

END OF GRANT EVALUATION of Unitaid’s investments in PrEP

Executive summary

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Background

The 2016 United Nations General Assembly Political Declaration on Ending AIDS by 2030 noted the commitment amongst Member States with high HIV incidence to ensure 3 million persons at high risk of HIV acquisition access Pre-Exposure Prophylaxis (PrEP) by 2020. At the time of the Political Declaration, PrEP availability was limited to a few, usually high-income countries. Since 2016, 120 countries have adopted the WHO recommendations on PrEP into national guidelines and PrEP services have become increasingly available through pilot and demonstration projects, implementation science and national programmes. However, in many countries where PrEP services are available, the number of PrEP users remain relatively small when compared to the HIV incidence rates. With new PrEP technologies, such as long-acting injectable cabotegravir and the dapivirine vaginal ring, becoming available to offer potential users options other than oral administration, PrEP use might expand.

Randomized controlled trials have demonstrated the efficacy of oral Pre-Exposure Prophylaxis (PrEP) with tenofovir-based antiviral medication to prevent the acquisition of HIV in uninfected people with substantial risk of acquiring HIV (provisionally defined as HIV incidence of >3 per 100 person-years in the absence of PrEP). In 2015, the World Health Organisation (WHO) recommended that individuals at substantial risk of acquiring HIV be offered once-daily oral PrEP as an additional choice in combination prevention interventions. In 2019, WHO updated their PrEP guidelines to include the option of event-driven dosing, or ‘on-demand PrEP’, for Men who have Sex with Men (MSM).

In 2015, Unitaid announced a new Area of Intervention in PrEP, “Enabling scale-up of PrEP with linkage to HIV testing”, in recognition of the early stages of PrEP implementation, as well as the existing evidence gaps, especially regarding how to reach and generate demand for PrEP in high-risk populations.

Purpose and scope of the evaluation

The purpose of this evaluation was to consolidate knowledge on good practices and provide Unitaid with an assessment of the overall success of the projects including relevance, coherence, efficiency, effectiveness, impact, sustainability and lessons learned from the Unitaid investments in “enabling scale-up of pre-exposure prophylaxis (PrEP) and linkage to HIV Testing”. The evaluation was designed for both accountability and organizational learning purposes, the findings, and recommendations of which aim to inform Unitaid’s future investments including where possible course correction for the ongoing grant implementations. The evaluation covered two grants, “Preparedness for the rollout of effective HIV prevention among key affected population in Brazil, Mexico and Peru “(FIOTEC) and “Integrating PrEP into Comprehensive Services for Adolescent Girls and Young Women in South Africa” (Wits RHI). The temporal scope was 2017/2018 to 2022 and included four targeted countries (Brazil, Mexico, Peru and South Africa).

Evaluation approach and methods

A blended theory of change was developed during the inception phase to explain how and why the Joint Programme activities from the Fast-Track strategic period would achieve results and contribute to the intermediate outcomes including in relation to the Global AIDS Strategy 2021-2026. The theory of change provided the overarching analytical framework and informed the evaluation protocol and development of 10 evaluation questions that probed relevance, coherence, effectiveness, and sustainability of the Joint Programme’s work for key populations.

Evidence for the evaluation was generated principally through and in-depth review of grantee implementation including four country case studies. The evaluation followed a standard methodology of document review and key informant interviews with a mix of face-to-face and virtual interviews. In addition to the case studies, evidence was also generated at the global and regional levels and provided context to the findings at the country level as well as the work carried out under the WHO PrEP enabler grant including the unique set up in the Asia Pacific region.

Key findings

Area of evaluation	Summary of findings
Relevance (findings from evaluation questions 1 and 2)	The PrEP portfolio was sound in its design and fit for purpose with regard to responding to needs of vulnerable populations (MSM, TGW, AGYW) and increasing demand for PrEP grounded in evidence-based research generated from implementation science.
	The design of the projects, covering a wide range of activities, were comprehensive and achieved stated objectives. However, defining success of policy generation/adaption would have been useful at project inception.
	Support from WHO in the design phase, through Unitaids’ WHO enabler grant for PrEP, along with direct support from Unitaids, was significant and cited by key informants as critical to ensuring the scientific soundness and integrity of the overall design.
	The rationale for the choice of countries was clearly articulated and appropriate.
	Design of support to the Asia Pacific region, under the WHO enabling grant implemented through a unique collaboration of Unitaids, WHO, and UNAIDS focusing on utilization of evidence from the Unitaids PrEP portfolio (research results, protocols, tools) generated interest in PrEP programming and improved planning and coordination of the collaborating agencies. Future in person exchanges of experience from existing grantees could have an even greater impact.
	The PrEP portfolio generally demonstrated flexibility and agility to course correct based on contextual issues arising during implementation.
	The PrEP portfolio adapted implementation in response to the Covid-19 pandemic providing services using new technologies and outreach techniques.
Coherence (findings from evaluation question 3)	Strong country level synergy and integration within the national health system was evident. As were ties to civil society which was well thought through in the design and geared toward testing of various models of PrEP provision for vulnerable and key populations.
	Alignment and linkages to other prevention services (e.g., sexual and reproductive health (SRH) – including screening and treatment for STIs, gonorrhea, chlamydia, etc.) under both grants was strong.
	The projects actively participated in global forums, workshops, dissemination events, webinars and conferences both to guarantee dissemination of the implementation

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	<p>research results and to ensure coherence and alignment with, while at the same time fostering and feeding into the global PrEP response and related guidance and policies.</p> <p>The PrEP portfolio was internally well aligned with Unitaid priority projects for HIV prevention and testing in addition to within the grants.</p> <p>PrEP demand creation for AGYW in South Africa through MTV was both innovative and appropriate for responding to the target populations needs and supporting the goals of Unitaid’s Afls as well as government priorities. However, it was recognized that measuring demand generated was challenging.</p> <p>The conceptual coherence of Unitaid investments through Fiotec and Wits RHI grants have further fostered internal coherence based on engagement, collaboration and information exchange.</p> <p>Coordination and governance mechanisms designed to raise awareness and align efforts regionally were not fully exploited resulting in missed opportunities.</p>
<p>Efficiency (findings from evaluation questions 4 and 5)</p>	<p>Lengthy ethical approval processes were underestimated, resulting in subsequent delays in start-up of activities. This, coupled with delays associated with the Covid-19 pandemic, were factors in the issuance of no-cost extensions. Despite this, milestones were largely met by the end of 2021.</p> <p>Except for the initial slow start both projects responded well and enhanced implementation speed despite Covid-19 slow down.</p> <p>Mobile technology products for demand generation activities and follow-up, designed and implemented under the projects, have been widely adopted by government demonstrating steps toward sustainability.</p> <p>The Unitaid projects demonstrated that involving the community in PrEP programming, through employing direct project hires (peer educators and payment to CS organizations) , contributed to demand creation and service provision in line with the “nothing for them without them” community –based programming mantra. However, in the absence of a government sustainability plan/action for the positions concerns exits around longer -term sustainability of such efforts.</p> <p>Unitaid management was highly regarded for their technical prowess and supportive and flexible responses grounded in a willingness to change what was perceived as cumbersome processes to foster greater efficiency in implementation.</p> <p>Integration of the projects into government systems and national HIV programmes has fostered ownership, influenced adoption of PrEP as part of national HIV prevention polices, guidelines and implementation and resulted in efficiency gains.</p>
<p>Effectiveness: demand and adoption, affordability, supply and delivery (findings from evaluation questions 6 and 7)</p>	<p>Demand and adoption: The PrEP portfolio has influenced the policy environment for PrEP across all four countries to varying degrees in part through strong partnerships and government and civil society engagement.</p> <p>The expected catalytic role of the PrEP portfolio to influence uptake is not widely evident in Southern Africa, except for interest from Mozambique, however in LAC the demand by countries for technical assistance and guidance was more evident and well responded to by Fiotec.</p> <p>Project PrEP has contributed to the successful adoption and expansion of PrEP by the NDoH in South Africa.</p> <p>The PrEP projects were effective in creating demand and demonstrating best practices for implementation with MTV demand creation activities positively associated with PrEP awareness and use.</p> <p>Despite increased demand, overall success remains to be evaluated and the effect on retention rates is variable yet not the only measure of success.</p>

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	<p>Affordability: PrEP is perceived to be affordable in the project countries based on a combination of domestic and donor funding however future PrEP options need to be further assessed with regard to pricing and affordability.</p> <p>Fiotec's planned Working Group on Drug Licensing and Pricing of TDF/FTC did not come to fruition; however, through collaboration with PAHO, consensus was built, and country led processes encouraged to lead legislative and price reduction efforts.</p> <p>Supply and delivery: The projects benefitted from integration into the national health systems which ensured smooth availability of oral PrEP to target populations.</p>
<p>Sustainability, scalability and impact (findings from evaluation questions 8-11)</p>	<p>The projects influenced PrEP policy in project countries and/or provided insights into implementation within the health system with demonstrated financial support from host governments.</p> <p>The Unitaid grants demonstrated contribution to providing more equitable access to PrEP services and information through targeting previously unserved vulnerable and high-risk populations who had limited access to PrEP.</p> <p>The Unitaid PrEP portfolio contributed to ensuring access to and integration of other critical services as part of a comprehensive prevention package.</p> <p>PrEP grants directly influenced country conditions for scale-up by working from within the MoH/DoH structure and setting the scene for other funding possibilities, however not necessarily on a national level.</p> <p>Unitaid's PrEP portfolio has influenced scale up of PrEP in the Asia Pacific region and globally and has shown broad policy effect which has contributed to driving adoption</p> <p>National scale-up of oral PrEP for key populations and creating a conducive PrEP policy and implementation environment demonstrate high likelihood of interventions continuing beyond the life of the projects. Engaging the private sector in the response may further these benefits.</p> <p>Research undertaken by Fiotec demonstrates that given certain qualifications PrEP is a cost-effective and efficient intervention for demonstrating impact on reducing HIV incidence.</p> <p>Based on real-world implementation science projects, provision of PrEP services was considered by governments to outweigh its cost. However, design of the projects could benefit from early interaction with government, including ministries of finance, to determine their needs including for scale-up.</p>

Conclusions

The key findings of the evaluation, which cut across the grants and the country implementation and are drawn from country, global and regional informants and supporting literature, lend themselves to the following conclusions, many of which are not standalone, but have relevance and bearing on one another. The conclusions are divided into an overarching conclusion and areas of success and areas that need improvement.

The overall conclusion of the evaluation is that: **the Unitaid PrEP portfolio has successfully demonstrated the feasibility of implementing PrEP programmes for key vulnerable populations in the targeted countries while at the same time generating significant learnings disseminated through various channels. Contribution to policies, strategies and guidelines have also helped influence the global environment for scale up of PrEP. However, barriers to widespread PrEP including political, contextual and financial challenges remain.**

Areas of success

1. The PrEP portfolio has generated an evidence base for successfully addressing the needs of underserved populations contributing to advancing equity in access to oral daily PrEP as a viable choice through diversified channels and delivery models. It has generated operational evidence to contribute to scale-up in targeted countries and to raising awareness around PrEP in some neighbouring countries in LAC and Africa and in the Asia Pacific region. Globally, the projects contributed to WHO-generated policy, guidelines and protocol development/updates through research generated, development of case studies and collaboration on WHO development committees.
2. Demand generation activities, and their adaptation over time, have significantly contributed to awareness raising, uptake of services and future sustainability of interventions. These activities which targeted key populations and communities included a mix of media channels (television, radio, printed materials), digital platforms (Facebook, WhatsApp, Instagram), websites, mobile van services, youth friendly spaces, etc. Many of the activities have been absorbed into the government systems.
3. The integration of PrEP provision within a comprehensive HIV prevention package ensures access to critical sexual and reproductive health services for key populations. This integration was evident both in demand generation and awareness raising activities as well as service provision.
4. Collaboration with WHO on the design and implementation of the projects ensured a level of rigor and scientific soundness in protocol development and presented additional opportunities for dissemination of research (e.g. webinars, satellites) to further promote PrEP as a cost-effective preventive intervention.
5. Engagement of peer educators and civil society has demonstrated models for reaching key populations generating first time interest in PrEP as a prevention method.
6. Embedding the projects within the government services delivery systems helped guarantee buy-in and further sustainability of the project activities while at the same time presenting cost-efficiency gains. This also facilitated the scale-up of PrEP in all countries.
7. Coordination and integration with the Unitaid PrEP portfolio fostered sharing of protocols, tools, guidelines, plans and innovate ideas resulting in cross-fertilization of best practices and lessons learnt within the portfolio. These lessons were also shared with numerous countries in LAC and resulted in exchange visits and TA to Mozambique. Portfolio level efficiency gains were witnessed through the simplification of reporting enacted by Unitaid during implementation.

Areas that need improvement

1. Delays in implementation associated with securing ethical approval of protocols slowed the pace of implementation during project start-up. Despite this the projects reached their targets however roll-out and scale-up may have happened on a larger scale without the delays.
2. Although MTV engaged in demand generating activities, clearly showing positive results, availability of supplies presented challenges.
3. The private sector plays a critical role in health care service provision including for commodities in the targeted countries. However, engagement with the private sector was limited. Further engagement is warranted to advance efficiency and effectiveness along with scale-up of PrEP interventions.
4. Both supply and demand challenges remain in targeting key populations due to continued stigma and discrimination as well as lack of perceived risk.
5. The projects have engaged in extensive global dissemination events and activities. However, a more tailored/personal country approach to sharing of project models with other funders, like PEPFAR, Global Fund and the Gates Foundation (through their funded projects), was not always evident and points to a missed opportunity.
6. Measuring the “harder stuff” - success of demand generation and success of PrEP - remains a challenge not only in the project countries but globally. Strategies to ensure that young people most at risk of HIV have access to PrEP when they are at risk and ways to measure the effectiveness of use are critical.
7. The lack of attention to comprehensive community response strategies which consider both human resources and financial implications, challenges the sustainability and scale-up of critical community-focused and peer educator activities.
8. Despite project management functions being performed through a regional consortium of stakeholders in LAC a functional high level steering mechanism was not established. This is seen as a missed opportunity and leaves room for improvement related to governance, accountability, transparency, informed decision making, advocacy to regional and global stakeholders and wider support - all of which affect efficiency of project implementation.
9. Despite integration within the government health systems extending this collaboration with other ministries was not fully evident (e.g. ministry of gender/women for gender-based violence, ministry of education for SRH education) yet could help further tailor the implementation science to what is needed in the countries. Additionally, involvement of the ministry of finance in the design stage and in ongoing analysis of implications of PrEP could help with future planning exercises and strategizing sustainability of interventions.
10. Although evidence points to the general success of demand creation activities, more evidence is needed on the cost-effectiveness of digital demand-creation channels for PrEP.

Recommendations

1. **Unitaid should build on the success and the momentum generated for PrEP by focusing on concrete areas to further equitable access to oral PrEP, the dapivirine ring and CAB-LA for key populations both in the existing project countries but also beyond.** The evaluation has highlighted progress and successes at catalyzing country and global enabling environments for PrEP scale-up during the first five years of the Unitaid PrEP portfolio implementation. Continued support under the portfolio in the following areas would further capitalize on those successes and enhance the overall effectiveness and value for money of the grants while maximizing on the catalytic nature and effect of Unitaid's investments in PrEP.
 - **For non-project countries, Unitaid should consider a more targeted approach to supporting dissemination of evidence** generated along with best practices and lessons learnt from country implementation through concrete efforts to link with large scale funders of HIV interventions at country level. This could take on the form of more face-to-face information exchanges with funders and their implementing partners including study exchanges or “twinning” opportunities to intimately engage them in the functioning of their PrEP models thereby further facilitating access to best practices produced under the projects. The interactions could take place around key planning activities (e.g., Country Operation Plan preparation for PEPFAR, Funding Request development for the Global Fund). There is interest in such a model particularly South Africa and this momentum should be harnessed. *(responsible: Unitaid and grantees)*.
 - **In line with supporting dissemination, as a matter of urgency Unitaid should work with existing structures for further dissemination of results both in the target countries and the regions.** Unitaid should continue leveraging existing global partnership such as with AVAC – global entity that works to accelerate the development and global delivery of HIV prevention options as part of a comprehensive and integrated response to fight HIV in countries where HIV prevention research is conducted - or a similar structure. In addition, Unitaid should explore partnership with the South South Learning Network which currently engages 15 African countries with PrEP being one of their focus areas. Working with these structures to ensure both identification of new models for PrEP delivery and new avenues for dissemination of lessons learned/best practices by Unitaid grantees and those engaged in similar activities can influence PrEP adoption and avoid duplication of efforts. This collaboration also affords the opportunity to identify areas where research/information gaps exist tapping into countries beyond those targeted by Unitaid to help tailor further research and information sharing.
 - **Advocate early and more actively with governments** for PrEP scale-up through existing information sharing channels. This will be particularly relevant when introducing CAB-LA which is a high-cost ticket item for HIV prevention. As a first step, Unitaid should consider closer involvement of the MoF from the design phase for the new projects to ensure a better understanding of the exact needs and priorities of the country which will have an influence on the associated costs of PrEP scale-up. This could help to tailor the implementation studies to generate evidence that is more useful for convincing stakeholders of the value, effectiveness and feasibility of different models for provision of PrEP. *(responsible: Unitaid and grantees)*.
 - **Specifically, for the ongoing projects Unitaid should conduct analysis of government fiscal and capacity space** for strategies that are tested/implemented outside of routine government structures such as project demand creation activities through peer educators and CSOs, together with CSO demand-side efforts as a “package”. Effort should be placed on determining how CSO demand-side work, which have demonstrated to be catalytic and impactful results, can be shown to be cost-efficient and more palatable to national governments. This will in turn allow development of approaches that speak to governments’ (current and planned) ability to incorporate these cadres and activities into

government systems to guarantee their sustainability and scalability. *(responsible: Unitaid and grantees).*

- **Advance efforts to clearly align with other funders on measurement of success for PrEP (performance measures).** Currently successful use of PrEP is measured differently across the PrEP portfolio and funders both at the country level and global level. However, there is consensus among stakeholders that measuring PrEP initiation is insufficient to determine successful uptake of PrEP services.
 - Specifically, Unitaid should engage with PEPFAR, Global Fund, Gates and other funders at the country level to both align priorities when it comes to implementation of PrEP for targeted groups as well as strategies being used to measure aspects of PrEP use/success. They should foster discussion on establishing an agreed set of metrics to allow rational assessment of PrEP success in line with the latest Strategic Information Guidelines for PrEP and the soon to be updated (2023) WHO implementation tool for PrEP. This engagement should also be done in coordination with the MoH, national AIDS councils and other critical national stakeholders to ensure that measurements are harmonized within the countries. *(responsible: Unitaid together with WHO and support of grantees).*

- **Conduct a cost benefit analysis with a focus on CAB LA and the vaginal ring including demand generation aspects. This study will help ensure that the catalytic nature of MTV demand generation investments are capitalized.** Recognizing that CAB LA is a high-ticket item Unitaid should conduct a cost analysis study to ensure that a balance exists between these priorities, availability of commodities and demand creation. This analysis should also focus on timing for demand creation. The analysis could also focus on generating evidence on demand creation for a range of prevention products, and how to help clients chose between them to ensure effectiveness and sustainability of the methods. *(responsible: Unitaid for assessing the priorities either through a continued grant to MTV or an external evaluation; continued demand generation through Unitaid costed extension to MTV).*

- **Partner with WHO/UNAIDS on regional PrEP Advisor role to catalyze interest and action in LAC and Southern Africa.** Recognizing the unique set-up of the WHO/UNAIDS PrEP Advisor in Asia Pacific and the catalytic results achieved in the region through this dedicated work of engaging countries, both UMIC and LMIC, in PrEP introduction and scale up Unitaid, WHO and UNAIDS should consider this role in other regions. The PrEP advisory role should be seen as catalytic, in line with the experience in Asia Pacific, where a multiplier effect was evident (interest generated and action taken to introduce PrEP in different countries) and helped leverage support from wider resources.
 - Concretely this would entail funding of the position and negotiating with WHO/UNAIDS on the roles and responsibilities, and measurement indicators, of the advisor based on lessons learnt from the Asia Pacific experience. This would foster interest in, and contribute to, regional uptake of PrEP activities. This is in line with the objectives of the grants yet something that has yet to be concretely demonstrated. *(responsible: Unitaid continued support to the enabling grant channeling co-financing for an Africa Regional Advisor and working with WHO and UNAIDS).*

- **Generate evidence on the effectiveness of the digital platforms,** to ascertain whether they address the right target groups, respond to the right issues building on lessons learned and are cost effective. Recognizing the expansion of digital platforms as a catalytic means of reaching target groups in larger numbers and influencing uptake of PrEP Unitaid should commission a study on the cost-effectiveness of the platforms and dissemination the results within the countries and beyond through various channels to help influence future programming of governments and funders. *(responsible: grantees under the cost extensions or Unitaid through and independent evaluation).*

- 2. Partner with other PrEP funders to test the efficacy of the Fiotec and Wits RHI community-based/peer driven efforts and systems (or other efforts and systems) as well as the new products in resource-constrained settings combined with appropriate demand generation to garner trust in PrEP including for the latest products (CAB LA and the vaginal ring).** This is in line with meeting Strategic Objective 1 of the Unitaid 2023-2027 strategy through ensuring that efforts focus on the “nothing for them without them” community-based mantra. Unitaid should aim to test responses that are grounded in, and driven by, community-led approaches to identify the needs and help shape demand generation responses with a focus on the most vulnerable and marginalized populations. This effort should be undertaken in coordination with major funders of HIV prevention services (e.g., Global Fund, PEPFAR, Gates Foundation) to agree on where unique evidence gaps exist specific to these settings and how to prioritize the game changers or most catalytic aspects of community-based responses as well as identification of the target countries. The work could be facilitated, in South Africa for example, through a Southern African Regional WHO/UNAIDS PrEP Advisor similar to the Asia Pacific region. (responsible: Unitaid)

This response should be considerate of recommendation 1, bullet 2 and the related sub-bullet which focus on enhancing sustainability through working with governments and partners to ensure both political and financial support exists including for cadres of community responders.

- 3. Unitaid should consider generating evidence on the role of the private sector in the implementation science projects implemented by Wits RHI and Fiotec and their potential to contribute to PrEP for key populations.** Private sector models could be designed and tested with an eye on promotion of comprehensive HIV prevention packages including commodities while at the same time exploring the overall benefit of the private sector working with the government. This may include:
- Supporting a private sector model for engaging and expanding cadres of peer educators and CS organizations that would help address concerns about sustainability and scalability. A public-private partnership approach (e.g., with the MoH, MoF and private sector) may allow government to have more control and to continue to work with civil society through national programmes without additional administrative and management responsibility.
 - Engaging more concretely private health care facilities and pharmacies in the demonstration projects to ensure that people are getting high quality prevention services at these facilities.
 - Exploring engagement with larger companies, tapping into their corporate social responsibility obligations, around the establishment of channels for introducing and ensuring access to PrEP for their key and vulnerable populations.

All options could be explored through targeted research under the costed extensions. (*responsible: grantees for research implementation*).

- 4. Establish an overarching/high level steering/governance mechanism to allow provision of critical guidance, networking opportunities and a measurement of transparency and accountability in addition to garnering support for interventions and dissemination of knowledge.** The governance mechanism for the Unitaid PrEP projects needs to be strengthened and the role of platforms such as external advisory boards (EABs) and steering committees elevated not only to influence grant implementation but to foster regional awareness and uptake of PrEP. Suggested steps to strengthen the EAB include:
- Assign the EAB a role in linking the projects to other similar or related initiatives in the region and globally – fostering direct transferability of project knowledge products to other countries
 - Ensure the EAB serves as ‘external eyes’ to projects offering valuable critique and guidance including more transparency and accountability
 - Encourage the EAB to foster higher regional/global visibility of lessons learned with key stakeholders

- Guarantee alignment of the Unitaid grants with other funders of PrEP scale-up, such as PEPFAR/USAID, the Global Fund and the Gates Foundation while at the same time encouraging their involvement in the EAB.

(responsible: these steps should be engaged in as a joint effort between the grantees and Unitaid).

- 5. Extend the period of the grants to afford adequate time to undertake what is often in-depth and complex implementation science research.** Generating quality evidence requires time and thoughtful and well-planned dissemination of results. It was found that of those milestones not reached under the grants it was due to continued gathering and analysis of data and planning of dissemination events. Therefore, extending the grants, coupled with proper planning from the onset, would help maximise the impact and influence from Unitaid grants on introduction within the regions.
- 6. Ensure that new insights into longer-acting PrEP options generated under the Unitaid PrEP portfolio are fed into the Coalition to Accelerate Access to Long-Acting PrEP and insights from the Coalition are fed into grant implementation.** Evaluators note that Unitaid is already one of the conveners of the Coalition and encourages this sharing of information from the Unitaid PrEP portfolio to focus on informing rapid policy and guideline development in high priority countries and supporting adoption of these longer-acting products. Sharing of Unitaid PrEP portfolio information at coalition/coalition working group meetings should be led by the Secretariat and include active participation of the Unitaid grantees together with representatives of the Ministry of Health or other relevant government entities. Concurrently, the Secretariat should hold joint information sharing meetings with the grantees following coalition/coalition working group meetings to discuss critical information on advancements and/or setbacks for longer-acting PrEP options and potential consequences and possibilities for adaptation to grant implementation.