ANNUAL PROGRESS REPORT ON HIV PREVENTION 2020

DECEMBER 2019

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Annual progress report on HIV prevention 2020

1. Status and progress on HIV prevention
Global reductions in new HIV infections show country variations.

Progress in HIV prevention varies greatly by region and country.

New HIV infections change category:
- Decrease of >=50%
- Decrease of 25-50%
- Decrease of 5-<25%
- Decrease of +5%
- Increase of 5-<25%
- Increase of 25-<50%
- Increase of >=50%
- No data

2030 | Ending the AIDS epidemic
Global reductions in new HIV infections show country variations.
Global progress is not on track to meet the target of fewer than 500,000 new HIV infections by 2020.
Adolescent girls and young women continue to face unacceptably high risks of HIV in high-burden countries.
- Fully reflect priority prevention interventions prevention in upcoming National Strategic Plans and fund them
- Increase the number of key populations who access customized HIV prevention services
- Scale up prevention programmes for adolescent girls, young women and key populations to ensure coverage of all high burden locations
- Develop and update strategies and an essential package for prevention among key populations
- Expand and incorporate PrEP
- Ensure engagement of civil society organizations and communities in the design delivery and monitoring of HIV prevention programmes
- Improve data systems and establish mechanisms for monitoring and evaluating the multisectoral prevention response
- Ensure Universal Health coverage and integration of HIV with sexual and reproductive health services and rights
Commitments to adolescent girls and young women from GPC HLM

- Ensure sustainable financing for HIV prevention and SRHR for adolescent girls and young women (AGYW);
- Reduce unmet need for modern contraception;
- Ensure access for adolescents and youth to comprehensive and age-responsive sexuality education
- Address gender-based violence
- Address early un-intended pregnancies among schoolgirls
- Increase the number of VMMC as part of wider sexual and reproductive health service provision for men and boys
- Ensure meaningful engagement of young women leaders
Key populations and their partners and clients are over half (54%) of new HIV infections and they are important in all regions.

Source: UNAIDS 2019 estimates.
Examples of commitments to key populations from GPC HLM

**Brazil:** Increase the number of people (MSM, sex workers, transpeople and sero discordant partners) who access free-of-charge PrEP in the country, via its Unified Health System, from 12k (baseline: Aug/19) to 24k, until December 2020.

**Ghana:** Roll out PrEP for people at high risk of HIV infection as part of a combination HIV prevention package by the end of 2020.

**Namibia:** Domesticate the SADC key populations strategy, including creation of a key populations workplan and services for transgender people.

**Pakistan:** Scale up community-based HIV prevention model through high impact interventions related to Sexual and Reproductive Health, Sexually Transmitted Infections, initiation of PrEP as well as safe and healthy practices for key populations.
10-point Action Plan to address the factors holding us back
Leadership | Funding | Implementation at Scale | Legal, Policy & Structural barriers

1. Conduct a strategic assessment of key prevention needs and identify policy and program barriers to progress.
2. Develop or revise national targets and road maps for HIV prevention 2020.
3. Strengthen national prevention leadership and make institutional changes to enhance HIV prevention oversight and management.
4. Introduce the necessary policy and legal changes to create an enabling environment for prevention programs.
5. Develop guidance, formulate intervention packages and identify service delivery platforms, and update operational plans.
7. Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based programs.
8. Assess available resources for prevention and develop a strategy to close financing gap.
9. Establish or strengthen HIV prevention program monitoring systems.
10. Strengthen accountability for prevention, including all stakeholders.

2030 | Ending the AIDS epidemic
Coalition countries have transformed how they frame, measure and organise national prevention responses

<table>
<thead>
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<th>10-point Roadmap Actions</th>
<th>Timeline</th>
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<td>2017</td>
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<td>2. Prevention targets</td>
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<td>3. Prevention strategy</td>
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<td>4. Policy reform</td>
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<tr>
<td>5a. KP size estimates</td>
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<td>5b. Defined KP package</td>
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<td>5c. AGYW size estimates</td>
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<td>6. Capacity &amp; TA plan</td>
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<td>7. Social contracting</td>
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<td>8. Financial gap analysis</td>
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<td>9. Strengthen monitoring</td>
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<td>10. Performance review</td>
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<tr>
<th>Angola</th>
<th>Botswana</th>
<th>Brazil</th>
<th>Cameroon</th>
<th>China</th>
<th>Cote d’Ivoire</th>
<th>D.R. Congo</th>
<th>Eswatini</th>
<th>Ethiopia</th>
<th>Ghana</th>
<th>India</th>
<th>Indonesia</th>
<th>Iran</th>
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<th>Lesotho</th>
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<th>Mexico</th>
<th>Mozambique</th>
<th>Myanmar</th>
<th>Namibia</th>
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<th>Pakistan</th>
<th>South Africa</th>
<th>Uganda</th>
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<th>Zimbabwe</th>
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Annual progress report on HIV prevention 2020

II Acceleration on the ground: progress in implementation
Countries are acting to remove legal and policy barriers to effective HIV prevention

Examples:

- Sexual Offences and Domestic Violence Act enacted in Eswatini in 2018
- Diverse gender identities recognized in Argentina, Brazil, Chile, Pakistan and Uruguay
- Key population strategy in SADC region calling for law reform
- Laws criminalizing HIV non-disclosure and transmission invalidated in Colombia and Veracruz State of Mexico
Progress has been made in implementing key elements of combination HIV prevention

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Indicator</th>
<th>2017</th>
<th>2018</th>
<th>2020 target</th>
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<tbody>
<tr>
<td>HIV prevention AGYW</td>
<td>% of high-incidence locations covered</td>
<td>&lt;25%</td>
<td>34%</td>
<td>90%</td>
</tr>
<tr>
<td>Key populations</td>
<td>% of key populations who reported receiving at least two prevention services in the past three months</td>
<td>SW: 46%</td>
<td>SW: 47%</td>
<td>90%</td>
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<tr>
<td></td>
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<td>MSM: 28%</td>
<td>MSM: 33%</td>
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<td></td>
<td></td>
<td>PWID: 30%</td>
<td>PWID: 32%</td>
<td></td>
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<tr>
<td>Condoms</td>
<td>% of condom distribution need met</td>
<td>49%</td>
<td>55%</td>
<td>90%</td>
</tr>
<tr>
<td>VMMC</td>
<td>% of VMMC target achieved</td>
<td>6.7 million</td>
<td>11.0 million</td>
<td>+25 million VMMCs</td>
</tr>
<tr>
<td>PrEP</td>
<td>Number of people on PrEP</td>
<td>47,000</td>
<td>87,000</td>
<td>3 million (~2.25m GPC)</td>
</tr>
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</table>
1. AGYW and their male partners
Declines in new HIV infections among AGYW in Lesotho through increasing coverage of a combination of programmes

- 90% coverage target
- All 10 high AGYW HIV incidence districts in Lesotho have programmes providing comprehensive package of services for AGYW (DREAMS and GF packages)
  - Condom use among young women 15-24 with NR partner increased
  - Increased comprehensive HIV knowledge
  - Increased HIV testing, linkage to care & ART
  - Community approach to PrEP including PrEP clubs – generation Aspire to increase retention

Overall, in Lesotho has reduced HIV infections by 41% among adolescent girls and young women
2. Key Populations

We know what works, but have not taken it to scale

Coverage of HIV prevention for key populations

Percentage of gay men & other MSM who reported receiving at least two prevention services in the past three months, selected countries, 2016–2018

Key population programmes have been taken to scale in very different contexts:

- Zimbabwe scaled up its national HIV prevention programme among sex workers:
  - Condom use at last paid sex reported as 96% by sex workers and 90% among clients.
  - Scale up of PrEP for sex workers.
  - Major improvements in treatment cascade for sex workers.
- 2019-20 implementation plan for different key populations.
3. Condoms

High condom use is achievable with active promotion and distribution

Condom use among men (aged 15–49 years) at last high risk sex with a nonmarital, noncohabiting partner, national and subnational, countries with available data, 2012–2018

Global target (90%)

<table>
<thead>
<tr>
<th>Country</th>
<th>Subnational Areas</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>Harare-Chitungwiza</td>
<td>High</td>
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<tr>
<td>Namibia</td>
<td>Oshana</td>
<td>High</td>
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<tr>
<td>Malawi</td>
<td>Zomba City</td>
<td>High</td>
</tr>
<tr>
<td>Kenya</td>
<td>Maseru</td>
<td>High</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Nyanza</td>
<td>High</td>
</tr>
<tr>
<td>Gabon</td>
<td>Haut-Ogooué</td>
<td>High</td>
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<tr>
<td>South Africa</td>
<td>North-West</td>
<td>High</td>
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<tr>
<td>Senegal</td>
<td>Dakar</td>
<td>High</td>
</tr>
<tr>
<td>Gambia</td>
<td>Brikama</td>
<td>Medium</td>
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<tr>
<td>Rwanda</td>
<td>Kigali</td>
<td>Medium</td>
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<tr>
<td>Uganda</td>
<td>Acholi</td>
<td>Medium</td>
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<tr>
<td>Togo</td>
<td>Lomé</td>
<td>Medium</td>
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<tr>
<td>Comoros</td>
<td>Ngazidja</td>
<td>Medium</td>
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<td>Nigeria</td>
<td>Kogi</td>
<td>Medium</td>
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<td>Zambia</td>
<td>Lusaka</td>
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<td>Ethiopia</td>
<td>Harari</td>
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<td>Angola</td>
<td>Zaire</td>
<td>Medium</td>
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<tr>
<td>Burundi</td>
<td>Bujumbura Mairie</td>
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<td>Guinea</td>
<td>Conakry</td>
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<td>Mozambique</td>
<td>Maputo City</td>
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<td>Liberia</td>
<td>Monrovia</td>
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<td>Chad</td>
<td>N'Djaména</td>
<td>Low</td>
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<td>Mali</td>
<td>Bamako</td>
<td>Low</td>
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<tr>
<td>Ghana</td>
<td>Upper West</td>
<td>Low</td>
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<tr>
<td>Benin</td>
<td>Littoral (Cotonou)</td>
<td>Low</td>
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<tr>
<td>DR Congo</td>
<td>Kinshasa</td>
<td>Low</td>
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<tr>
<td>Sierra Leone</td>
<td>Western Urban</td>
<td>Low</td>
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</tbody>
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Successful programmes go beyond procurement

- Government leadership and market stewardship;
- Analytics, population and location data;
- Investment in demand creation;
- People-centered programmes with non-health sector access;
- Better, more targeted, provider-initiated efficient public sector distribution;
- Link to HTS/ART, new prevention options and broader HIV, SRH

4. Voluntary medical male circumcision
Rate of scale up differs by country
11 million VMMC performed in 15 priority countries since 2016

Annual number of voluntary medical male circumcisions, 15 priority countries, 2008–2018

*South Sudan has only recently initiated a pilot voluntary medical male circumcision programme, and data were reported for the first time in 2018. This is the reason for low numbers.

5. ARV-based prevention

Countries are gradually adopting pre-exposure prophylaxis (PrEP) as an additional HIV prevention option, but access to PrEP in LMICs is less than 5% of target.

Adoption of World Health Organization PrEP recommendation and guideline development, 2018

New South Wales, Australia:
- 3700 people on PrEP vs. 295 new diagnoses;
- Only 2 new infections among PrEP users*;
- New diagnoses declined to 221 (25% reduction in 12 months).

28 GPC countries
- 87,000 on PrEP vs. 1.2 million new HIV infections
- Namibia, Kenya, Lesotho with highest coverage


Global HIV Prevention Coalition

* In 4100 person years
http://dx.doi.org/10.1016/S2352-3018(18)30215-7
HIV prevention financing: Fast-track financing targets were missed
Reducing new infections NOW reduces treatment and other costs in FUTURE

Estimated resources for Prevention in LMIC
2014 reporting vs need to meet 2020 targets

- International development assistance for HIV prevention decreased by 44% between 2012 and 2017
- Major opportunity afforded by successful Global Fund replenishment to address gaps in investment
- BUT: Limited domestic financing needs to be addressed
Joint UN support to addressing major barriers

Leadership
- 28 Global Prevention Coalition countries reinvigorated prevention
- Regional prevention initiatives strengthened (AU, SADC, MENA …)

Address policy barriers
- Barriers to prevention among key populations removed
- Global Partnership on Stigma and Discrimination
- Gender-responsive HIV programming

Implement at scale
Support to priority programmes by UNAIDS and cosponsors:
- Young women (UNESCO, UNFPA, UNICEF)
- Key populations (UNDP, UNFPA, UNODC, WHO)
- Condoms (UNFPA)
- VMMC (WHO)
- PrEP (WHO)

Close financing gaps
- Framing of Global Fund support to HIV prevention
- Technical assistance to prevention requests and grants
- Support to country financial gap analyses
Conclusions & Recommendations

- **Accelerate** for key locations and key/priority populations needs to remain the core focus of the HIV prevention response
- Strengthen **community platforms** for prevention, testing, treatment and rights – and take them to scale
- Re-enforce **multisectoral response**: recruit non-health leadership & investments
- Increase **financing** and efficient **resource allocation**: Develop a full expression of prioritized need
- Build critical **prevention capacities** at country level: oversight, technical, implementation and programmatic monitoring
Recalling the decisions from the 41st PCB meeting on the “Follow-up to the thematic segment on HIV prevention 2020: a global partnership for delivery”:

• Take note of the 2018 progress report on HIV prevention 2020

• *Request* Member States, with CBOs, civil society and partners to accelerate prevention responses in line with 2016 commitments and lessons learned through the Coalition and focus countries

• *Request* that Member States, with the support of the Joint Programme, move expeditiously to reflect full expressions of priority needs of HIV prevention in funding proposals

• *Request* the Joint Programme to support countries in developing and implementing comprehensive HIV prevention plans, and report back on progress to the PCB in 2020
THANK YOU