build a "prevention constituency" in both donor and developing countries. Key targets for advocacy include political decision-makers in both donor and developing countries; opinion leaders in non-governmental sectors; community and grassroots activists; and the media.

### UNAIDS Reference Group on HIV Prevention Recommended Action Steps

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| <b>A</b> | <u>"Essential Prevention List"</u> : In collaboration with UNAIDS, the Global HIV Prevention Working Group should develop a report identifying packages of essential prevention services, and necessary coverage levels, in diverse settings to assist donors and national programmes in allocating resources and prioritizing interventions, and to serve as an important advocacy tool.  | UNAIDS, Global HIV Prevention Working Group, Civil Society  |
| <b>B</b> | <u>"Rebranding" HIV Prevention</u> : UNAIDS, Global HIV Prevention Working Group and the Kaiser Family Foundation should lead an effort to assess how prevention is marketed and "branded" to donors, policymakers, and the media, with the aim of developing simpler, stronger messages to build global com   | UNAIDS, Global HIV Prevention Working Group, Kaiser Family Foundation   |
| <b>C</b> | <u>Unified prevention and treatment goals</u> : UNAIDS Secretariat and its cosponsors should work with national governments, the Global Fund to fight AIDS, Tuberculosis and Malaria, bilateral donors, and other key stakeholders to undertake an evidence-driven process to build consensus for global prevention goals. As the end of the treatment-specific "3 by 5" timeframe approaches, a unified series of goals should be established for prevention, treatment and care, and orphan support. | UNAIDS, national governments, Kaiser Family Foundation, Donors, Global Fund to fight AIDS, Tuberculosis and Malaria |

- D** Mapping prevention: Kaiser Family Foundation and the Global HIV Prevention Working Group should explore ways to map prevention coverage for advocacy purposes, using data from UNAIDS. Kaiser Family Foundation, Global HIV Prevention Working Group
- E** Resource needs: UNAIDS Secretariat should lead annual analyses of resource needs for HIV prevention, focusing on implementation of essential prevention packages. UNAIDS should improve the capacity to differentiate between various forms of HIV-related resource allocations (e.g., prevention, treatment, care, and support). UNAIDS Secretariat
- F** Resource mobilization: In collaboration with other key partners, UNAIDS should develop and coordinate implementation of strategies to increase financial support for HIV prevention from current and new donors. UNAIDS
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## Appendix A

**Meeting of the UNAIDS Reference Group on HIV Prevention  
11-12 January 2005, Glion, Switzerland**

**LIST OF PARTICIPANTS**

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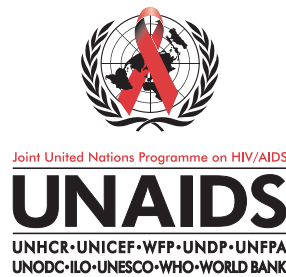
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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.



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