Global HIV
Prevention Coalition

HIV Prevention: From Crisis to Opportunity

Key findings from the 2023 Global
HIV Prevention Coalition scorecards

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INTRODUCTION

Launched in 2017, the Global HIV Prevention Coalition (GPC) is striving to revitalize HIV prevention, secure greater investment for prevention programmes and map a viable path towards reaching the global prevention targets.

This sixth progress report of the GPC reviews the status of HIV prevention in 40 countries: the 28 initial focus countries of the Coalition and the 12 countries that were invited to join the Coalition in 2023.[1] It tracks progress in the 28 initial focus countries and serves as a baseline assessment for the 12 newly invited countries.

In 2016, before the launch of the Coalition, the initial 28 focus countries accounted for about 76% of all new HIV infections globally. Due to their progress in preventing HIV infections, that share declined to 67% of all new infections in 2022. The new total of 40 GPC focus countries accounted for just over one million new HIV infections, or 76% of all people globally who acquired HIV in 2022.

This report describes and analyses key developments in HIV prevention by 2022, identifies the main challenges and opportunities and outlines priorities for the years ahead. It is divided into two main sections.

1 The 28 initial focus countries which joined the coalition in 2017 and 2018 are: Angola, Botswana, Brazil, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, India, Indonesia, Islamic Republic of Iran, Kenya, Lesotho, Malawi, Mexico, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, South Africa, Uganda, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe. Twelve countries were invited to join the Coalition in 2023: Central African Republic, Colombia, Congo, Egypt, Madagascar, Papua New Guinea, Peru, Philippines, Rwanda, South Sudan, Thailand and Viet Nam.

The Global HIV Prevention Coalition

The Global HIV Prevention Coalition was created in 2017 to accelerate progress on HIV prevention. The Coalition brings together governments, UNAIDS Cosponsors, donors, international and regional organizations, funding partners, and civil society organizations. In July 2022, the coalition launched a new Global HIV Prevention Road Map 2025 to further accelerate action towards achieving the prevention targets set in the 2021 UN Political Declaration on HIV and AIDS and the Global AIDS Strategy 2021–2026.

A core objective is to reduce new HIV infections globally to fewer than 370 000 annually by 2025 by ensuring that 95% of people at risk of HIV infection can access and use effective combination prevention options. Achieving that target would put countries on track to end AIDS as a public health threat. In 2023, the Coalition invited 12 additional countries to join, in part due to their rising numbers of new HIV infections.

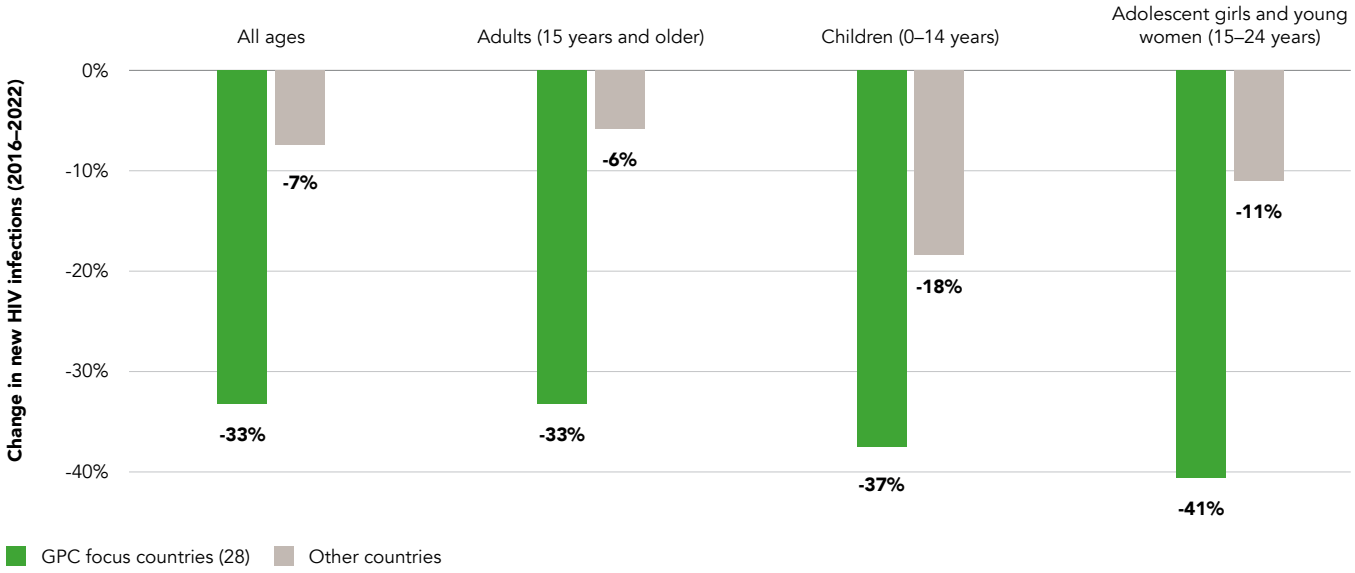
The main body of the report reviews progress made across the five main prevention pillars, examines implementation of the ten action points in the 2025 HIV Prevention Road Map (based on results from the Scorecard survey) and discusses key priorities for the immediate future.

The annex comprises country fact sheets for all 40 focus countries. Those fact sheets present in detail the progress made in implementing HIV prevention programmes at the country level, as represented by country HIV prevention scorecards and Road Map action plans in the 28 initial focus countries and as a baseline for the 12 newly invited countries.

STRONG PROGRESS IN PARTS OF AFRICA, BUT LESS SO IN OTHER REGIONS

Globally, fewer people acquired HIV in 2022 than at any point since the late 1980s. The estimated 1.3 million [1.0–1.7 million] new HIV infections globally in 2022 represented a 38% reduction since 2010 and a 28% reduction since 2015. The overall progress largely reflects achievements in the initial 28 GPC focus countries, which together accounted for about two thirds of all new HIV infections in 2022. Reductions in annual new HIV infections (since 2016) continued to be considerably steeper in those focus countries than elsewhere *(Figure 1)*. Countries that are providing proven prevention options—including both primary prevention and the use of treatment as prevention—at the required scale to the people most at risk of acquiring HIV are achieving large reductions in new HIV infections *(1)*.

Figure 1. Percentage change in the numbers of new HIV infections among adults (aged 15 years and older), children (0–14 years) and adolescent girls and young women (15–24 years) in the initial 28 GPC focus countries and in other countries, 2016–2022



Source: UNAIDS 2023 estimates

Note: This chart includes the initial GPC focus countries which published UNAIDS estimates in 2023 and other countries outside the GPC which published 2023 estimates. The countries which were invited to join the GPC in 2023 are grouped among "other countries".

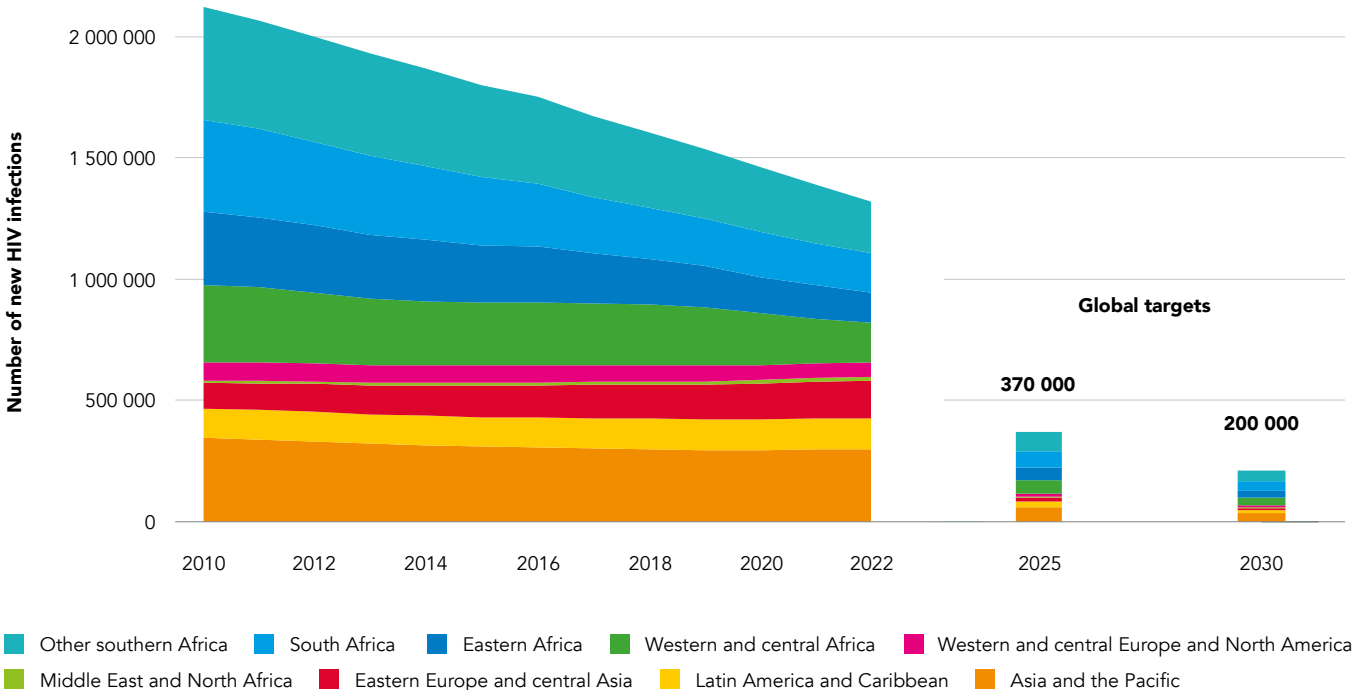
There have been shifts also in the distribution of new HIV infections between different UNAIDS regions *(Figure 2)*. In 2010, eastern and southern Africa and western and central Africa accounted for about two thirds (68%) of new HIV infections globally. Since then, those two regions have recorded steep reductions in new HIV infections: declines of 55% and 50% respectively. Together they accounted for an estimated 660 000 new infections in 2022—approximately half of all new infections globally.

For the first time in the history of the pandemic, roughly equal numbers of new HIV infections are occurring in and beyond sub-Saharan Africa. That reflects both the prevention successes achieved in much of sub-Saharan Africa and the lack of comparable progress in much of the rest of the world, where the pandemic primarily affects key populations and their sexual partners who continue to be neglected in many HIV prevention programmes. New research indicates that, globally, the share of new HIV infections among key populations and their sexual partners increased from 44% of all new HIV infections in 2010 to 55% in 2022. Outside of sub-Saharan Africa, the numbers of new HIV infections have stabilized overall, though this masks the fact that annual new infections have decreased in some countries but increased in others. The absolute numbers of new HIV infections among gay men and other men who have sex with men and transgender women outside of sub-Saharan Africa—and their share of total new infections—have possibly increased since 2010 *(2)*. This underscores the fact that the global 2025 and 2030 HIV targets[2] cannot be achieved unless there are also steep reductions in new HIV infections among key populations and their sexual partner globally.

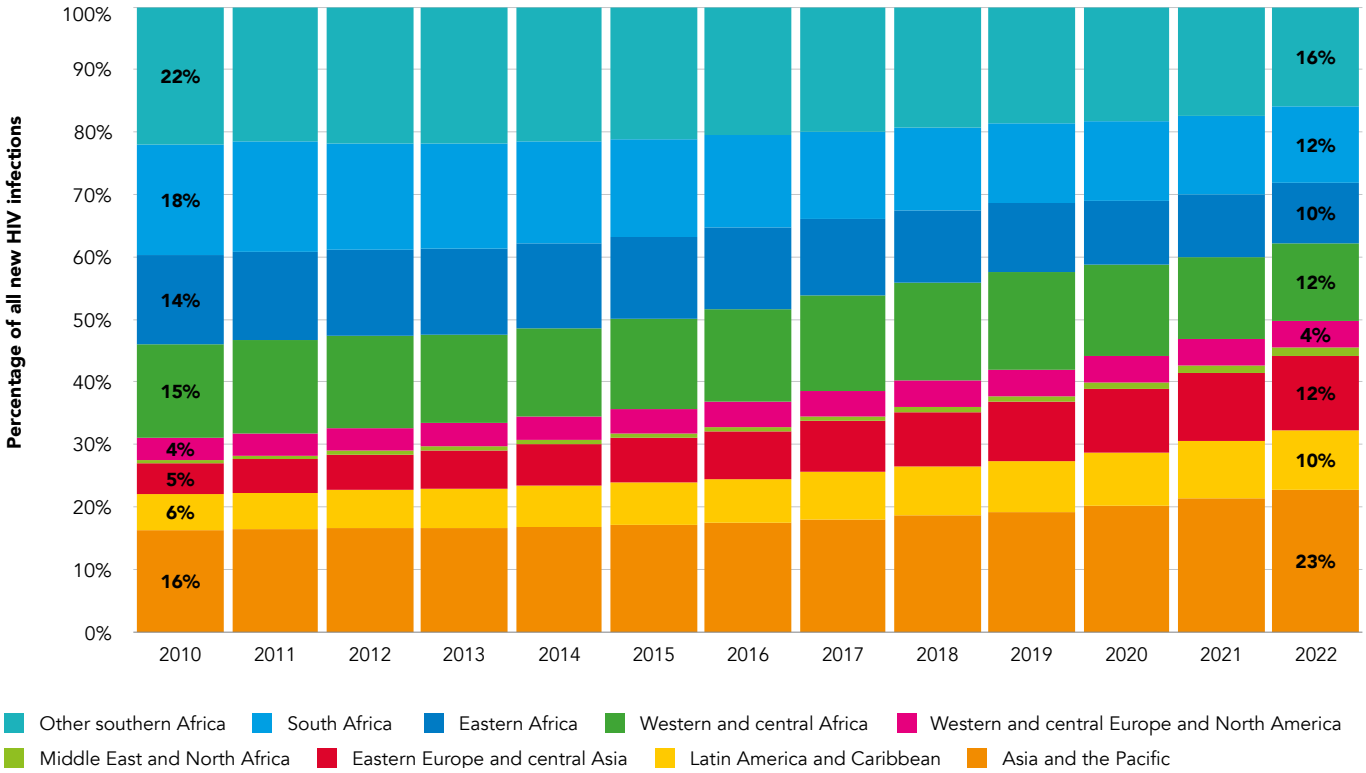
2 The 2021 Political Declaration on HIV and AIDS commits countries to prioritize HIV prevention and reduce new HIV infections to fewer than 370 000 per year by 2025. The prevention target for 2030 entails a 90% reduction in new HIV infections compared with 2010.

Figure 2. Trends in the numbers of new HIV infections (all ages) and in the proportions of new HIV infections in specific UNAIDS regions and locations, 2010–2022

a) Progress in selected regional groupings and 2025 and 2030 global targets



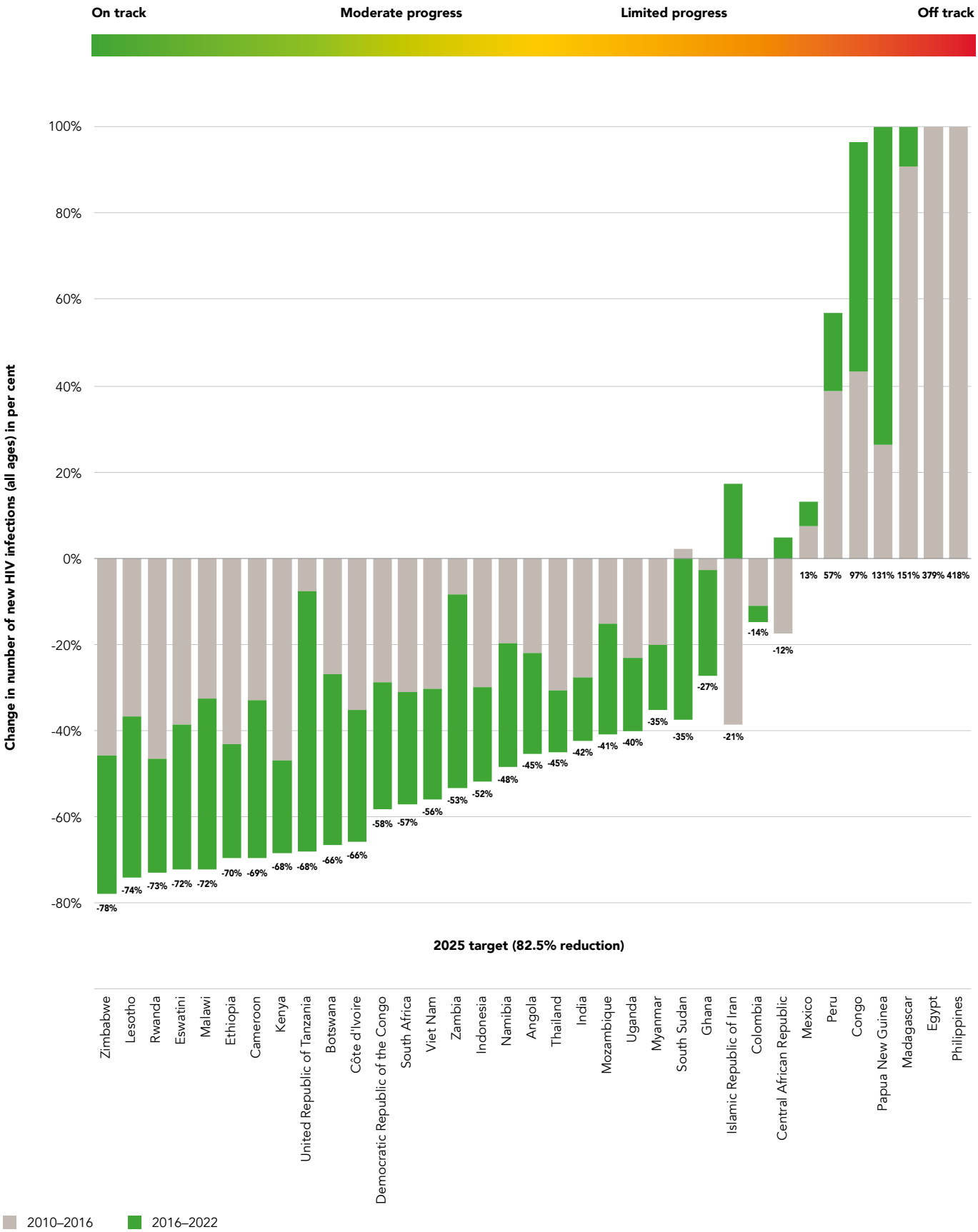
b) Change in proportions of new HIV infections (all ages) in selected regional groupings



Source: UNAIDS 2023 estimates.

Note: Eastern and southern Africa accounted for approximately 52% of all new HIV infections (all ages) globally in 2010; therefore, data for that region are disaggregated further. Separate data are also shown for South Africa, which accounted for more new HIV infections in 2010 than any UNAIDS region outside southern Africa.

Figure 3. Percentage change in the numbers of people (all ages) newly acquiring HIV infections in GPC focus countries, 2010–2022



Source: UNAIDS estimates 2023.

There have been consistent reductions in new HIV infections in most of the GPC focus countries in eastern and southern Africa, along with marked reductions in some countries in western and central Africa (including **Cameroon**, **Côte d'Ivoire** and **Democratic Republic of the Congo**). The more recent trends in countries such as the **United Republic of Tanzania** and **Zambia** are especially notable, given the disruptions to HIV programmes caused by the COVID-19 pandemic in 2020. Indeed, the latest data analysed by the GPC indicate that prevention programmes in most countries have recovered after the initial disruptions due to the COVID-19 pandemic. Data from the Global Fund support that conclusion. They show that the number of people reached with Global Fund-supported HIV prevention programmes fell by 10% in 2020, but quickly recovered to exceed the 2019 levels, with coverage increasing by 47% in 2021 and by another 22% in 2022 *(3)*.

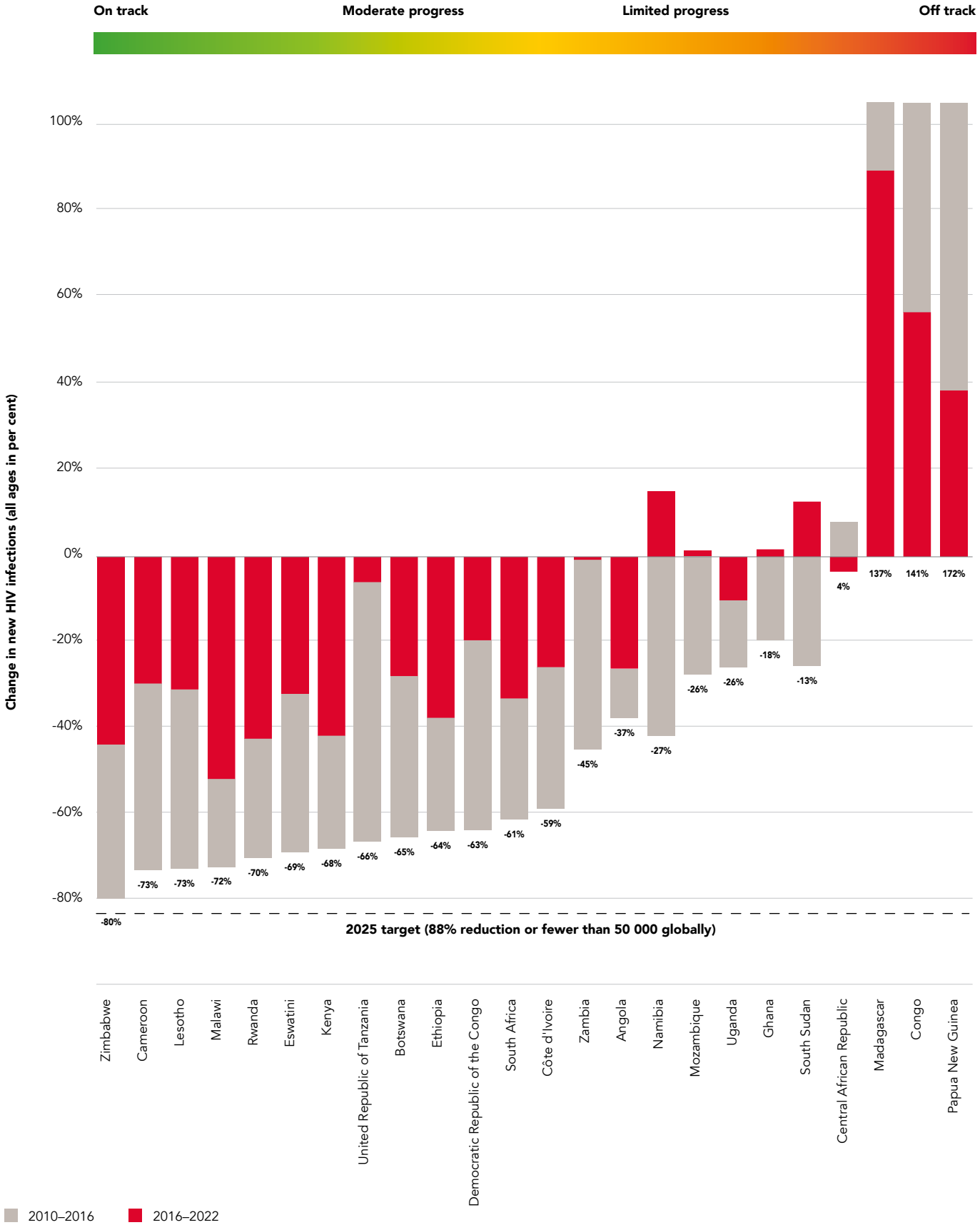
HIV INCIDENCE IS DECLINING AMONG ADOLESCENTS AND YOUNG PEOPLE IN PARTS OF AFRICA

Important patterns are evident within the overall trends. Among adolescents and young people (15–24 years), new HIV infections have tended to decrease more rapidly among males than females.[3] The steepest declines among adolescent boys and young men were in **Kenya**, **Lesotho**, **Malawi**, **South Africa**, **Uganda** and the **United Republic of Tanzania**, where at least 70% fewer adolescent boys and young men acquired HIV in 2022, compared with 2010.

HIV incidence among adolescent girls and young women remains exceptionally high in parts of eastern and southern Africa and in specific areas in western and central Africa. But some GPC focus countries with high HIV burdens have achieved major reductions (>70%) in new HIV infections in that priority population (e.g. **Cameroon**, **Lesotho**, **Malawi** and **Zimbabwe**) and are within reach of achieving an 88% reduction by 2025 *(Figure 4)*. The reductions in new HIV infections among adolescent girls and young women in a few countries (e.g. **Botswana**, **Cameroon**, **Côte d'Ivoire**, **Eswatini** and **Ethiopia**) equalled or exceeded reductions among their male peers.

3 Among GPC focus countries, the male/female gap in HIV incidence decline among young people was widest in Angola, Ghana, Indonesia, Mozambique, Namibia, Uganda and Zambia.

Figure 4. Percentage change in the numbers of adolescent girls and young women (aged 15–24 years) newly acquiring HIV infection in 24 GPC focus countries with mixed HIV epidemics, 2010–2022



Source: UNAIDS estimates 2023.

Driving the reductions are factors that combine in different ways, depending on the setting. Along with the natural evolution of the HIV epidemic, behaviour changes (such as delayed sexual debut and fewer risky sexual encounters) are reducing the risk of acquiring HIV, as studies in countries such as **Cameroon** *(4)*,[4] **Zimbabwe** *(5)* and several others *(6)* have documented. Moderately high levels of condom use during risky sex in a majority of countries with large epidemics are tempering HIV transmission, while the rising numbers of men and boys who have undergone voluntary medical male circumcision (VMMC) is reducing their chances of acquiring HIV in the countries where VMMC programmes have been prioritized or where male circumcision is a common religious or cultural practice. Programmes focusing on the prevention needs of people belonging to key populations[5] are also contributing, depending on the population and the country.

However, the single largest additional gain since 2010 has almost certainly been the historic increase in the effective use of antiretrovirals against HIV. Some of the steepest declines in new HIV infections are being seen in countries that are diagnosing and successfully treating very large proportions of people living with HIV. Eleven GPC focus countries have reduced their annual number of new HIV infections by over 66% since 2010.[6] Viral suppression levels in those 11 countries have risen impressively—to such a degree that, in seven of them, at least 85% of people living with HIV had suppressed viral loads in 2022. The fact that it is near impossible for a person with a suppressed HIV viral load (below 1000 copies/mL) to transmit the virus to another person during sex *(7)* is providing a great deal of the current momentum for reducing HIV incidence.

Wide coverage of services to prevent vertical transmission of HIV has drastically reduced the number of children (0–14 years) acquiring HIV. By reaching over 80% of pregnant and breastfeeding HIV positive women with effective treatment in most of the GPC focus countries in sub-Saharan Africa, those services are also reducing onward transmission of HIV to the partners of people living with HIV.

Underpinning these achievements is the use of granular, disaggregated data to focus interventions more precisely for maximum impact; a growing emphasis on adapting services to fit people's needs; and moves towards functionally integrating community-led interventions with public health programmes.

In sub-Saharan Africa particularly, recognition of the inordinately high risk of HIV infection among adolescent girls and young women has led to much greater emphasis on reaching them with comprehensive prevention services. Increased investments, including from the Global Fund and PEPFAR (the United States President's Emergency Plan for AIDS Relief), has enabled focus countries in that region to implement dedicated combination prevention programmes for young women in at least 60% of

4 The Cameroon experience remains an instructive example. The new analysis in the cited article provides a handy thumb-sketch of the factors at play, including behaviour changes and increased HIV treatment coverage.

5 For the purposes of primary prevention, people belonging to key populations include sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners and other incarcerated people.

6 Botswana, Cameroon, Côte d'Ivoire, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Rwanda, United Republic of Tanzania and Zimbabwe.

locations with high HIV incidence. But that coverage has to increase further to reduce the ongoing high risks of HIV infection among adolescent girls and young women in the region.

Also increasing is an awareness of the need to remove the underlying barriers (e.g., punitive criminal laws and policies, gender and other inequalities, HIV-related stigma and discrimination, and other human rights violations) that hold back quicker and more equitable progress, though forthright action on those fronts is still erratic.

Large-scale investments, some from domestic resources but most from the Global Fund and PEPFAR, have enabled countries to sustain and, in some cases, expand their HIV prevention programmes. The Global Fund's HIV prevention investments, for example, grew from US$ 705 million in the 2018–2020 period to over US$ 850 million in the 2021–2023 period. It invested more than US$ 140 million in condom programmes in the 2021–2023 period and doubled its investments in pre-exposure prophylaxis (PrEP) to US$ 24.1 million.

GAINS ARE UNEVEN AND THERE ARE SOME BIG GAPS

The gains are not uniform across GPC focus countries, though. As the prevention scorecards show in greater detail (see Chapter 2), the performances of HIV prevention programmes vary considerably from country to country. A few countries in sub-Saharan Africa lag far behind, but progress generally has been slowest outside that region, in countries with HIV epidemics that primarily affect people belonging to key populations and their sex partners.

Angola, **Ghana**, **Islamic Republic of Iran**, **Mozambique**, **Myanmar**, **Namibia** and **Uganda** failed to reduce annual new HIV infections by more than 50% between 2010 and 2022. In **South Africa**, approximately 160 000 people acquired HIV in 2022; it continues to have the largest HIV epidemic in the world. Meanwhile, the number of people acquiring HIV has been rising in **Brazil** and **Mexico** (each of which is home to large numbers of people with HIV), as well as in **Egypt**, **Madagascar**, **Peru** and the **Philippines**. (Note that recent HIV estimates were not available for **China**, **Nigeria**, **Pakistan** and **Ukraine**.)

Several handicaps are holding back quicker and more uniform gains against HIV. Subdued top-level political commitment for HIV prevention is reflected in the large shortfalls in prevention financing. Prevention programmes are not being implemented at the required scale and proven interventions, such as harm reduction services for people who use drugs, are still being neglected or ignored. There have been reductions in investment in both condom and VMMC programmes in countries with some of the largest HIV epidemics in the world *(8)*, and breakthrough prevention options like PrEP are available to only a small fraction of the people who need them.

Faltering political commitment is reflected also in the persistence of legal and structural obstacles that undercut prevention programmes. More than four decades into the global AIDS pandemic, necessary HIV prevention services for people from key populations are still scarce in many countries. Punitive laws remain on the statute books, and social stigma and discrimination are rife. The violence, discrimination and social exclusion which key populations experience continue to reduce their access to health-care services and information, and magnify their risk of acquiring HIV.

Those and other priorities are highlighted in the HIV Prevention 2025 Road Map *(9)* (see Chapter 3), which sets out actions that can bring the world close to reducing the total number of annual new HIV infections to under 370 000 by 2025. If that milestone can be reached, the world will be on track for the historic achievement of ending AIDS as a public health threat by 2030.

To reach the 2025 milestone, countries will have to reduce the annual number of new HIV infections by at least 83% compared with 2010. By 2022, 11 countries—**Botswana, Cameroon, Côte d'Ivoire, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Rwanda, United Republic of Tanzania** and **Zimbabwe**—had reduced new infections by at least 66% since 2010, which puts the 2025 milestone within their reach. Elsewhere, major changes and improvements are required:

- Several focus countries are achieving slow reductions and will have to intensify their prevention efforts. They include **Angola**, **Colombia**, **Democratic Republic of the Congo**, **Ghana**, **Mozambique**, **Namibia**, **South Africa**, **Uganda** and **Zambia**.

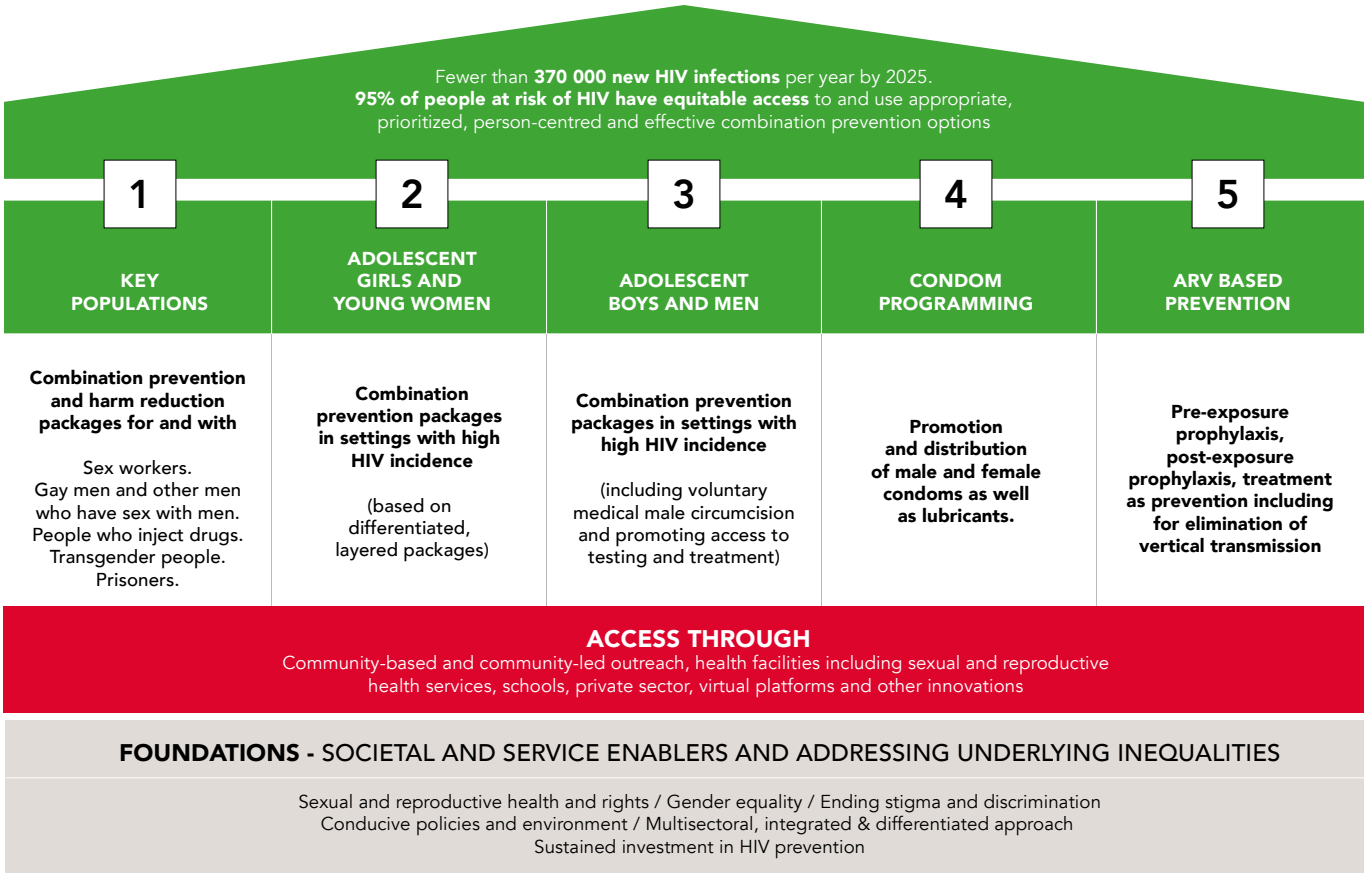
- The prevention programmes in several other focus countries are not on track and require thorough overhaul. They include **Brazil**, **Colombia**, **Congo**, **Egypt**, **Madagascar**, **Islamic Republic of Iran**, **Mexico**, **Myanmar**, **Pakistan, Papua New Guinea, Peru** and **Philippines.** It should be noted that, except for **Congo** and **Papua New Guinea**, most HIV infections in these countries are occurring among people belonging to key populations and their sex partners.

PROGRESS ACROSS THE FIVE PREVENTION PILLARS

The HIV Prevention 2025 Road Map *(10)* has redefined the five main pillars for national HIV prevention responses to increase focus, emphasize people-centred approaches, address persistent inequalities in access to services, promote integration between service delivery platforms, and speed up the introduction of new prevention technologies *(Figure 5)*.

The Coalition has developed a set of scorecards to track and summarize country progress across the five pillars. Their purpose is to identify where and in what respects programmes can improve, with a view to increasing their strategic focus, effectiveness and eventual impact. The scorecards are presented in a format that allows for comparisons between the GPC focus countries.

Figure 5. The five GPC prevention pillars for 2025



Source: HIV Prevention 2025 Road Map: getting on track to end AIDS as a public health threat by 2030. Geneva: UNAIDS; 2022.

PILLAR 1. COMBINATION PREVENTION FOR KEY POPULATIONS

The prevention of HIV infections among people belonging to key populations and their sex partners continues to be a weakness of HIV responses in a vast majority of countries. Good examples of effective programmes exist, but prevention services for key populations are unevenly available and often difficult to access. The obstacles include weak political will, insufficient funding, rampant stigma and discrimination, and the ongoing use of punitive laws and policies that restrict access to HIV and other health-care services.

The most recent data compiled and analysed by the GPC show encouraging examples of improvement in a few focus countries. But there are major shortcomings in programme investment, coverage and quality for preventing HIV among key populations in the other countries. Indeed, most of the focus countries with substantial recent increases in the numbers of new HIV infections have epidemics that are primarily affecting key populations and their partners. At the same time, countries with high HIV prevalence in the general population will struggle to close their remaining gaps in prevention if they continue to neglect the HIV prevention needs of key populations.

A surprising number of countries lack the basic data that are needed to guide prevention programmes for key populations, such as size estimates that are less than five years old and other data on HIV prevalence, programme coverage and outcomes.

Only about two thirds of the focus countries have prepared recent size estimates for sex workers (28/40) or for gay men and other men who have sex with men (27/40), and a little over half have done so for people who inject drugs (22/40). Those estimates indicate that substantial numbers of people belong to these key populations, underlining the need to serve them with effective prevention programmes. Size estimates for transgender people were available for a little over one third (16/40) of the focus countries *(Tables 1 & 2)*. It should be noted, as well, that some existing size estimates for gay men and other men who have sex with men and for transgender people may be underestimated in settings where these populations are highly stigmatized and/or criminalized.

Coalition focus countries have been slow to remove legal and other human rights-related impediments, despite clear evidence that they stop people from getting the information, services and support they need to protect themselves and their partners against HIV infection.[7] All but four of the 40 GPC countries still criminalize sex work in some respects, half of the countries (20) criminalize same-sex sexual relationships, and five countries criminalize transgender people *(Table 3)*. All but four (**Cameroon**, **Democratic Republic of the Congo**, **Mexico** and **Thailand**) of the 32 countries reporting these data criminalize drug use or the possession of drugs for personal use, despite strong evidence linking the criminalization of drug use with increased risk of HIV transmission *(11)*. There is compelling evidence that any form of criminalization increases HIV risk for sex workers (including through decreasing condom use because of rushed negotiations and a reluctance to carry condoms in a bid to avoid police harassment) *(12)*. A recent ten-country study from sub-Saharan Africa reported that HIV prevalence among gay men and other men who have sex with men was over five times higher in countries that criminalized same-sex relationships than in non-criminalized settings, and 12 times higher in settings where recent prosecutions had occurred *(13)*.[8]

Data describing the status of HIV prevention services for key populations in GPC focus countries are incomplete, especially for transgender people and people who inject drugs. Very few countries reported data on key populations' experiences of stigma and discrimination at health-care facilities *(Table 3)*. In addition, data on programme outcomes are derived mostly from surveys, which tend to be done irregularly. It is therefore difficult to assess current trends in programme coverage and impact.

Regular access to HIV prevention remains insufficient among key populations. On average, 49% of sex workers, 29% of gay men and other men who have sex with men, and 36% of people who inject drugs accessed two or more HIV prevention services in the previous three months––against a target of 90%. Both data quality and programme coverage for key populations must improve.

7 Some countries have adopted even harsher laws that criminalize key populations. Uganda's Anti-Homosexuality Act (2023), signed into law in May 2023, provides for severe punishments against lesbian, gay, bisexual, transgende and intersex persons and organizations, while Indonesia's new criminal code contains articles that violate the rights of women and sexual minorities.

8 Burkina Faso, Cameroon, Côte d'Ivoire, Eswatini, Gambia, Guinea-Bissau, Nigeria, Senegal, Rwanda and Togo.

Table 1. HIV prevention service coverage and outcomes among key populations in 16 GPC focus countries with HIV epidemics primarily affecting key populations and their sex partners

LEVEL OF RESULT	INDICATOR	Brazil	China	Colombia	Egypt	India	Indonesia	Iran (Islamic Republic of)	Madagascar	Mexico	Myanmar	Pakistan	Peru	Philippines	Thailand	Ukraine	Viet Nam
OUTCOME	Condom use of sex workers with most recent client, % (reported by sex workers)	id	95	id	id	96	67	61	id	id	90	id	id	85	95	92	90
	Condom use at last anal sex among MSM (%)	id	88	id	id	92	70	id	id	id	57	id	55	40	78	77	69
	Condom use among transgender people (%)	71	id	75	id	96	69	id	id	75	id	id	id	41	79	79	id
	Condom use at last paid sex act, % (reported by men)	id	id	85	id	46	id	id	13	id	77	id	id	id	id	84	id
	% of PLHIV on ART - sex workers*	id	id	86	id	60	22	id	id	id	59	11	id	id	9	78	21
	% of PLHIV on ART - men who have sex with men*	id	93	90	id	60	38	id	id	id	44	3	id	id	id	55	32
	% of PLHIV on ART - people who inject drugs*	na	88	68	id	54	58	id	id	id	id	29	id	id	43	86	54
	Safe injecting practices (people who inject drugs, %)	na	id	id	id	96	90	73	id	id	91	id	id	id	95	97	94
	% of opioid users who receive opioid substitution therapy	na	id	id	id	23	1	5	id	9	22	id	id	id	8	11	28
	Sex workers																
	Population size estimate for female sex workers in 1000s **	id	id	id	id	868	278	138	191	240	75	id	68	231	81	87	86
	% of all sex workers who received at least two HIV prevention interventions in the past three months	22	id	90	id	77	46	35	93	id	90	6	33	72	86	44	18
	Men who have sex with men																
	Population size estimate for men who have sex with men in 1000s**	id	id	505	id	357	761	id	17	1200	268	id	260	693	608	179	256
	% of all MSM who received at least two HIV prevention interventions in the past three months	30	id	14	1	66	54	2	28	id	29	6	24	30	50	25	31
	People who inject drugs																
COVERAGE	Population size estimate for people who inject drugs in 10005**	na	id	8	id	177	27	90	2	id	116	id	id	7	58	350	189
	% of all people who inject drugs who received at least two HIV prevention interventions in the past three months	id	id	42	9	46	59	26	100	id	57	37	id	0	35	44	44
	Number of needles and syringes per person who inject drugs	na	246	21	id	311	1	80	113	6	323	73	id	id	15	41	147
	% of people who inject drugs who avoided health care because of stigma and discrimination	na	id	id	id	29	id	id	id	id	id	id	id	id	5	10	id
	Prevention strategy includes core elements of PWID harm reduction package	None	All	< Half	> Half	> Half	> Half	> Half	None	All	< Half	< Half	None	> Half	> Half	> Half	None
	Criminalization of drug use/consumption or possession for personal use	Yes	Yes	id	id	Yes	Yes	Yes	Yes	No	Yes	Yes	id	Yes	No	Yes	id
	Transgender people																
	Population size estimate for transgender people in 1000s**	id	id	6	id	70	35	10	id	123	id	id	7	207	id	13	9
	% of all TG people who received at least two HIV prevention interventions in the past three months	59	id	75	id	id	67	id	id	id	id	28	0	38	44	23	18

* Note that ART data reported can either be from surveys or programmes, and the latter usually give higher values. This limits comparability across countries.

** The population size estimates reported can either be nationally representative or only for regions within the country where data is available. This limits comparability across countries.

Data sources for key population program coverage: Global Aids Monitoring 2022, Global Fund and PEPFAR reports obtained in 2022. Note: some of the data are triangulated and thus not nationally representive.

Very good Good Medium Low Very low Insufficient data Not applicable

Notes: ART: antiretroviral therapy; MSM: gay men and other men who have sex with men; PLHIV: people living with HIV; TG: transgender.

Source: Global HIV Prevention Coalition 2023 scorecard.

Table 2. HIV prevention service coverage and outcomes among key populations in 24 GPC focus countries with mixed HIV epidemics

LEVEL OF RESULT	INDICATOR	Angola	Botswana	Cameroon	Central African Republic	Congo	Côte d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	Papua New Guinea	Rwanda	South Africa	South Sudan	Uganda	United Republic of Tanzania	Zambia	Zimbabwe
OUTCOME	Condom use of sex workers with most recent client, % (reported by sex workers)	id	76	id	80	86	92	48	50	95	id	id	62	65	id	42	86	id	82	id	35	id	72	id	95
	Condom use at last anal sex among MSM (%)	id	78	id	30	64	75	57	80	id	id	id	46	79	id	55	70	id	56	72	id	id	id	58	69
	Condom use among transgender people (%)	id	id	id	id	id	50	52	id	id	id	id	id	50	id	id	66	id	id	77	id	id	id	id	82
	Condom use at last paid sex act, % (reported by men)	71	id	83	id	75	63	34	id	81	44	id	90	75	31	67	74	48	75	83	id	73	id	56	90
	% of PLHIV on ART - sex workers*	42	88	99	61	id	id	id	id	id	99	34	id	90	id	id	24	id	id	70	75	65	id	86	83
	% of PLHIV on ART - men who have sex with men*	id	74	97	60	id	id	id	id	id	95	39	id	93	id	id	26	id	id	44	id	66	id	id	83
	% of PLHIV on ART - people who inject drugs*	id	id	id	id	id	id	id	id	id	id	26	id	id	id	id	25	id	id	id	id	78	id	id	id
	Safe injecting practices (people who inject drugs, %)	id	id	id	id	id	id	23	id	id	id	88	id	id	id	id	36	id	id	id	id	id	id	id	id
	% of opioid users who receive opioid substitution therapy	id	id	id	id	id	id	id	id	id	id	13	id	id	id	id	id	id	id	1	id	id	26	id	id
	Sex workers																								
	Population size estimate for female sex workers in 1000s **	id	id	126	4	id	67	526	7	id	id	197	8	39	224	9	907	52	38	146	45	130	id	126	id
	% of all sex workers who received at least two HIV prevention interventions in the past three months	51	90	8	57	28	23	38	9	79	85	32	31	68	57	id	88	49	id	34	39	40	90	id	79
	Men who have sex with men																								
	Population size estimate for men who have sex with men in 1000s**	id	id	7	3	id	56	195	4	id	id	33	6	50	64	2	240	39	id	310	id	24	id	20	23
	% of all MSM who received at least two HIV prevention interventions in the past three months	3	32	10	42	67	39	39	29	id	53	20	26	65	31	33	96	7	id	10	id	20	4	5	26
	People who inject drugs																								
COVERAGE	Population size estimate for people who inject drugs in 1000s**	id	id	4	id	id	3	168	<1	id	id	16	id	8	14	id	446	id	id	83	id	7	36	12	id
	% of all people who inject drugs who received at least two HIV prevention interventions in the past three months	id	id	26	id	id	85	23	37	id	id	62	id	id	40	id	65	id	id	17	id	5	11	3	id
	Number of needles and syringes per person who inject drugs	id	id	id	id	id	id	0	id	id	id	4	id	id	id	id	0	id	id	36	id	id	id	id	id
	% of people who inject drugs who avoided health care because of stigma and discrimination	id	id	id	id	id	9	14	id	id	id	id	id	id	id	id	id	id	id	id	id	id	id	id	id
	Prevention strategy includes core elements of PWID harm reduction package	None	None	> Half	None	None	> Half	Some	None	None	None	> Half	None	None	< Half	None	> Half	None	None	> Half	None	None	> Half	> Half	None
	Criminalization of drug use/consumption or possession for personal use	id	Yes	No	Yes	id	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	id	Yes	id	Yes	Yes	Yes	Yes
	Transgender people																								
	Population size estimate for transgender people in 1000s**	id	id	id	id	id	1	57	id	id	id	4	id	5	id	id	69	id	id	179	id	id	id	4	id
	% of all TG people who received at least two HIV prevention interventions in the past three months	id	id	id	id	id	39	12	id	id	id	22	id	id	id	id	79	id	id	2	id	id	id	6	28

* Note that ART data reported can either be from surveys or programmes, and the latter usually give higher values. This limits comparability across countries.

** The population size estimates reported can either be nationally representative or only for regions within the country where data is available. This limits comparability across countries.

Data sources for key population program coverage: Global Aids Monitoring 2022, Global Fund and PEPFAR reports obtained in 2022. Note: some of the data are triangulated and thus not nationally representive.

Very good Good Medium Low Very low Insufficient data Not applicable

Notes**:** ART: antiretroviral therapy; MSM: men who have sex with men; PLHIV: people living with HIV; TG: transgender.

Source: Global HIV Prevention Coalition 2023 scorecard.

Table 3. Policy and structural factors affecting key populations in 40 GPC focus countries

COUNTRIES	KEY POPULATIONS													
	National strategy includes key elements of recommended package					Percent who avoided health care due to stigma & discrimination				Criminalization of key populations				
	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people	Prisoners	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people	
Angola	> Half	> Half	None	< Half	< Half	id	id	id	id	No	No	id	Yes	
Botswana	> Half	< Half	None	< Half	< Half	id	id	id	id	Yes	No	Yes	No	
Cameroon	> Half	> Half	> Half	> Half	> Half	4.7	id	id	id	Yes	Yes	No	No	
Central African Republic	< Half	> Half	None	< Half	> Half	84.8	id	id	id	Yes	No	Yes	No	
Congo	> Half	> Half	None	< Half	< Half	17.2	10.4	id	id	Yes	No	id	No	
Côte d'Ivoire	> Half	> Half	> Half	> Half	> Half	13.9	5.5	9.3	22.6	Yes	No	Yes	No	
Democratic Republic of the Congo	All	> Half	Some	< Half	< Half	id	17.8	14	18	Yes	No	No	No	
Eswatini	> Half	> Half	None	< Half	> Half	34	id	id	id	Yes	Yes	Yes	No	
Ethiopia	> Half	id	None	id	None	30.6	id	id	id	Yes	Yes	Yes	Yes	
Ghana	> Half	> Half	None	< Half	> Half	id	id	id	id	Yes	Yes	Yes	No	
Kenya	> Half	> Half	> Half	> Half	> Half	id	id	id	id	Yes	Yes	Yes	No	
Lesotho	> Half	> Half	None	id	id	8	id	id	id	Yes	No	Yes	No	
Malawi	< Half	< Half	None	> Half	< Half	49	12.9	id	id	Yes	Yes	Yes	Yes	
Mozambique	> Half	> Half	< Half	id	id	id	id	id	id	No	No	Yes	No	
Namibia	> Half	> Half	None	id	None	id	id	id	id	Yes	Yes	Yes	No	
Nigeria	> Half	> Half	> Half	< Half	> Half	id	id	id	id	Yes	Yes	Yes	No	
Papua New Guinea	< Half	> Half	None	< Half	< Half	id	id	id	id	Yes	Yes	Yes	Yes	
Rwanda	> Half	> Half	None	> Half	< Half	id	id	id	id	Yes	No	id	No	
South Africa	> Half	> Half	> Half	> Half	> Half	id	id	id	id	Yes	No	Yes	No	
South Sudan	> Half	None	None	< Half	> Half	12.1	id	id	id	Yes	Yes	id	No	
Uganda	> Half	id	None	< Half	> Half	9.3	id	id	id	Yes	Yes	Yes	No	
United Republic of Tanzania	> Half	> Half	> Half	< Half	> Half	id	id	id	id	Yes	Yes	Yes	No	
Zambia	> Half	> Half	> Half	> Half	> Half	id	id	id	id	Yes	Yes	Yes	Yes	
Zimbabwe	> Half	> Half	None	> Half	> Half	39.3	8.3	id	10.8	Yes	Yes	Yes	No	
Brazil	> Half	> Half	None	> Half	> Half	12.1	id	na	id	Yes	No	Yes	No	
China	> Half	> Half	All	id	None	id	id	id	id	Yes	No	Yes	No	
Colombia	< Half	< Half	< Half	< Half	< Half	id	id	id	id	No	No	id	No	
Egypt	> Half	> Half	> Half	< Half	< Half	id	id	id	id	Yes	Yes	id	No	
India	> Half	> Half	> Half	> Half	> Half	id	id	id	id	Yes	No	Yes	No	
Indonesia	> Half	> Half	> Half	> Half	> Half	id	id	id	id	Yes	Yes	Yes	No	
Iran (Islamic Republic of)	< Half	< Half	> Half	> Half	> Half	27.8	id	id	id	Yes	Yes	Yes	No	
Madagascar	< Half	> Half	None	< Half	< Half	id	id	id	id	Yes	No	Yes	No	
Mexico	> Half	> Half	All	id	Some	id	id	id	id	No	No	No	No	
Myanmar	All	All	< Half	< Half	< Half	id	id	id	id	Yes	Yes	Yes	No	
Pakistan	< Half	> Half	< Half	> Half	< Half	id	id	id	id	Yes	Yes	Yes	No	
Peru	None	None	None	< Half	< Half	id	id	id	id	Yes	No	id	No	
Philippines	< Half	> Half	> Half	> Half	< Half	id	id	id	id	Yes	No	Yes	No	
Thailand	> Half	> Half	> Half	> Half	> Half	5.1	9.3	4.7	5.9	Yes	No	No	No	
Ukraine	> Half	> Half	> Half	> Half	> Half	21.3	6.3	10.3	8.4	Yes	No	Yes	No	
Viet Nam	< Half	< Half	None	< Half	< Half	id	id	id	54.1	Yes	No	id	No	

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

Sex workers

Only two focus countries' national prevention strategies (**Democratic Republic of the Congo** and **Myanmar**) currently include all the core elements of the recommended sex worker prevention package,[9] though the strategies in 28 other focus countries[10] included at least half of the recommended elements *(Table 3)*.

On average only 49% of sex workers reported regular access to HIV prevention services, against the global target of 90%. Reported values ranged from 6% in **Pakistan** to more than 80% in **Botswana**, **Colombia**, **Ghana**, **Myanmar**, **Nigeria**, **Thailand** and the **United Republic of Tanzania** *(Tables 1 & 2)*. It should be noted that monitoring of HIV prevention coverage among sex workers (and other key populations) remains incomplete. HIV prevention coverage values in the scorecards were based on routine programme monitoring data submitted as country reports to the Global AIDS Monitoring system or were derived from programme reports to the Global Fund and PEPFAR. In-country monitoring and data triangulation on prevention programme coverage of key populations should be enhanced.

In the absence of PrEP or sustained viral load suppression among key populations, condom use is crucial for HIV prevention. Across GPC focus countries, sex workers have reported varying rates of condom use at last sex with a client. More than 90% of female sex workers in **China**, **Côte d'Ivoire**, **Ethiopia**, **India**, **Thailand, Ukraine** and **Zimbabwe** said they had used a condom with their most recent client. However, fewer than half did so in the **Democratic Republic of the Congo** and **South Sudan**. Male clients of female sex workers reported high levels of condom use at last paid sex in **Cameroon**, **Colombia**, **Ethiopia**, **Lesotho**, **South Africa, Ukraine** and **Zimbabwe** (>80%), but very low levels in the **Democratic Republic of the Congo**, **Ghana**, **Madagascar**, **Mozambique** and **Papua New Guinea** (<50%). The situation in several other focus countries is unclear: almost half of the GPC countries did not report data for these indicators *(Tables 1 & 2)*.

Laws that criminalize key populations also stoke stigma and discrimination, which remain commonplace in all the focus countries, including in health-care facilities. Almost two thirds (24/40) of the focus countries shared data on the percentage of sex workers who said they had avoided health-care services in the previous six months due to stigma and discrimination. In **Malawi**, close to half of sex workers said they had avoided seeking health-care for that reason, as did 30–40% in **Eswatini**, **Ethiopia** and **Zimbabwe**, and the **Islamic Republic of Iran** *(Table 3)*.

9 The following elements are included: (1) community empowerment and capacity-building; (2) community-based outreach and services; (3) condom distribution; (4) clinical services; (5) legal support services; (6) actions to address violence; (7) actions to reduce stigma and discrimination in health-care settings; (8) actions to address homophobic violence; (9) actions to reduce stigma and discrimination; (10) condom and condom-compatible lubricant distribution; (11) hepatitis services; (12) post-exposure prophylaxis; (13) psychosocial counselling and/or mental health services; (14) STI prevention, screening and treatment services.

10 When referring to the "number of countries" here and in the following pages, reference is made to Table 1 and Table 2. The same approach is used in the subsequent chapters, where "number of countries" in the text refers to the scorecard tables in those chapters.

Gay men and other men who have sex with men

Only one GPC focus country (**Myanmar**) stated that its HIV prevention strategy included all the core elements of a recommended package of interventions for gay men and other men who have sex with men.[11] Most countries, however, have prevention strategies that include at least half the recommended elements.

Data on HIV prevention coverage need to be interpreted carefully. The average percentage of gay men and other men who have sex with men who received at least two HIV prevention interventions in the previous three months was 29% in GPC countries (with a wide range, from 1% to 96%, and major limitations on data quality). Condom use at last anal sex with a man among gay men and other men who have sex with men ranged from over 75% in **Botswana**, **China**, **Côte d'Ivoire**, **Eswatini**, **India**, **Malawi**, **Thailand** and **Ukraine** to under 50% in the **Central African Republic**, **Lesotho** and the **Philippines**. However, almost half the GPC countries did not report condom use data among gay men and other men who have sex with men *(Tables 1 & 2)*. In settings where PrEP is widely used and where very large proportions of people living with HIV are virally suppressed, condom use would be a less significant contributor to HIV prevention—but no GPC focus country currently fits such a description. More generally, condom use is also an important method for reducing the transmission of other sexually transmitted infections (STIs), including in the context of PrEP availability or viral suppression.

Only eight countries shared data on the percentages of gay men and other men who have sex with men and who said they avoided health-care services due to stigma and discrimination. The reported percentages ranged from 6% in **Côte d'Ivoire** and **Ukraine** *(Table 3)*.

People who inject drugs

The positive public health impact of comprehensive harm reduction—including needle-syringe distribution, opioid agonist therapy and overdose treatment—is well established in the scientific literature *(14, 15)*. Among GPC focus countries, only **China's** and **Mexico's** prevention strategies currently include all the core elements of a recommended harm reduction package, while the strategies of 14 other countries include at least half of those elements *(Table 3)*.

Coverage of HIV prevention services for this key population continues to be sparse. In only 4 of the 34 focus countries reporting these data did more than 60% of people who inject drugs receive at least two HIV prevention interventions in the previous three months.[12] Coverage was below 30% in 14 of the 34 countries, some of which have substantial HIV epidemics in this key population (e.g., the **Islamic Republic of Iran**, **South Africa** and the **United Republic of Tanzania**).

11 For gay men and other men who have sex with men, that entails having received (in the previous three months) at least two of the following interventions: condoms and lubricants (e.g., through an outreach service, drop-in centre or sexual health clinic); counselling on condom use and safe sex; or testing services for STIs.

12 For people who inject drugs, that entails having received (in the previous three months) at least two of the following interventions: condoms and lubricants (e.g., through an outreach service, drop-in centre, or sexual health clinic); counselling on condom use and safe sex; or new, clean needles or syringes.

At least 90% of people who inject drugs in **India**, **Indonesia, Myanmar, Thailand, Ukraine** and **Viet Nam** were reportedly adhering to safe injecting practices *(Tables 1 & 2)*. Access to opioid agonist therapy remains rare, though **India,** the **United Republic of Tanzania and Viet Nam** reported reaching about one in four opioid users with this important service. Hardly any focus countries provided data on the percentage of people who inject drugs who avoided seeking health care due to stigma and discrimination *(Table 3)*.

Transgender people

Prevention strategies included at least half of the core elements of a service package for transgender people in 16 out of 34 focus countries reporting these data. Fewer than half of the GPC focus countries reported data on the coverage of prevention interventions in this key population, with reported coverage ranging from 0% to 79% (**Nigeria**). Levels of condom use at last anal sex were high (≥75%) in 7 of the 14 countries reporting those data (**Colombia**, **India**, **Mexico**, **South Africa**, **Thailand**, **Ukraine** and **Zimbabwe**). In the seven countries reporting this information, between 6% (**Thailand**) and 54% (**Viet Nam**) of transgender people said they had avoided seeking health care due to stigma and discrimination.

People in prisons

Half of the 38 focus countries reporting these data have HIV prevention strategies that include at least half of the core elements of a prevention package for prisoners and other incarcerated persons. But the actual provision of HIV prevention services for this key populations is very limited. Other data reported to the Global AIDS Monitoring system indicate that, among GPC focus countries, **Angola**, **Malawi**, **Peru**, **South Africa**, **Thailand** and **Ukraine** were implementing HIV programmes in prisons on a significant scale.

PILLAR 2. COMBINATION PREVENTION FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN HIGH-PREVALENCE LOCATIONS

Substantially fewer adolescent girls and young women (aged 15–24 years) are acquiring HIV in the GPC focus countries in sub-Saharan Africa. The greatest progress has been in **Botswana**, **Cameroon**, **Eswatini**, **Kenya**, **Lesotho**, **Malawi**, **Rwanda**, the **United Republic of Tanzania** and **Zimbabwe**, where new HIV infections among adolescent girls and young women decreased by at least 65% between 2010 and 2022.

These trends are due primarily to increasing coverage of combination prevention programmes, with antiretroviral- based prevention playing a major role (see Pillar 5) alongside targeted primary prevention programmes. Changes in sexual behaviour may also have contributed, particularly during earlier stages of the epidemic.

It is important to note that HIV incidence among adolescent girls and young women varies considerably between locations, even in eastern and southern Africa (where incidence tends to be highest). Across sub-Saharan Africa, there is a greater than 1000-fold difference in HIV incidence between locations with the lowest and the highest incidence. Overall, HIV incidence among adolescent girls and young women is low to moderately high in large parts of eastern and southern Africa; high in parts of southern Africa among those with non-regular partners; and extremely high across much of the latter sub-region among women aged 18–25 years who sell or trade sex *(16)*. It is vital that prevention programmes reach the girls and women who are at high risk of acquiring HIV infection.

In 2022, the number of locations with high HIV incidence (above 1 per 100 person-years) declined further.[13] In combination with programme expansion and adjustments in geographical coverage made over recent years, this meant that 61% of sub-national areas with high HIV incidence had a dedicated programme for adolescent girls and young women (mostly either a DREAMS programme[14] supported by PEPFAR, or a Global Fund-supported initiative). In locations with moderately high HIV incidence (between 0.3 and 0.99 per 100 person-years) only 36% had a dedicated programme, according to the Coalition scorecards, which also draw on Global Fund and PEPFAR reporting. However, locations with moderately high incidence are now much more numerous in southern and eastern Africa and in parts of western and central Africa—and they contribute large absolute numbers of new HIV infections among girls and women.

Among the locations with high HIV incidence, 61% had a dedicated prevention programme for adolescent girls and young women––more than ever before. But women's and girls' access to prevention options need to increase further.

13 High HIV incidence––above 1 per 100 person-years in the entire population of women aged 15–24 years––was found only in specific sub-national areas in **Eswatini**, **Mozambique**, **Namibia** and **South Africa** (in southern Africa) and in a few areas in **the Republic of the Congo** and **Equatorial Guinea** (in central Africa).

14 "Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe", a public-private partnership that is implemented across 15 countries in sub-Saharan Africa.

The latest data show that, among the 11 GPC focus countries reporting these data, at least 80% of priority districts were being serviced with dedicated programmes for young women and their male partners in **Eswatini**, **Kenya**, **Lesotho** and **Zimbabwe** *(Table 4)*. Geographical coverage was 50% or lower in 5 of the 7 other countries reporting this information. It is important to note that wide geographical coverage does not automatically translate into reaching large proportions of adolescent girls. Coverage of comprehensive prevention packages for adolescent girls and young women in communities with moderate and high HIV incidence has remained very low in the majority of countries reporting these data (under 40% in 12 out of 15 countries) *(see the right-hand column in Table 4)*. There is a greater need than ever to apply approaches that increase access of women and girls to prevention options on a large scale.

Table 4. Selected prevention service outcome indicators among adolescent girls and young women (15–24 years) in 24 GPC focus countries with mixed HIV epidemics, 2022

Indicator	Condom use with non-regular partners (young women, 15–24 years)	Condom use with non-regular partners (young men, 15–24 years, %)	% of priority districts (administrative areas) with dedicated programmes for young women & male partners (full package)	% of adolescent girls and young women in high HIV incidence communities reached with a comprehensive package of prevention interventions
Angola	31	46	id	id
Botswana	id	id	56	4
Cameroon	50	65	id	9
Central African Republic	id	id	id	id
Congo	45	66	id	id
Côte d'Ivoire	42	67	id	id
Democratic Republic of the Congo	25	33	id	id
Eswatini	55	74	80	100
Ethiopia	22	51	id	17
Ghana	20	44	20	id
Kenya	43	70	100	17
Lesotho	84	83	90	34
Malawi	53	73	id	21
Mozambique	51	48	33	46
Namibia	68	84	42	19
Nigeria	38	62	id	id
Papua New Guinea	18	31	id	id
Rwanda	46	78	id	8
South Africa	61	73	50	6
South Sudan	id	id	id	id
Uganda	43	57	38	9
United Republic of Tanzania	id	id	id	61
Zambia	34	49	28	37
Zimbabwe	54	81	89	17

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

Launched in 2023, the HIV Prevention Choice Manifesto for Women and Girls in Africa focuses on reducing HIV infections by translating existing and new HIV prevention options into actual choices for women and girls.

Prevention programmes are improving in other respects, though they are hampered by underlying obstacles. For example, most of the GPC focus countries in sub-Saharan Africa reported that they were integrating provider-initiated condom promotion and HIV testing services in sexual and reproductive health services. However, societal inequalities mean that many adolescent girls and young women, especially those with low education levels and incomes, still struggle to take their own informed decisions about their sexual lives *(17)*. [15] This is reflected, for example, in the data on condom use, which show that in 12 of 20 focus countries reporting these data, less than half of adolescent girls and young women used a condom the last time they had sex with a non-regular partner (see also Pillar 4) *(Table 4)*.

All but one of the 23 focus countries reporting this information have introduced education policies that include the provision of HIV and sexuality education in secondary schools *(Table 5)*. But the bigger challenge of improving outcomes for the education of girls still exists: less than half of girls completed their lower-secondary schooling in 10 of the 23 focus countries reporting these data and only 50–60% graduated in another 6 countries. There is evidence from different settings that women and girls with poor school attendance and lower education attainment face elevated risks in relation to sexual health and HIV *(18, 19, 20, 21)*.

15 Based on 17 Demographic and Health Surveys, 2018–2022.

Table 5. Selected indicators on policy and structural barriers affecting adolescent girls and young women in 24 GPC focus countries with mixed epidemics

COUNTRIES	ADOLESCENT GIRLS AND YOUNG WOMEN				
	Proportion of women who experienced intimate partner violence (age 15–49)	Girls who completed lower secondary education	Policies on life skills-based HIV and sexuality education (secondary schools)	Laws requiring parental consent for adolescents to access HIV testing services, age of consent	HIV testing services integrated within sexual and reproductive health
Angola	id	32	Yes	Yes, <12	yes
Botswana	id	92	Yes	Yes, <16	partial
Cameroon	21.5	43	Yes	Yes, <16	yes
Central African Republic	id	10	Yes	Yes, <18	yes
Congo	id	45	Yes	Yes, <14	partial
Côte d'Ivoire	id	22	yes	Yes, <16	id
Democratic Republic of the Congo	id	52	id	Yes, <18	no/id
Eswatini	id	54	Yes	Yes, <12	yes
Ethiopia	id	22	No	Yes, <16	partial
Ghana	id	50	Yes	Yes, <14	partial
Kenya	id	69	Yes	Yes, <18	yes
Lesotho	id	55	Yes	Yes, <12	yes
Malawi	id	21	Yes	Yes, <14	yes
Mozambique	id	11	Yes	Yes, <12	Yes
Namibia	id	62	Yes	Yes, <14	yes
Nigeria	13,8	59	Yes	Yes, <18	yes
Papua New Guinea	47.6	id	Yes	Yes, <18	yes
Rwanda	23.8	30	Yes	Yes, <12	yes
South Africa	30.3	91	Yes	Yes, <12	yes
South Sudan	id	10	Yes	Yes, <18	partial
Uganda	id	23	Yes	Yes, <12	yes
United Republic of Tanzania	id	27	Yes	Yes, <14	yes
Zambia	25.3	50	Yes	Yes, <16	partial
Zimbabwe	19	53	Yes	Yes, <16	yes

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

Gender-based violence continues to scar the lives of many girls and women. Only 7 countries reported data on intimate partner violence, all pointing to distressing situations: between 14% and 48% of ever-married or partnered 15–49-year-old girls and women had experienced physical or sexual violence from a male partner in the previous 12 months. Other data sources suggest that similar levels of intimate partner violence occur in most of the other GPC focus countries *(22)*. Intimate partner violence has been shown to increase the risk of acquiring HIV and impede the use of HIV services and prevention options (such as condoms and PrEP) *(23)*.

Overall, prevention programmes for adolescent girls and young women were rated as "good" in only two countries (**Kenya** and **Lesotho**), while those in 14 countries earned a score of "very low" (see *Figure 12* and the country annex for details). Most focus countries in sub-Saharan Africa still have ample unused opportunities to achieve steeper reductions in new HIV infections among adolescent girls and young women, and among their male partners.

PILLAR 3. COMBINATION PREVENTION FOR MEN AND ADOLESCENT BOYS IN SETTINGS WITH HIGH HIV INCIDENCE

The steep drop since 2010 in new HIV infections among men and boys across much of sub-Saharan Africa reflects the cumulative impact of combination prevention and treatment. Due to this decline, there are hardly any locations with high HIV incidence above 1 per 100 person-years among all men, though HIV incidence remains high among certain sub-populations of men. A remaining challenge is to bring combination prevention services and tools to the men and boys for whom current programmes are inadequate, many of whom live in poorly served peri-urban and rural areas.

The scorecards tracked progress in three of the core components of prevention for men and boys in GPC focus countries: ART coverage and viral suppression rates; voluntary medical male circumcision (VMMC) (in the 15 countries in eastern and southern Africa where this intervention is recommended);[16] and condom use with non-regular partners.

Though not as high as among girls and women, HIV treatment coverage among men and boys (15 years and older) was at least 80% in 9 of the 23 GPC focus countries with mixed HIV epidemics[17] and it was 90% or higher in 5 others.[18] Coverage was very low (≤40%) in **Angola**, **Madagascar** and **South Sudan**.

16 Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

17 HIV treatment coverage data were not available for Nigeria.

18 Eswatini, Rwanda, United Republic of Tanzania, Zambia and Zimbabwe.

Even more significant for HIV prevention are the high rates of viral suppression achieved among men and boys in some GPC countries with mixed epidemics: >85% in six countries[19] (implying achievement of the 95–95–95 targets) and >80% in three others[20] (putting them close to reaching those targets). Since people with suppressed viral loads have a near-zero risk of transmitting HIV to their sex partners *(7, 24)*,[21] very high rates of viral suppression among men are vitally important for reducing HIV infections among women, as well as among their male sex partners, in the GPC focus countries *(25)*. It is notable that most of the countries with comparatively low viral suppression rates among men and boys are also experiencing slower reductions in new HIV infections among adolescent girls and young women (see the Conclusion).

There are many under-utilized opportunities to reach adolescent boys and men with effective HIV testing, prevention and treatment services. Using them will help improve treatment outcomes for men and reduce HIV incidence among men and their sexual partners.

Table 6. GPC scorecard for HIV prevention among adolescent boys and men

	INDICATOR	Botswana	Eswatini	Ethiopia	Kenya	Lesotho	Malawi	Mozambique	Namibia	Rwanda	South Africa	South Sudan	Uganda	United Republic of Tanzania	Zambia	Zimbabwe
OUTCOME	National male circumcision prevalence (15–24 years) (%)	23	5	88	94	70	29	66	22	73	60	id	49	82	37	19
	National male circumcision prevalence (15–49 years) (%)	26	29	91	93	69	28	47	26	30	id	id	46	80	32	14
	Condom use with non-regular partners (men 15–49 years) (%)	id	83	51	68	81	73	47	82	70	68	id	58	35	54	82
	% of PLHIV on ART (men 15+ years)	88	92	81	89	81	86	78	87	91	68	32	80	92	90	93
	% of PLHIV virally suppressed (men 15+ years)	87	90	76	84	79	81	70	81	89	62	id	75	90	87	88
OUTPUT	Number of VMMCs performed per year (2022, in thousands)	10	6	28	81	15	259	172	21	203	150	12	517	454	384	171
	Number of VMMCs performed in the previous year (2021, in thousands)	4	7	28	55	14	146	129	16	395	373	6	380	571	488	151
	% change in number of VMMCs in the two most recent years (2021 and 2022)	127	-10	0	47	6	78	33	28	-49	-3	87	36	-21	-21	13
	% performance towards 2025 targets (15–34 years)	5	13	id	32	100	11	27	20	94	58	1	24	100	90	25
	VMMC coverage (15–34 years) (%)	51	47	id	80	54	44	76	65	id	51	id	67	94	78	34

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

19 Botswana, Eswatini, Rwanda, United Republic of Tanzania, Zambia and Zimbabwe.

20 Kenya, Malawi and Namibia.

21 When effective HIV treatment is taken consistently, it leads to suppression of the virus to a point where it becomes undetectable. The evidence shows that people with an undetectable viral load have zero risk of transmitting HIV to others during sexual intercourse, and people with a suppressed viral have a near-zero risk of transmitting HIV during sex.

VMMC is a "once-off" prevention method that protects males against HIV infection without requiring any subsequent change in behaviour. Longstanding evidence from studies shows that it reduces the risk to men and boys of acquiring HIV during unprotected heterosexual intercourse by about 60% *(26, 27)*, while also reducing the risk of acquiring syphilis *(28)*. There is new evidence that VMMC continues to be cost-effective for HIV prevention in sub-Saharan Africa *(29)*.

The scale-up of VMMC programmes has added momentum to prevention programmes in many of the 15 countries in eastern and southern Africa where this method has been prioritized since 2007. Those countries are providing VMMC as part of a package of prevention interventions, which includes safer sex education, condom education and provision, HIV testing and linkage to care and treatment (if a person is HIV-positive), and managing STIs.

By the end of 2022, almost 35 million men and boys had opted for VMMC in the 15 priority countries, with **Uganda**, the **United Republic of Tanzania** and **Zambia** accounting for more than half of all VMMC procedures performed in those countries. But recent trends in the uptake of VMMC have been mixed. The number of procedures performed in 2021 and 2022 rose in 9 out of the 15 priority countries, including in **Botswana** and **Malawi**, where VMMC coverage had been low previously. But VMMC programmes have struggled to recover from the COVID-19 disruptions in several other countries (notably **Eswatini**, **Rwanda**, **South Africa** and **Zambia**) *(Table 6)*.

Overall in sub-Saharan Africa, the national prevalence of male circumcision among men and boys surpassed 90% in eight GPC focus countries (**Angola**, **Cameroon**, **Côte d'Ivoire**, **Democratic Republic of the Congo**, **Ethiopia**, **Ghana**, **Kenya** and **Nigeria**).[22] But VMMC programmes in several focus countries can be making a bigger contribution to HIV prevention leading up to 2030—including in **Botswana**, **Eswatini**, **Malawi**, **Namibia**, **Rwanda**, **Zambia** and **Zimbabwe**, where national prevalence of male circumcision was still 30% or lower *(Table 6)*.

VMMC programmes face two major challenges: reduced funding (there has been heavy reliance on PEPFAR, which, as the leading funding partner, has enabled the progress to date) and the need to reach more men in their twenties and older (services in some countries have focused especially on adolescents). Other research suggests that VMMC programmes are missing men with lower incomes and men living in rural areas,[23] which may account partially for the wide variations in the uptake of VMMC programmes at subnational levels.[24]

22 In many of those countries, male circumcision was a widespread cultural or religious practice before the advent of VMMC programmes.

23 Based on Population-based HIV Impact Assessments, 2015–2019.

24 Based on a special analysis by Avenir Health using the DMPPT2 VMMC. Data analysed were from Botswana, Eswatini, Kenya, Lesotho, Mozambique, Rwanda, South Sudan, the United Republic of Tanzania, Zambia and Zimbabwe.

As discussed in greater detail under Pillar 4, condom use among men is still irregular in many of the focus countries with mixed epidemics. Only in 4 (**Eswatini**, **Lesotho**, **Namibia** and **Zimbabwe**) of the 21 GPC countries reporting these data did more than 80% of adult men (15–49 years) say they used a condom at last sex with a non-regular partner; fewer than 50% did so in 6 countries (**Angola**, **Democratic Republic of the Congo**, **Ghana**, **Mozambique**, **Papua New Guinea** and the **United Republic of Tanzania**). Yet, the data also show that in most focus countries the vast majority of men know that condoms are a safe prevention method *(Table 7)*. (Levels of condom use among sex workers, gay men and other men who have sex with men, and transgender women are discussed under Pillar 1, above.)

In the absence of other standard prevention indicators for men, the scorecard still focuses on VMMC as an outcome for Pillar 4 (see Figure 12 and the country Annex). Overall, four countries (**Lesotho**, **Rwanda**, **United Republic of Tanzania** and **Zambia**) scored "high" or "very high" on VMMC, while five countries scored very low (**Botswana**, **Eswatini**, **Malawi**, **Namibia,** and **South Sudan**. The relatively higher uptake of VMMC in eastern Africa since the onset of VMMC programming suggests that the procedure was more acceptable in that sub-region, where traditional male circumcision was more common. In southern Africa, condom programming could build on existing family planning programmes.

It is striking that hardly any of the prevention programmes in focus countries in sub-Saharan Africa fared well on the scorecard for *both* women and men. In **Botswana**, **Eswatini**, **Lesotho** and **Zimbabwe**, programmes focused on adolescent girls and young women scored well, but those focused on boys and men scored poorly. The inverse was seen in **Ethiopia**, **Rwanda**, **United Republic of Tanzania** and **Zambia**, where HIV prevention programmes among boys and men scored well, but those targeting adolescent girls and young women scored poorly. These patterns are influenced by long-term factors that go beyond the delivery of HIV programmes in recent years.

PILLAR 4. PROMOTION AND DISTRIBUTION OF CONDOMS AND LUBRICANTS

Condoms are a low-cost prevention option that offers protection against HIV, other STIs and unintended pregnancies. The UN Population Fund (UNFPA) has estimated that the more than five billion condoms it provided to low and middle-income countries between 2018 and 2022 had the potential to avert 24.9 million STIs, 570 000 HIV infections and 16.3 million unintended pregnancies *(30)*. In recent years, though, condom programmes have been steadily defunded in many GPC focus countries and social marketing programmes have been cut back.

Table 7. Condom use, selected determinants of use, and reported condom distribution in 24 GPC focus countries with mixed HIV epidemics

INDICATOR	Condom use with non-regular partners (%)		Knows condom as prevention method (%)		Woman justified to insist on condom use if husband has STI (men 15–49 years) (%)	Number of condoms distributed/sold per couple-year* (age range 15–64 years - 2021)	% of condom distribution need met (2021)
	Women 15–49 years	Men 15–49 years	Women 15–49 years	Men 15–49 years			
Angola	27	46	66	78	59	1	3
Botswana	id	id	id	id	id	54	id
Cameroon	43	63	77	77	71	3	16
Central African Republic	id	id	id	id	id	id	id
Congo	40	64	78	87	85	id	id
Côte d'Ivoire	38	63	60	80	78	id	id
Democratic Republic of the Congo	24	33	56	73	68	0	1
Eswatini	66	83	91	87	94	28	79
Ethiopia	20	51	58	77	61	2	35
Ghana	18	42	77	86	91	4	26
Kenya	37	68	id	id	83	2	11
Lesotho	78	81	92	88	92	2	6
Malawi	49	73	75	75	82	22	100
Mozambique	42	47	55	65	61	id	id
Namibia	66	82	88	90	93	15	46
Nigeria	36	65	73	78	77	8	70
Papua New Guinea	18	33	52	58	70	3	id
Rwanda	46	70	92	95	92	8	73
South Africa	60	68	id	id	id	20	63
South Sudan	id	id	id	id	id	0	id
Uganda	37	58	87	88	87	11	60
United Republic of Tanzania	28	35	id	id	id	8	42
Zambia	35	54	83	87	73	3	16
Zimbabwe	65	82	84	88	87	30	100

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

Note: Data on condom distribution are often reported incompletely, which can give rise to apparent contradictions, such as countries with high reported use and low distribution of condoms (e.g., **Lesotho**).

Modelling indicates that consistently high levels of condom use are still needed to achieve impact and sustain gains in HIV responses.

Mathematical models suggest that condom use still has a major role in slowing the spread of HIV in all settings and they point to a continued need to sustain high levels of condom use *(31,32)*. Condom distribution, however, is far below the level of need, with 15 or fewer condoms distributed per couple per year in 15 of the 20 GPC focus countries reporting those data *(Table 7)*. Most of those focus countries did not meet even half their estimated condom distribution needs. Only 3 countries (**Eswatini**, **Malawi** and **Zimbabwe**) fared well, while 4 others managed to meet at least 60% of their condom needs. Data quality on national condom distribution and sales remains low in several countries and reporting is incomplete, indicating a need to strengthen data collection from public, social marketing and private sectors.

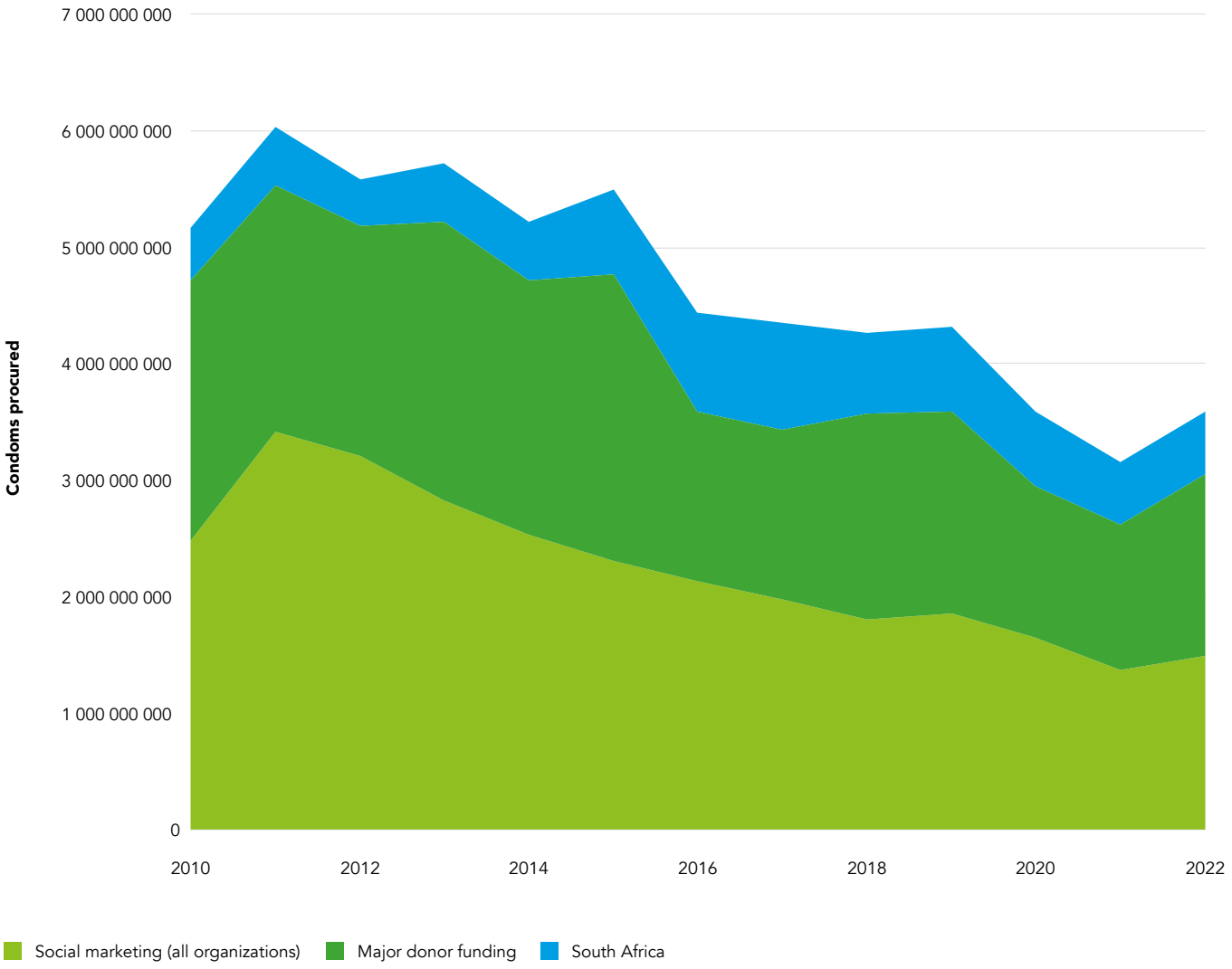
Among adolescent girls and young women (15–24 years), condom use with non-regular partners is very infrequent in most of the focus countries with mixed HIV epidemics *(Table 4)*. Only in **Lesotho** did more than 75% of this priority population report using a condom the last time they had sex with a non-regular partner; in 12 of the other 20 countries reporting these data less than half of adolescent girls and young women said they had done so. It is notable that the levels of condom use with non-regular partners were low in most of the countries where HIV incidence declines among adolescent girls and young women since 2010 have been particularly slow.

Condom use was also highly irregular among adult women: in 16 of the 21 focus countries reporting these data less than half of women aged 15–49 years said they had used a condom at last sex with a non-regular partner. Their male counterparts were significantly more likely to say they used a condom in similar circumstances, though levels of reported condom use surpassed 80% in only 4 countries (**Eswatini**, **Lesotho**, **Namibia** and **Zimbabwe**) *(Table 7)*.

Knowledge about condoms appears not to be a major obstacle: at least two thirds of adolescent girls and young women knew a formal source for condoms in 6 of the 9 countries reporting these data. Similarly, knowledge about condoms as an HIV prevention method was widespread among women aged 15–49 years in 11 of the 18 GPC countries with data and among their male counterparts in 15 of those countries. This suggests that, while demand creation remains important, affordable access to condoms is a major stumbling block, especially in low-income groups. Indeed, other evidence indicates that wealthier men and women are most likely to have used condoms the last time they had sex with a non-regular partner *(33)*.

Figure 6 depicts the downward trend in investment in condom procurement and distribution after 2011. Considering the rapidly growing young adult population in Africa, this suggests that a decline in the availability of and access to free and subsidized condoms may be underway. Other information sources also point to worrying trends in condom use. Analysis of Demographic and Health Survey data indicate that among young women aged 15–24 years, condom use at last sex with a non-regular partner declined substantially between 2011 and 2015 and between 2015 and 2020 in western and central Africa, from an average 42% to 25%, while it remained steady but low in eastern and southern Africa, at about 36% *(34)*. Figure 7 also shows a downward trend in condom use during premarital sex among young people in four countries with recent survey data.

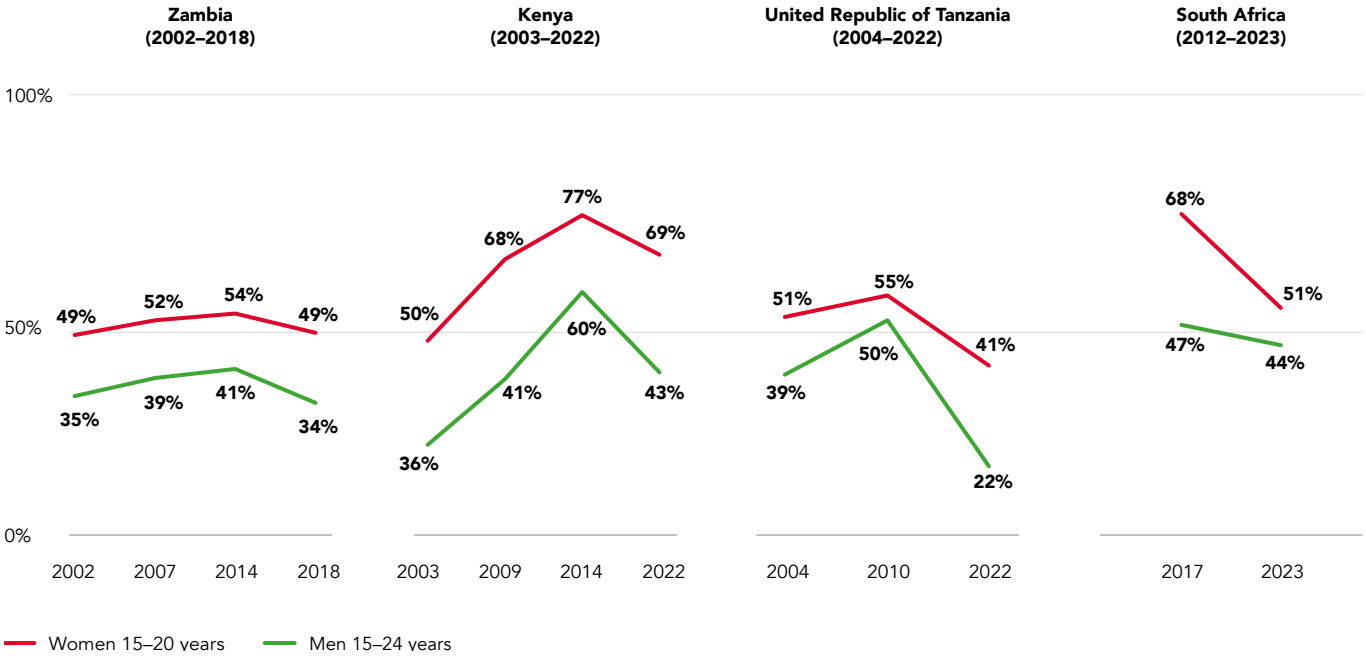
Figure 6. Trends in condom distribution via major condom procurers and distributors, 2010–2022



Source: Mann Global Health. Understanding the global condom landscape. Seattle, Geneva 2024.

Note: Donors include UNFPA (including third-party procurement); the United States Agency for International Development; and the Global Fund. Data for donors reflect global procurement; condoms may not have been distributed in the same fiscal year. Data for social marketing organizations reflect the reported distribution as per the DKT social marketing statistics report. The data for South Africa reflect procurement through domestic resources. Other domestic procurement is not reflected.

Figure 7. Trends in condom use among young people during premarital sex, four countries in sub-Saharan Africa



Source: Mann Global Health. Understanding the global condom landscape. Seattle, Geneva 2024.
Note: Analysis based on data from Demographic and Health Surveys, available at The DHS Program STATcompiler (http://www.statcompiler.com).

PILLAR 5. WIDER ACCESS TO ANTIRETROVIRAL-BASED PREVENTION

Antiretroviral-based prevention has a central role in achieving the steep reductions in new HIV infections that are required to reach the 2025 prevention targets and in sustaining those reductions beyond that milestone. Increased access to antiretroviral therapy (ART) and the growing proportion of people living with HIV who are virally suppressed have provided much of the impetus for the steep drop in the number of adults (15 years and older) acquiring HIV in the past decade.

When effective HIV treatment is taken regularly, it suppresses the virus to a point where it becomes undetectable. Study evidence shows that there is zero risk for people living with HIV with an undetectable viral load to transmit HIV sexually and near-zero risk for people with a suppressed viral load *(7, 35, 36)*. Most GPC countries where HIV circulates widely in the general population are doing very well at diagnosing and treating people living with HIV, and at enabling those on treatment to suppress their HIV viral loads to levels that almost rule out onward transmission of the virus *(Table 8)*.

Twelve of the 24 focus countries with mixed epidemics, mostly in sub-Saharan Africa, have achieved the 90–90–90 target (i.e., at least 73% of people living with HIV were virally suppressed) and, among them, 8 have already reached the 95–95–95 target (i.e., at least 86% of people living with HIV were virally suppressed) *(Table 8)*. Those achievements can be credited to strong political commitment and sustained infusions of funding for HIV testing and treatment, price reductions for recommended antiretroviral regimens, implementation of international treatment guidelines, and maturing collaborations between public and community health systems.

Table 8. Antiretroviral-based prevention scorecard for 24 GPC focus countries with mixed HIV epidemics

	INDICATOR	Angola	Botswana	Cameroon	Central African Republic	Congo	Côte d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	Papua New Guinea	Rwanda	South Africa	South Sudan	Uganda	United Republic of Tanzania	Zambia	Zimbabwe
OUTCOME	% of all PLHIV diagnosed	58	97	93	51	24	82	83	97	84	72	94	94	94	86	95	id	70	95	94	id	90	95	93	95
	% of all PLHIV on ART	46	93	88	49	24	72	82	95	83	63	94	86	93	81	91	id	61	92	75	32	84	94	90	94
	% of all PLHIV virally supressed	id	93	79	id	id	62	id	93	75	id	89	85	87	71	86	id	id	90	69	id	79	92	87	89
	% of all PLHIV virally supressed (women 15+)	id	97	84	id	id	69	id	95	80	43	93	88	93	74	90	id	id	91	74	id	83	96	89	93
	% of all PLHIV virally supressed (men 15+)	id	87	77	id	id	54	78	90	76	id	84	79	81	70	81	id	id	89	62	id	75	90	87	88
OUTPUT	Regulatory approval in place (0 = no, 1 = yes)	0	1	0	id	id	1	0	1	0	1	1	1	1	0	1	1	id	1	1	0	1	1	1	1
	PrEP guidelines in place (0 = no, 1 = in preparation, 2 = yes)	0	2	2	id	id	2	2	2	2	2	2	2	2	2	2	2	id	2	2	2	2	2	2	2
	% of estimated PrEP need met (%)	id	48	40	id	0	40	12	id	38	62	id	id	53	id	id	id	id	id	61	1	id	75	id	id
	Number of people who received PrEP at least once in the past 12 months (Dec 2022)	id	13 380	4377	id	id	676	8650	id	21 684	8088	155 526	28 128	23 104	id	29 826	384 429	id	10 775	406 170	153	195 743	162 477	162 695	79 602
	Number of people who received PrEP at least once in the past 12 months (Dec 2021)	id	9064	4426	id	id	2427	7853	13 746	13 779	2135	117 174	22 695	10 971	57 717	18 344	148 952	id	8556	346 667	id	120 524	41 335	147 397	37 916
	Change in PrEP coverage between Dec 2021 and December 2022 (%)	id	48	-1	id	id	550	10	id	57	279	33	24	111	id	63	158	id	26	17	id	62	293	10	110
	PrEP coverage score*	id	3	1	id	id	2	1	id	3	1	7	7	2	id	7	id	id	3	3	1	3	7	5	5
	Composite PrEP score (0-10 points based on regulatory, guidelines and coverage)	id	6	3	id	id	5	3	id	5	4	10	10	5	id	10	id	id	6	6	3	6	10	8	8

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

Table 9. Antiretroviral-based prevention scorecard for 16 GPC focus countries with HIV epidemics primarily affecting key populations and their sexual partners

	INDICATOR	Brazil	China	Colombia	Egypt	India	Indonesia	Iran (Islamic Republic of)	Madagascar	Mexico	Myanmar	Pakistan	Peru	Philippines	Thailand	Ukraine	Vietnam
OUTCOME	% of all PLHIV diagnosed	91	id	id	74	79	id	51	id	id	0	id	86	63	90	id	89
	% of all PLHIV on ART	74	id	id	47	68	33	37	18	62	74	13	82	41	81	id	73
	% of all PLHIV virally supressed	70	id	id	39	63	id	33	id	58	id	id	61	id	79	id	72
	% of all PLHIV virally supressed (women 15+)	id	id	id	44	id	id	34	id	51	id	id	58	id	81	id	68
	% of all PLHIV virally supressed (men 15+)	id	id	id	id	id	id	32	id	59	id	id	63	id	78	id	74
OUTPUT	Regulatory approval in place (0 = no, 1 = yes)	1	1	1	id	0	0	1	0	1	0	0	1	0	1	0	1
	PrEP guidelines in place (0 = no, 1 = in preparation, 2 = yes)	2	1	2	id	1	1	2	2	2	2	1	2	1	2	2	2
	% of estimated PrEP need met (%)	16	id	0	id	0	1	1	0	3	12	id	37	4	13	18	50
	Number of people who received PrEP at least once in the past 12 months (Dec 2022)	55 746	id	1636	id	2613	3178	136	459	7594	2702	id	519	11 803	14 914	9075	51 493
	Number of people who received PrEP at least once in the past 12 months (Dec 2021)	40 737	id	598	id	2700	id	id	0	id	id	id	id	id	id	9833	id
	Change in PrEP coverage between Dec 2021 and December 2022 (%)	37	id	174	id	-3	id	id	id	id	id	id	id	id	id	-8	id
	PrEP coverage score*	id	id	0	id	1	1	1	0	1	1	id	1	1	2	id	7
	Composite PrEP score (0-10 points based on regulatory, guidelines and coverage)	id	id	0	id	2	2	4	0	4	3	id	4	2	5	id	10

Very good Good Medium Low Very low Insufficient data Not applicable

Source: Global HIV Prevention Coalition 2023 scorecard.

Access to HIV testing and treatment remains unequal. Levels of viral suppression are lower among adolescents and men and in regions where key populations are most affected. Widescale, trusted service platforms are urgently needed to increase access to prevention, testing and treatment for key populations and men, and to achieve the 2025 and 2030 targets for everyone.

However, the overall achievements hide notable imbalances. In sub-Saharan African countries, levels of viral suppression were consistently higher among adult women, compared with adult men. Unless corrected, that disparity will continue to have major implications for HIV prevention in the years ahead. A recent study from **Uganda**, for example, estimates that HIV incidence among women could be reduced by half if viral suppression rates among men were as high as those among women *(37)*. Achieving and sustaining very high levels of ART coverage and viral load suppression among people of all sexes is vital for breaking the cycles of HIV transmission.

Similarly, UNAIDS estimates show that the coverage of ART remains much lower among adolescents (aged 10–19 years) than among adults overall. Globally, a little over half of adolescents were receiving HIV treatment in 2022, much lower than the 76% coverage among adults. Viral load suppression rates among adolescents are also much lower than for adults *(38, 39)*.

Treatment programmes are performing poorly in most of the GPC focus countries where the HIV epidemics are primarily affecting key populations and their sex partners: only in **Thailand** did the percentage of people living with HIV who were virally suppressed exceed 73% (the threshold indicative of achieving 90–90–90 targets) *(Table 9)* and it exceeded 60% in only 4 other countries. Those data are symptomatic of a wider failure of HIV programmes to enable people belonging to key populations to avoid or manage HIV infection successfully.

PrEP is a potentially crucial tool for HIV prevention among people belonging to key populations and their sex partners, and among women and adolescent girls in settings where HIV incidence is high. Most of the GPC focus countries in sub-Saharan Africa have issued regulatory approval for the provision of oral PrEP and almost all of them have included oral PrEP in their national guidelines. Eight of 16 focus countries with concentrated epidemics had regulatory approval and ten had completed national guidelines for PrEP provision.

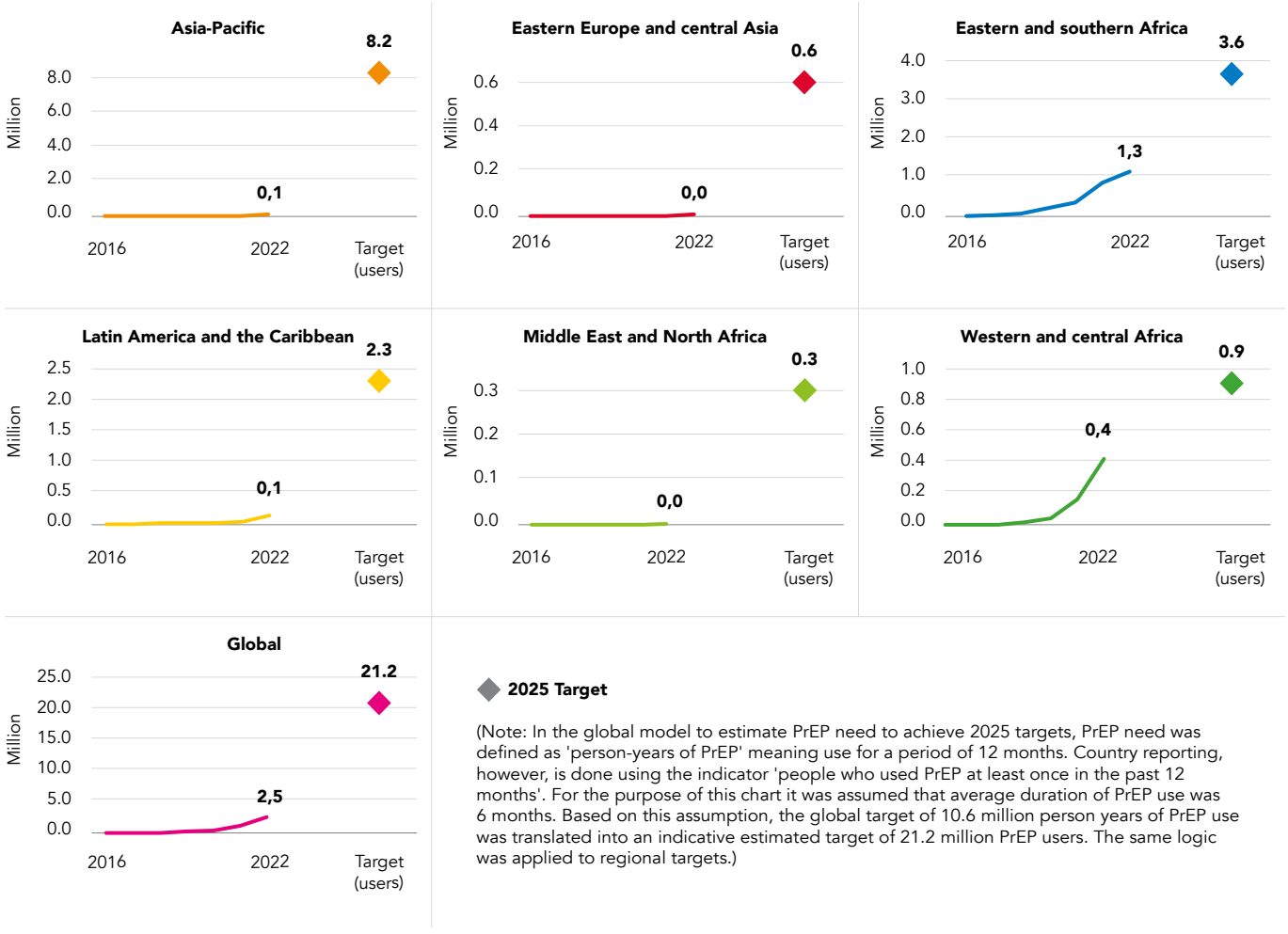
Actual provision of oral PrEP has expanded considerably, especially in the focus countries with mixed epidemics. The numbers of people who received PrEP at least once in the previous 12 months more than doubled between 2021 and 2022 in 6 of the 17 countries reporting these data, including in some countries where PrEP provision was already fairly well-established (e.g., **Kenya**, **South Africa**, **Uganda** and **Zambia**). At least 100 000 people received PrEP at least once in 2022 in each of the latter

4 countries, as well as in **Nigeria** and the **United Republic of Tanzania** *(Table 8)*. But PrEP coverage (measured as a percentage of the estimated national need for PrEP) was higher than 50% in only 4 of the 11 countries with mixed epidemics that reported such estimates (**Ghana**, **Malawi**, **South Africa** and the **United Republic of Tanzania**) *(Table 8)*.

PrEP coverage is very low in the focus countries where the epidemic is primarily affecting key populations and their partners, with study evidence supporting that finding *(40)*. Only **Viet Nam** managed to meet at least half of the estimated PrEP need *(Table 9)*. Low coverage of PrEP and ART heightens the importance of condoms as HIV prevention tools among key populations.

PrEP access varies greatly between regions, as well. Significant progress relative to the 2025 global targets has only been made in eastern and southern Africa and western and central Africa *(Figure 8)*, though access to PrEP there remains highly uneven. Country progress in terms of PrEP access also varies greatly within and between regions *(Figure 9)*.

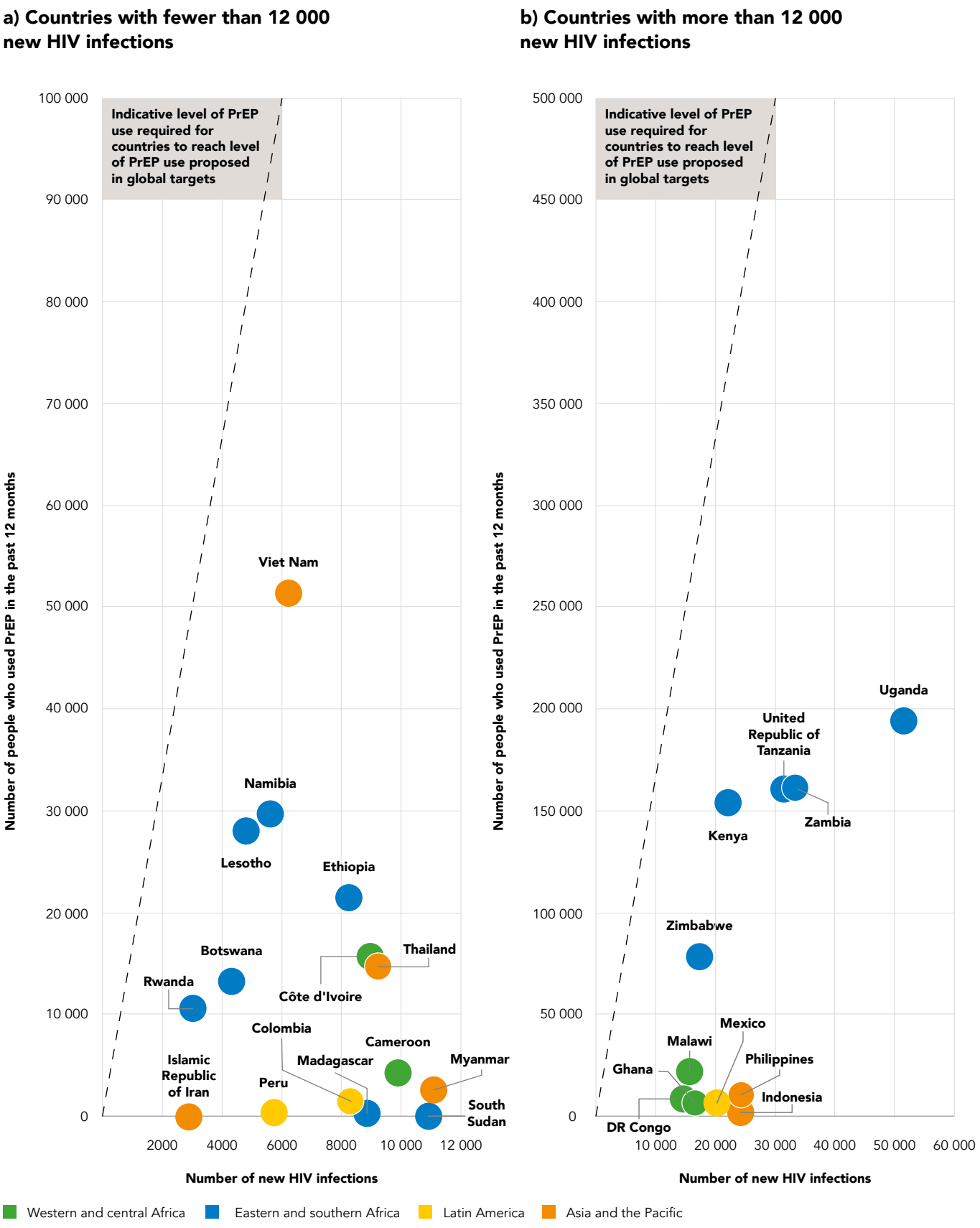
Figure 8. Number of people using PrEP in 2022, relative to 2025 targets



(Note: In the global model to estimate PrEP need to achieve 2025 targets, PrEP need was defined as 'person-years of PrEP' meaning use for a period of 12 months. Country reporting, however, is done using the indicator 'people who used PrEP at least once in the past 12 months'. For the purpose of this chart it was assumed that average duration of PrEP use was 6 months. Based on this assumption, the global target of 10.6 million person years of PrEP use was translated into an indicative estimated target of 21.2 million PrEP users. The same logic was applied to regional targets.)

Source: Prepared based on 2023 prevention scorecards and Global AIDS Monitoring.

Figure 9. Number of people using PrEP, relative to country epidemic size



Note: The assumptions made for the levels of PrEP use that are required to come close to achieving the global targets are the same as in Figure 8. It was assumed that two people using PrEP in the past 12 months equals one person-year of PrEP use. In interpreting Figure 9, it should be noted that PrEP targets are not a direct function of the number of new HIV infections in a country: the relationship is only broadly indicative.

Source: Based on 2023 prevention scorecards and Global AIDS Monitoring.

Recently, two new, long-acting PrEP options have become available: the dapivirine vaginal ring and long-acting injectable cabotegravir (CAB-LA). Since 2021, WHO has recommended the dapivirine vaginal ring for women who are at substantial risk of acquiring HIV. By mid-2023, **Botswana**, **Eswatini**, **Kenya**, **Lesotho**, **Malawi**, **Namibia**, **Rwanda**, **South Africa, Uganda**, **Zambia** and **Zimbabwe** had either granted regulatory approval for use of the vaginal ring option or authorized its importation *(41)*. In 2022, WHO recommended CAB-LA for people at substantial risk of HIV infection. By late 2023, CAB-LA had been registered in 13 focus countries, including **Botswana**, **Brazil**, **Malawi**, **Peru**, **Philippines**, **South Africa**, **Zambia** and **Zimbabwe**.

Along with increased provision of PrEP, there is a need to increase awareness, acceptability and demand for this powerful prevention option. Increasing PrEP coverage at scale requires that countries pay attention not only to the availability of PrEP, but also to the acceptability and accessibility of PrEP services. Differentiated service delivery for PrEP is therefore important *(42)*.

Coverage depends both on initial uptake and on effective use of PrEP (i.e., individuals are using PrEP as directed at times of substantial risk). In studies and demonstration projects in Africa, adherence to oral PrEP often has been low, however *(43, 44)*. The reasons cited include fear of stigma, concerns about side-effects, and insufficient knowledge about this prevention method *(45, 46, 47)*.

Many low- and middle-income countries outside eastern and southern Africa have fallen behind in enabling PrEP access. They have an opportunity to follow the examples of Kenya, Lesotho, Thailand and Viet Nam, which have increased access to combination prevention, including PrEP, and have recorded substantial declines in HIV incidence.

PROGRESS ON THE TEN MAIN ACTION POINTS IN THE HIV PREVENTION 2025 ROAD MAP

The GPC focus countries in 2022 endorsed a new iteration of the HIV Prevention Road Map *(48)*, which sets out ten country-level actions to accelerate progress towards the 2025 HIV prevention targets and to sustain those gains *(Figure 10)*.

Aligned with the 2021 Political Declaration on HIV and AIDS, the actions centre on widening the availability and use of proven HIV prevention options (such as antiretrovirals, condoms, VMMC in eastern and southern Africa, and harm reduction services) alongside new ones. Also emphasized is the importance of adopting rights-based, people-centred approaches and reducing the discrimination, inequalities and violence that heighten people's risk of acquiring HIV, while restricting their access to prevention services.

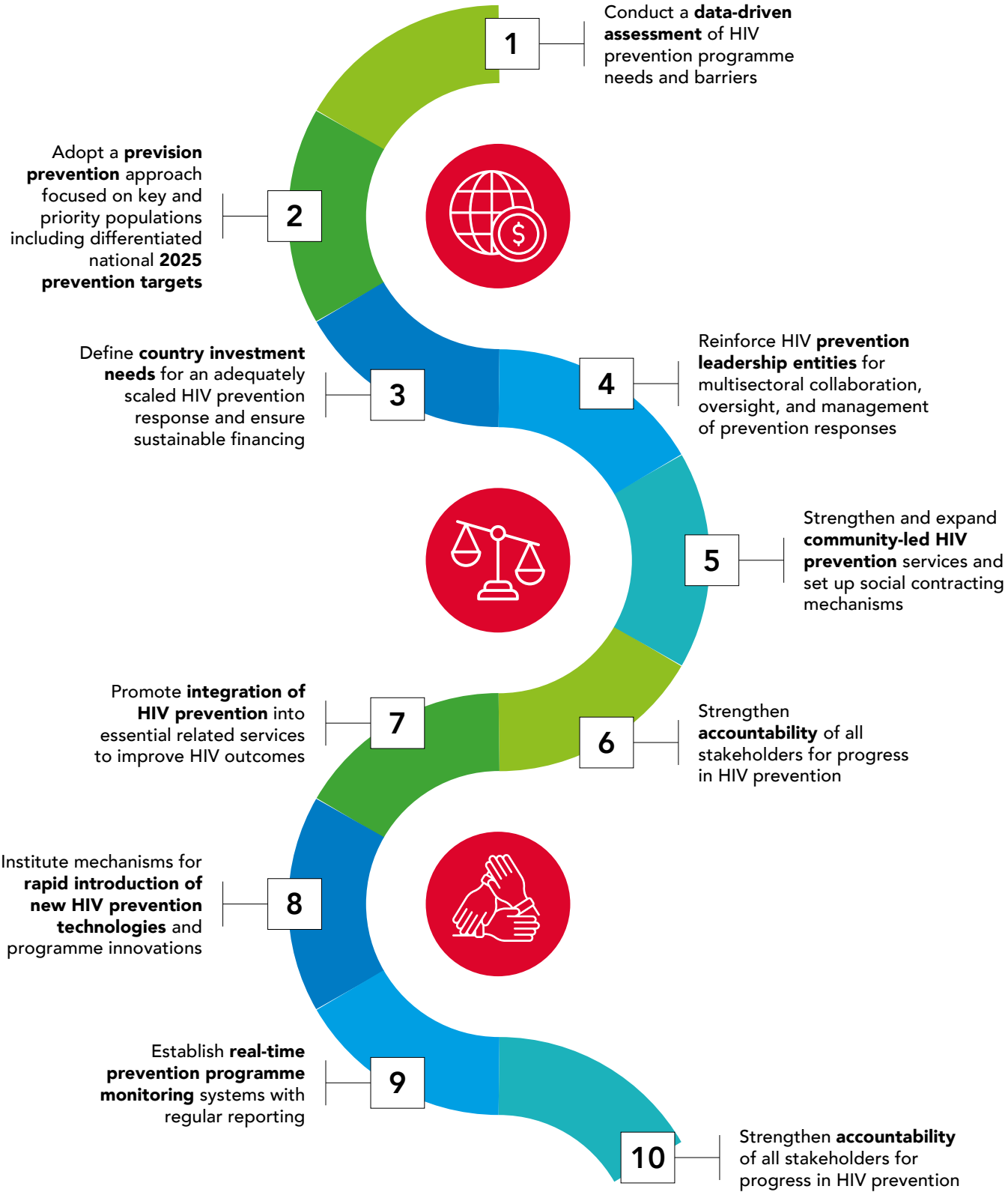
The 2025 Road Map reflects lessons from implementation of the 2020 Road Map and considers the shifting context in which HIV responses operate, including the evolving epidemic itself, financing challenges and the diminishing space in many countries for civil society-led activities. It therefore emphasizes policy, legal and societal changes that can make it easier for people to avoid acquiring HIV infection. It also highlights the powerful interplay between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV.

Evident across the Road Map is an intensified focus on reaching key populations everywhere and adolescent girls and young women and their male partners in sub-Saharan Africa; addressing inequalities that heighten the risk of acquiring HIV; and strengthening the roles of communities in HIV prevention. The Road Map guides the use of scarce resources in ways that can achieve maximum impact and it emphasizes the need to facilitate wider availability and use of innovative HIV prevention tools (such as long-acting formulations for PrEP) and approaches (such as telemedicine and other virtual services).

The Road Map survey was conducted to gauge progress in implementation of the action plan and identify important hindrances and gaps. The survey was done in March 2023 among 35 GPC focus countries; it did not yet include the five other countries which were invited to join the Coalition later in 2023. The survey results allow comparisons to be made between countries.[25]

25 Comprising 45 key questions, the survey was completed by HIV prevention focal points from National AIDS Commissions, Ministries of Health, UNAIDS and UNFPA, as well as by National AIDS Commission directors, UNAIDS country directors and regional directors, and UNFPA representatives. Generally, each country response was then compiled by a technical working group, led by the leadership of the National AIDS Council or equivalent structure. Thirty-five countries submitted their results, which were then verified by national HIV programmes.

Figure 10. The HIV Prevention 2025 Road Map's ten-point action plan

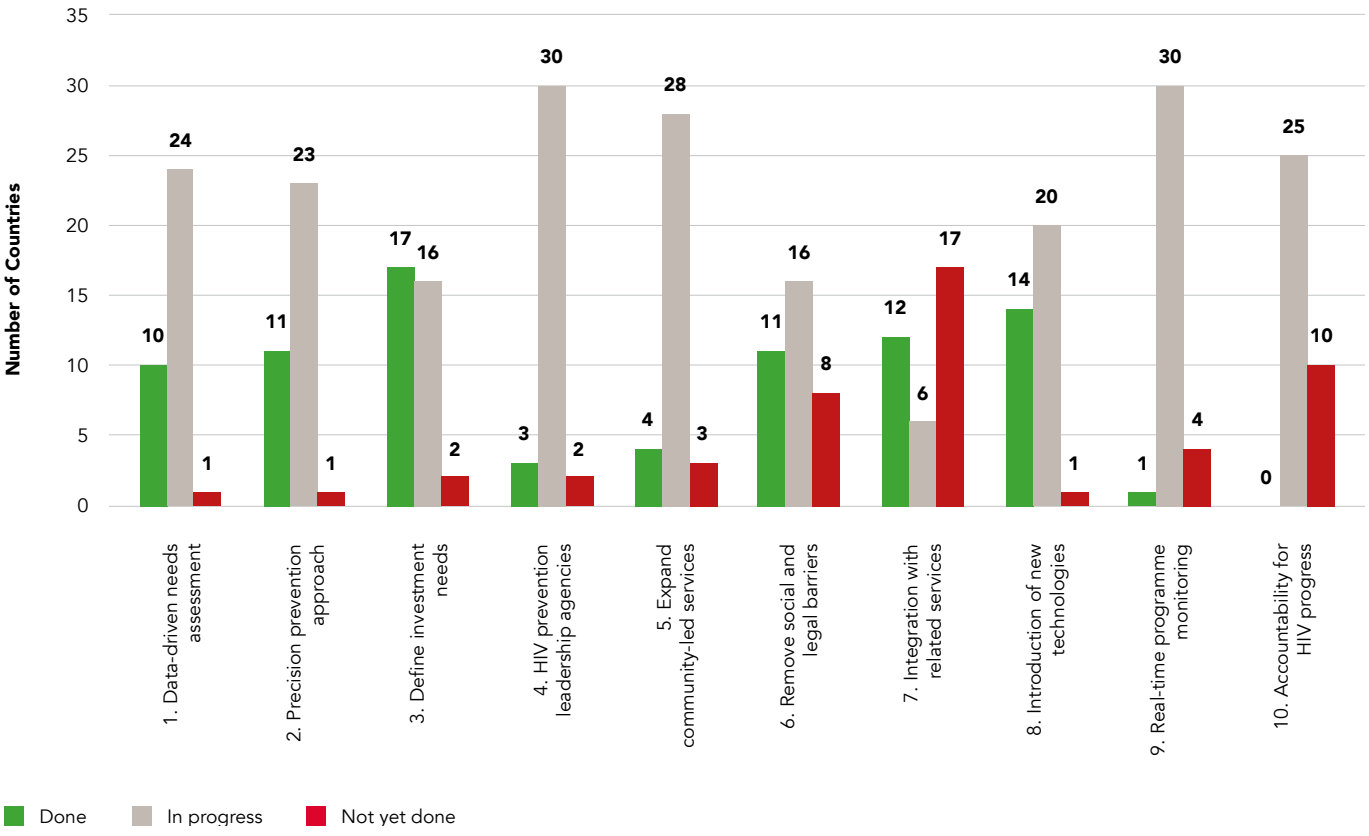


Source: UNAIDS Global HIV Prevention Coalition. HIV prevention 2025 Road Map: getting on track to end AIDS as a public health threat by 2030. Geneva: UNAIDS; 2022.

Survey results show that, overall in 2023, more countries reported using granular data to assess and plan around their HIV prevention needs, including their funding requirements. People-centered planning was also becoming more widespread, along with awareness of the value of community-led prevention activities *(Figure 11)*.[26] However, not nearly enough was being done to integrate HIV prevention and other services, introduce solid accountability frameworks, or remove social and legal barriers. Community-led service delivery remained a work-in-progress in many focus countries, as did the overhaul of national structures to lead and coordinate national prevention programmes, and the introduction of real-time programme monitoring systems.

The survey results for each of the ten action points are discussed below. Figure 9 provides a global overview, while Table 10 shows the highly varied progress in countries with mixed HIV epidemics in sub-Saharan Africa *(Table 10)*. In other regions *(Table 11)*, less progress was reported against the ten action points in most countries.

Figure 11. Progress on each of the ten action points in the HIV Prevention 2025 Road Map in 35 GPC focus countries, 2023



Source: Global Prevention Coalition Progress Survey, 2023.

26 The term "community-led" refers to leadership by and for people living with and affected by HIV, including and especially key populations, women and young people. The 30–60–80 targets are defined as follows in the Global AIDS Strategy: 30% of testing and treatment services to be delivered by community-led organizations; 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations; 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations.

Table 10. Implementation of the ten Road Map action points in 21 GPC countries with mixed HIV epidemics, 2023

NR	ROAD MAP BASELINE SURVEY COMPONENTS CONSIDERED FOR OVERALL ROAD MAP ACTION SCORING	Angola	Botswana	Cameroon	Côte d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	Rwanda	South Africa	South Sudan	Uganda	United Republic of Tanzania	Zambia	Zimbabwe
	SUMMARY ON COMPLETION OF TEN ROAD MAP ACTIONS																					
1	Data-driven needs assessment	P	P	P	P	P	P	C	P	C	P	C	P	C	P	C	C	P	P	C	P	C
2	Precision prevention approach	N	N	N	P	C	N	C	P	C	P	P	C	C	C	P	P	P	P	P	N	P
3	Define investment needs	P	C	P	P	C	P	C	C	C	P	P	N	C	C	P	C	P	P	P	P	C
4	HIV prevention leadership agencies	P	C	P	P	C	P	P	P	P	P	P	P	P	P	C	P	P	P	P	P	P
5	Expand community-led services	P	P	P	C	P	P	C	P	P	P	P	P	C	P	P	P	N	N	P	P	C
6	Remove social and legal barriers	P	C	N	C	C	P	C	P	C	P	P	P	P	P	P	C	P	P	N	N	P
7	Integration with related services	N	C	P	N	C	N	C	N	C	N	N	N	C	N	C	P	N	P	C	C	C
8	Introduction of new technologies	P	C	P	C	N	C	C	C	C	P	P	C	C	P	C	C	P	P	C	C	C
9	Real-time programme monitoring	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	N	P	P	P	P
10	Accountability for HIV progress	P	N	N	P	P	N	P	P	P	P	P	N	P	N	P	P	N	N	P	N	P
	PROGRESS ON DETAILED MILESTONES AND COMMITMENTS																					
1.1	HIV epidemic pattern and prevention programme analysis	P	P	P	P	P	P	C	P	C	P	C	C	C	P	C	C	P	P	C	P	C
1.2	Consultation meetings to identify barriers	C	C	C	C	C	C	C	C	C	C	C	N	C	C	C	C	C	C	C	C	C
1.2.1.	Listing of the identified barriers	C	C	C	C	C	C	C	C	C	C	C	N	C	C	C	C	C	C	C	C	C
2.1	Developed a prevention road map or plan	N	N	N	C	C	N	C	C	C	C	C	C	C	C	C	N	C	C	N	N	C
2.2	Set granular HIV prevention targets	N	N	N	C	C	N	C	C	C	C	C	C	C	C	N	C	C	N	C	N	C
2.3	Translate national targets into subnational targets	N	N	N	N	P	N	P	P	P	P	N	P	P	P	P	P	P	N	P	N	P
2.4	Differentiated HIV prevention packages	C	C	N	C	C	N	C	C	C	N	C	C	C	C	C	C	N	C	C	N	N
2.5	Packages for young women where relevant	C	C	N	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	N	C
2.7	Standard operating procedures/guidelines for relevant pillars	N	C	C	C	C	C	C	N	C	C	C	C	C	C	C	C	C	C	C	C	C
3.1	Budgeted or costed national HIV prevention plan	N	C	N	C	C	N	C	C	C	N	C	N	C	C	C	C	N	C	N	N	C
3.2	Dialogue to address prevention funding gap	C	C	C	N	C	C	C	C	C	C	N	N	C	C	N	C	C	N	C	C	C
4.1	Multi-sector HIV prevention leadership exists	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
4.2	The entity is functional and relevant meetings are held	C	C	P	C	C	C	N	C	P	C	C	N	C	C	C	P	C	C	N	N	C
4.3	Milestones to reinforce prevention leadership entities	N	C	N	N	C	N	C	N	N	N	N	N	N	N	C	N	N	N	N	N	N
5.1	Government convening includes relevant communities	C	N	C	C	C	N	C	C	C	N	N	N	C	C	C	N	N	N	C	N	C
5.2	Public funds are being allocated to NGOs	C	C	C	C	C	C	C	C	N	C	N	N	C	N	C	C	N	N	N	C	C
5.3	Any laws or policies impacting NGOs	C	C	C	C	C	C	C	N	C	C	C	C	C	C	C	C	N	N	N	N	C
5.4	Any targets set on community-led services	N	C	C	C	C	C	C	N	N	C	N	N	C	C	N	C	N	N	N	N	C
5.5	Milestones on community-led services	N	C	N	C	N	N	C	N	N	N	N	N	C	N	N	N	N	N	N	N	C
6.1	Legal, policy and structural barriers identified in strategy	C	C	N	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	N	C
6.2	Milestones to address the country-specific barriers	N	C	N	C	C	N	C	N	C	N	N	N	N	N	N	C	N	N	C	N	N
7.1	Milestone on promoting integration	N	C	C	N	C	N	C	N	C	N	N	N	C	N	C	C	N	C	C	C	C
7.1.1	Milestones on integration listed	N	C	C	N	C	N	C	N	C	N	N	N	C	N	C	C	N	C	C	C	C
8.1	Actions for new prevention technologies	C	C	C	C	N	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
8.2.	Milestones on new prevention technologies	N	C	N	C	N	C	C	C	C	N	N	C	C	N	C	C	N	N	N	C	C
9.1	Data triangulation for coverage of programmes	C	C	C	C	N	C	C	C	C	C	C	C	C	C	C	C	N	C	C	C	C
9.3	Developed subnational scorecards	N	N	N	N	N	N	N	N	C	N	N	C	N	N	N	N	N	N	N	N	C
9.4	HIV prevention funding expenditure analysis done	N	C	N	N	C	N	N	C	C	N	N	N	N	N	N	C	N	N	N	C	C
9.5	Cost-effectiveness included in programe reviews	N	N	N	N	C	N	N	C	N	N	C	N	N	N	N	C	N	N	N	N	N
10.1	Road Map table on accountability adapted and adopted	P	N	N	P	P	P	N	P	P	P	P	N	P	N	P	C	N	N	N	N	P
10.2	Accountability framework in line with Road Map	N	N	N	N	C	N	C	N	C	N	P	N	N	N	N	C	N	N	N	N	N

C = Completed P = Partially completed N = Not yet done

Source: Global Prevention Coalition Progress Survey, 2023.

Note: The upper part of Tables 15 and 16 (rows 1 to 10) is a summary of the lower part (rows 1.1 to 10.2). Hence, the score on individual rows in the upper part does not provide a full status assessment of the relevant thematic area. For example, a positive score on social and legal barriers would reflect progress on country-specific Road Map actions, but would not necessarily indicate the removal of all social and legal barriers. For the status on barriers see Tables 3 and 5.

Table 11. Implementation of the ten Road Map action points in 14 GPC countries with HIV epidemics that primarily affect key populations, 2023

NR	ROAD MAP BASELINE SURVEY COMPONENTS CONSIDERED FOR OVERALL ROAD MAP ACTION SCORING	Brazil	China	Colombia	Egypt	Indonesia	Islamic Republic of Iran	Madagascar	Mexico	Myanmar	Pakistan	Peru	Philippines	Ukraine
	SUMMARY ON COMPLETION OF TEN ROAD MAP ACTIONS													
1	Data-driven needs assessment													
2	Precision prevention approach													
3	Define investment needs													
4	HIV prevention leadership agencies													
5	Expand community-led services													
6	Remove social and legal barriers													
7	Integration with related services													
8	Introduction of new technologies													
9	Real-time programme monitoring													
10	Accountability for HIV progress													
	PROGRESS ON DETAILED MILESTONES AND COMMITMENTS													
1.1	HIV epidemic pattern and prevention programme analysis													
1.2	Consultation meetings to identify barriers													
1.2.1.	Listing of the identified barriers													
2.1	Developed a prevention road map or plan													
2.2	Set granular HIV prevention targets													
2.3	Translate national targets into subnational targets													
2.4	Differentiated HIV prevention packages													
2.5	Packages for young women where relevant													
2.7	Standard operating procedures/guidelines for relevant pillars													
3.1	Budgeted or costed national HIV prevention plan													
3.2	Dialogue to address prevention funding gap													
4.1	Multi-sector HIV prevention leadership exists													
4.2	The entity is functional and relevant meetings are held													
4.3	Milestones to reinforce prevention leadership entities													
5.1	Government convening includes relevant communities													
5.2	Public funds are being allocated to NGOs													
5.3	Any laws or policies impacting NGOs													
5.4	Any targets set on community-led services													
5.5	Milestones on community-led services													
6.1	Legal, policy and structural barriers identified in strategy													
6.2	Milestones to addess the country-specific barriers													
7.1	Milestone on promoting integration													
7.1.1	Milestones on integration listed													
8.1	Actions for new prevention technologies													
8.2.	Milestones on new prevention technologies													
9.1	Data triangulation for coverage of programmes													
9.3	Developed subnational scorecards													
9.4	HIV prevention funding expenditure analysis done													
9.5	Cost-effectiveness included in programe reviews													
10.1	Road Map table on accountability adapted and adopted													
10.2	Accountability framework in line with Road Map													

Completed Partially completed Not yet done

Source: Global Prevention Coalition Progress Survey 2023.

1. Conduct an evidence-driven assessment of HIV prevention programme needs and barriers

Action point 1 entails conducting an HIV prevention response and epidemic analysis, holding consultative meetings to identify the main barriers, and compiling a list of those barriers. Most countries are conducting data-driven needs assessments that include analyses of their epidemic patterns and prevention responses, but only 14 out of 35 have completed all relevant analyses. In addition, all but 5 of the countries that responded to the survey have identified and listed the main barriers that hinder their prevention programmes. It is particularly important to identify barriers to effective prevention in the several countries which are not recording strong declines in new HIV infections.

2. Adopt a precision prevention approach to develop national HIV prevention goals and aligned 2025 targets

It is vital, but not enough, for countries to understand their HIV epidemic: they also should put that knowledge to use. Even in countries with high overall HIV incidence, the risk of acquiring HIV varies dramatically from place to place. Programmes will be most effective if they target interventions in the locations and communities where HIV incidence is high, rather than spreading resources thinly across settings where the risk of acquiring HIV may be very low. The potential efficiency gains are also obvious. Action point 2 therefore focuses on developing a national prevention Road Map or plan and setting detailed HIV prevention targets.[27]

The survey found that GPC focus countries are gradually adjusting their prevention efforts with greater precision. Almost two thirds of countries (22/35) have established granular prevention targets and 21 countries were in the process of translating their national targets into sub-national ones. Three quarters of the countries (26/35) have developed differentiated HIV prevention packages, including ones for adolescent girls and young women (in countries with mixed epidemics).

Many countries have assessed their HIV epidemics, set granular targets, adapted their Road Maps and developed costed HIV plans. But more focus is needed on sub-national targets and plans—and on allocating investments in ways that will scale up and sustain national prevention programmes.

27 Assessed under this action point was whether a country had: translated national targets into sub-national targets; developed differentiated HIV prevention packages, including packages for adolescent girls and young girls where relevant; and had standard operating practices or implementation guides in place for the relevant pillars.

3. Determine country investment needs for adequately scaled HIV prevention responses and ensure sustainable financing

Shortfalls in funding for prevention programmes remain a major handicap. Very few GPC focus countries have raised their HIV prevention spending close to the levels required. HIV prevention programmes typically depend heavily on international resources (principally PEPFAR and the Global Fund) and that reliance is especially strong for programmes aimed at servicing the specific prevention needs of women and girls and people belonging to key populations. In a context where overall funding for HIV is stagnating and where donor funding priorities are shifting unpredictably, it is even more important for countries to clearly define and cost their HIV prevention needs and pursue new ways of financing those programmes. Action point 3 requires countries to develop costed HIV prevention plans and stage dialogues to address their prevention funding gaps.

A majority of focus countries (22/35) now have a budgeted or costed plan to achieve the 2025 HIV prevention targets. However, the countries lacking such a plan include some where HIV incidence remains high (e.g., **Eswatini**, **Lesotho**, **Mozambique**, the **United Republic of Tanzania** and **Zambia**) or is rising rapidly (e.g., **Madagascar**). Most focus countries (28/35) have held dialogues with key partners to address HIV prevention funding gaps. Those engagements have generally involved national ministries of health, national AIDS councils, the Global Fund and PEPFAR, and various civil society and community networks. In some instances, national treasuries or ministries of finance, and various UN agencies were also involved.

4. Reinforce HIV prevention leadership entities for multisectoral collaboration, oversight and management of prevention responses

Strong political leadership has been the bedrock of successful HIV responses everywhere. It is especially important for HIV prevention, which requires mobilizing financing and supporting interventions which may take some time to yield demonstrable results. It is also important for promoting policies which may attract controversy from some quarters. Action point 4 expects countries to have a functional multisectoral HIV prevention leadership in place and to have established milestones for that entity.

The Multi-sector HIV Leadership Forum, with support from the Global Prevention Coalition, has developed a position paper on sustaining effective response leadership, including through country-owned prevention systems.

All but three of the focus countries now have a designated entity to lead and manage a multisectoral and collaborative prevention response, and in most of them (20/32) that entity met at least once in the previous 12 months. In most countries, the entities include representation from other sectors, including social welfare and education, as well as from civil society. However, they continue to struggle to influence funding and budgeting decisions and their ability to effectively coordinate prevention activities across sectors also remains a concern. Only seven focus countries have gone on to develop milestones to reinforce these entities.

5. Strengthen and expand community-led HIV prevention services and set up social contracting mechanisms

The importance of community-led HIV prevention activities, especially for serving marginalized and vulnerable populations, is increasingly recognized. However, progress has been mixed for action point 5, which covers key elements that can facilitate the delivery of HIV prevention services by community-led organizations.

A small minority of countries (4/35) have significantly expanded their support for community-led prevention services. Countries are not making adequate use of community-based knowledge, networks and resources to lead and boost prevention efforts.

While most countries (25/35) reported allocating at least some public funding to non-governmental organizations (NGOs, some of which may be community-led) for prevention, this typically was in addition to external financing, which remains the mainstay funding source for those organizations. Several countries noted that staffing and technical capacities remained barriers for NGOs, yet only a few (9/35) have set milestones to strengthen and expand community-led prevention services. About one third of the countries (13/35) reported that they had laws or policies that hinder the registration, funding or contracting of NGOs—most of them countries with HIV epidemics that primarily affected key populations.

Countries have put in place important elements of country- and community-led HIV prevention. However, most countries are yet to define specific actions to strengthen genuine country- and community-led prevention systems.

Criminalization, stigma and discrimination are major barriers for HIV prevention globally. Country-specific milestones can help define viable actions to address those barriers.

6. Remove societal and legal barriers to HIV prevention services for key and priority populations

The legal and societal environments in GPC focus countries remain less than ideal and, in some cases, are undermining prevention efforts. While prevention strategies for most focus countries (26/35) identify relevant legal, policy and structural barriers, far fewer countries (11) have set milestones to clear those barriers. This hesitancy is occurring in a wider context where, in recent years, several countries have introduced additional legal barriers, including harsh punishments directed at certain key populations, making it even more difficult to reach those populations with HIV prevention services.

Part of the problem may be that the government departments tasked with enforcing obstructive laws and policies are not the ones that draw up and manage HIV prevention strategies. While prevention plans may identify the barriers, removing them requires overarching political will and multisectoral collaboration, which can be difficult to rally, especially in contexts where conservative political and cultural forces prevail.

7. Promote the integration of HIV prevention into essential related services to improve HIV outcomes

When integrated with other health and social services, HIV services can be more efficient, effective and user-friendly than stand-alone measures. Integration can also save costs for people using the services (by reducing the expense of repeat clinic visits) and achieve cost-savings for service providers (if services can be delivered simultaneously and by using the same platforms) *(49)*.

Survey responses on this action point suggest that the integration of HIV prevention and other relevant services, including for tuberculosis, is proceeding slowly, with about half of the countries (17/35) having developed integration milestones. Most of the integration efforts are focused on sexual and reproductive health services, and on maternal and child health services. The integration of HIV testing with viral hepatitis services is also progressing for key populations in some countries.

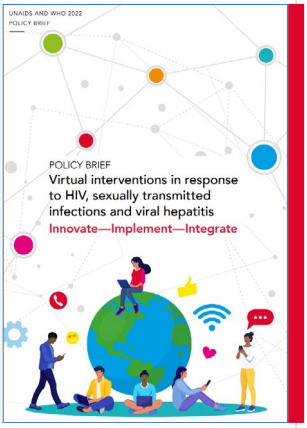
8. Set up mechanisms for the rapid introduction of new HIV prevention technologies and programme innovations

Oral PrEP is transforming HIV prevention in some of the high-income settings where it is in wide use among key populations, notably gay men and other men who have sex with men *(50, 51)*. In GPC focus countries, oral PrEP is a potentially powerful additional prevention option for key and priority populations. Long-acting PrEP products, such as injectable cabotegravir and the dapivirine vaginal ring, have only recently become available and hold great promise for enhancing HIV prevention.

Post-exposure prophylaxis (PEP), an important prevention option, is underutilized and poorly accessible, with low awareness among both health-care providers and communities in many countries. HIV self-testing, the development of child-friendly, dolutegravir-based paediatric HIV treatment, and differentiated service delivery are among other important innovations in recent years.

All but one (**Democratic Republic of the Congo**) of the 35 GPC countries that responded to the survey stated that they were preparing for the rapid introduction of new HIV prevention technologies, though fewer than half (16/34) have set milestones for actual provision of these tools. A few countries in eastern and southern Africa—notably **Kenya** and **South Africa**—have gone further and have increased the provision of oral PrEP for female sex workers and adolescent girls and young women in areas with very high HIV incidence. Oral PrEP provision has also expanded in some countries in Asia and the Pacific, with a focus mainly on gay men and other men who have sex with men and on transgender women. However, oral PrEP is still not being provided or used to full effect in many GPC countries. Meanwhile, a few countries have taken regulatory steps towards providing long-acting PrEP options. By late 2023, 13 countries had registered long-acting PrEP products, such as long-acting injectable cabotegravir, for use.

Technological advances offer new ways to achieve scaled-up and cost-efficient HIV prevention communication and services. A wide range of digital and other virtual interventions is already available. Artificial intelligence opens further opportunities for fresh solutions.



9. Establish real-time prevention programme monitoring systems with regular reporting

Focus countries have strengthened the assessment of many of their prevention programmes. According to the survey responses, most countries have triangulated data from programmes and key stakeholders to estimate programme coverage. Several countries are also aggregating data on the provision of PrEP for relevant populations and/or the use of VMMC services (where relevant). However, several countries reported gaps in triangulating data for adolescent girls and young women and for condoms distributed through social marketing and in the public and private sectors.

Detailed programme monitoring, particularly at local levels, is important for introducing more precise prevention activities and finetuning them, but it is still uncommon among GPC focus countries: only 6/35 countries have developed sub-national scorecards. In the current funding climate, financial analyses of prevention programmes are more salient than ever, yet they also remain comparatively rare. In the survey, 13/35 countries reported analysing their HIV prevention funding expenditures, and only 8 reported including cost-effectiveness analyses in their programme reviews.

10. Strengthen accountability of all stakeholders for progress in HIV prevention

A solid accountability system is crucial for both financing and successfully managing HIV prevention programmes. The survey results indicate a marked lack of progress on this front. Only eight countries have developed an accountability framework as proposed in the HIV Prevention 2025 Road Map, while 16 countries have taken *none* of the steps outlined under this action point. The most commonly implemented elements were quarterly dialogues to track the progress of HIV programmes and solve problems, along with annual dialogues on how to reduce legal and policy barriers, and annual HIV prevention programme performance reviews based on the scorecards of countries. Greater inclusion of civil society, particularly affected communities, in accountability processes is important for strengthening accountability around HIV programmes.

CONCLUSION: REALIZE THE FULL POTENTIAL OF HIV PREVENTION

The GPC focus countries are progressing unevenly towards the goal of reducing HIV infections to levels that would no longer constitute a public health threat. The biggest declines are occurring in eastern and southern Africa and, to a lesser degree, in western and central Africa. Expansion of access to effective ART, combined with an ongoing focus on primary prevention, are driving those achievements.

The pace of the reductions in focus countries in sub-Saharan Africa varies markedly, though. Steep decreases in annual new HIV infections are underway in **Cameroon**, **Eswatini**, **Ethiopia**, **Kenya**, **Lesotho**, **Malawi**, the **United Republic of Tanzania** and **Zimbabwe**. But progress is considerably slower in **Angola**, **Ghana**, **Mozambique**, **Namibia**, **South Sudan** and **Uganda**, and new infections are increasing in the **Congo** and **Madagascar**.

Outside sub-Saharan Africa—where the HIV burden weighs heaviest on key populations and their sex partners, and where investments in prevention programmes have been low—there has been progress in a few countries only. New HIV infections are increasing in several GPC focus countries which already have substantial epidemics, including **Brazil**, **Egypt**, **Islamic Republic of Iran**, **Mexico**, **Pakistan**, **Papua New Guinea**, **Peru** and **the Philippines**.

HOW TO DO BETTER: COMBINATION PREVENTION AND TREATMENT TO ACHIEVE THE GLOBAL HIV INCIDENCE TARGETS

Reductions in HIV incidence over the past two decades have been achieved with major contributions from both prevention and treatment programmes.[28] Historically, condoms and HIV treatment have likely had the biggest impact overall, along with important contributions male circumcision in Africa and harm reduction programmes among drug users *(28, 29, 52, 53)*. There is great scope for further improvement. The opportunities presented by those interventions are far from being exhausted, and new prevention options hold fresh prospects for further HIV prevention gains.

Meanwhile, disparities in treatment access and outcomes are affecting HIV incidence trends. Even though HIV incidence among women in sub-Saharan Africa is declining, women comprise a growing share of new HIV infections in eastern and southern Africa. That trend appears to be associated with the higher ART coverage and higher rates of viral load suppression in women compared with men (which makes them less likely to transmit HIV to their male partners) and with the impact of VMMC programmes (which offer men direct partial protection against acquiring HIV). Interventions that bring viral suppression rates among men on par with those among women could markedly reduce HIV incidence in women and close the gender disparities in new HIV infections *(54)*.

The overall mixed picture of progress underscores the ongoing need for effective HIV prevention programmes that serve key and priority populations everywhere. Those programmes require:

(1) financial resources for making prevention options available and accessible;

(2) reliable, disaggregated data (including community-generated data) so planners can focus interventions with greater precision;

(3) differentiated service delivery and innovation and investment in trusted access platforms; and

(4) demand generation among people with the greatest need for prevention services.

(5) Address key behavioral and structural barriers for accessing HIV prevention

28 As mentioned earlier in this report, natural epidemic dynamics and behaviour changes––partly due to prevention programmes and partly due to community responses to the observed consequences of AIDS––also played an important role in the reduction of HIV incidence during the earlier stages of the pandemic.

A user-centered approach––built around positive messages about safe and enjoyable sex––would help turn HIV prevention options into actual choices for people. Rather than promote single products or tools, programmes should be increasing awareness about, and demand for, prevention options that are most relevant and suitable for people in their given circumstances.

Other studies *(55, 56)* confirm the importance, in African epidemics with *high* HIV prevalence, of intensified combination prevention for women and girls (including convenient access to PrEP), while striving for higher treatment coverage and levels of viral suppression among both women and men. Communication around U=U ("undetectable is untransmittable") as a prevention option needs to be integrated into prevention messaging and should highlight the prevention opportunities and risks for populations who do not know the HIV status of their sexual partners.

Condom programming needs to be revived in ways that go beyond the provision of condoms and lubricants. Lessons from the past decade suggest that a focus on commodity supplies was not enough to sustain condom use. Dedicated programme stewardship is needed to direct, communicate, monitor and problem-solve, and achieve more effective condom programming. Stronger demand creation is also needed, with an emphasis on the multiple benefits of condoms for preventing HIV and other STIs and for averting unintended pregnancies. VMMC programmes must also be expanded in eastern and southern Africa, especially in countries with currently low uptake.

Crucially, a much stronger focus is needed on services that reach marginalized populations who are at substantial risk of HIV infection and who require more comprehensive and resource-intensive HIV prevention than on services for populations who are at low risk. Those services include PrEP and PEP, harm reduction and intensified outreach support. This is vitally important in countries and settings where most new infections are occurring among people who belong to key populations and their sex partners.

To gain traction and boost impact, the changes must occur in a context of stepped-up actions to reduce stigma and discrimination (especially in health-care settings); remove or relax obstructive policies and laws; safeguard civic space; and ensure more equitable access to the basic means for a dignified life. Closer engagement with community-led organizations and activities needs to become a routine feature of prevention interventions throughout.

HOW TO DO BETTER: BOOST AND SUSTAIN IMPACT

Despite the admirable progress achieved in many GPC focus countries, HIV incidence remains much higher in eastern and southern Africa than in the rest of the world and incidence is increasing in several countries in other regions. To reduce those rates to levels as low as the global mean (i.e., less than 1 per 10 000 person-years), countries with high HIV prevalence require adequate and sustained investments in both treatment and prevention over the medium to long term.

Epidemic projections suggest that if the 2025 treatment (95–95–95), prevention and social enabler targets are met, an 88% reduction in HIV incidence can be achieved in eastern and southern Africa between 2022 and 2030. By contrast, current coverage of treatment and prevention programmes would yield only a 17% additional reduction in HIV incidence between 2022 and 2030, and disruptions to treatment coverage and viral load suppression could trigger rebounding epidemics. Countries that reach or come close to reaching the 2025 targets *and* sustain effective primary prevention programmes can expect HIV incidence to continue to decline for at least 15 years if other prevention elements are continued *(57)*.

Substantially different considerations are needed for planning sustainable HIV prevention in large parts of the world, including Asia-Pacific, Latin America, the Middle East and North Africa and eastern Europe and central Asia. In those regions, HIV investments have been lower and HIV incidence either has not declined substantially or is on the rise, in particular among key populations and their sex partners. The first priority there is to achieve impact in sustainable ways. Considering the limited progress made thus far, the period up to 2030 will require closing large HIV prevention gaps among key populations. Making those programmes sustainable will require defining country- and community-led programme models that can achieve impact at the required scale and that can be sustained beyond 2030.

HOW TO DO BETTER: SCALE UP DIFFERENTIATED PREVENTION SERVICES

Successful HIV prevention must be focused and must occur at scale. A differentiated approach implies making appropriate prevention options easily accessible and normalizing HIV prevention by making those options widely known and available. It also implies promoting and supporting the use of those options in a focused manner.

Convenient and affordable access to effective prevention and testing options for large populations will remain important, particularly in sub-Saharan Africa. Modelling based on **South Africa's** HIV epidemic, for example, suggests that a substantial drop-off in condom use and HIV testing *(58)* would slow and eventually stall HIV incidence reductions even if high levels of ART coverage are maintained among the people who already receive treatment. Thus, there is a powerful rationale for sustaining effective basic primary prevention of HIV over the long term, in addition to sustaining high levels of viral suppression. Importantly, there also is compelling new evidence that the basic components of primary HIV prevention (including condoms, harm reduction, testing and treatment, and, in eastern and southern Africa, VMMC) remain highly cost-effective, essential investments and should continue to be implemented at scale for large populations in sub-Saharan Africa *(57)*.

People-centered and precise prevention

As outlined in the 2025 Road Map, it is vital to know where and among which populations HIV transmission is occurring and to design prevention access platforms that reach those populations. Doing so will reduce the need to screen for risk at the individual level, which can be a barrier to service access. In the lived realities of many people, HIV-related risk is not necessarily their top concern in their sexual lives and intimate relationships––and the entry points for conversations about HIV prevention need to reflect that. HIV communication should focus also on the concerns that matters most to individuals and communities, which often include themes such as autonomy, choice, trust and the desire for fulfilling relationships.

In addition, settings and sub-populations with high HIV incidence will continue to require intensive combination prevention that involves PEP, a variety of PrEP options, and regular community-led outreach. Recent research suggests that, in some settings, high HIV incidence might persist even in the presence of HIV treatment and basic prevention *(59,60)*. This underscores the need for much wider availability of ARV-based prevention options, including PEP and all forms of PrEP (including new long-acting options). Also needed are tailored demand generation and differentiated access platforms that reflect the realities and needs of the most affected communities, in particular key populations.

Differentiated service delivery and person-centered and community-led approaches for prevention are crucial. There is vast potential for innovation, including through virtual interventions and artificial intelligence, which offer opportunities to increase people's knowledge of, demand for, and access to HIV prevention.

NOW IS THE TIME TO INVEST IN PREVENTION

Despite the multiple opportunities, primary HIV prevention remains underfunded and programmes for key populations are particularly neglected in financing decisions. In 2022, less than 15% of the estimated resources needed for key population prevention programmes and for societal enablers were available in low- and middle-income countries.

Given the limited fiscal capacity in most GPC focus countries and the currently low domestic investment in primary prevention, it is vitally important that PEPFAR and the Global Fund continue investing in primary prevention—in addition to treatment—that prioritizes the populations in greatest need.

While HIV treatment is delivered primarily through existing health system infrastructure, primary prevention requires alternative systems for differentiated service delivery, outreach and demand generation which, in many countries, are established and maintained as part of donor-funded projects. Establishing country-owned prevention systems—including social contracting with key population-, women-, and youth-led networks and organizations—requires dedicated effort, time and, at least initially, financing support from international donors.

In the absence of an HIV vaccine and AIDS cure, the need for an effective and equitable HIV response will persist beyond 2030. Sustainability is of ever-growing importance—especially in a period marked by geopolitical instability, fiscal uncertainty, shifting donor priorities and the erosion of rights-based protections in several countries. In such a context, stronger country ownership and increased country resourcing of national HIV responses is also essential.

However, a range of constraints currently limits the abilities of many low- and middle-income countries to increase their HIV and other health spending. For at least some GPC focus countries, donor assistance will remain necessary in the short and medium term—but as part of a broader push towards increased sustainability. Achieving sustainability will require system-wide adaptations, built around the following components:

- **Strong political commitment** to share financing responsibility and support inclusive multisectoral governance and policies;
- **Mix of domestic and international financing** that is adequate, sustainable and equitable and that includes financing of community-led activities and services;
- **Predictable funding** allocations for **science-driven**, **high-impact prevention programmes** that are backed by well-functioning surveillance and data systems;
- **Resilient capacity** to deliver and manage integrated, differentiated and equitable HIV prevention interventions, adopt evidence-based approaches in line with international guidelines, and introduce innovations; and
- **Removal of harmful laws and the implementation of enabling policies** that support accessible, equitable and high-quality HIV services.

Current epidemic trends and the findings of new modelling suggest that the best time for investing in HIV prevention is now—not five or ten years down the line. Immediate investment will capitalize on and boost the momentum that has been built over the past decade, prevent a resurgence of HIV, and save lives and money in the long term.

ANNEX: STATUS OF HIV PREVENTION IN GPC MEMBER COUNTRIES

INTRODUCTION TO COUNTRY SUMMARIES

Annex 1 summarizes in a two-page poster, the status and progress of primary HIV prevention programmes in countries participating in the Global HIV Prevention Coalition.

The country summaries contain information on all levels of the HIV prevention programme results chain, including changes in HIV incidence; programme outcomes for various HIV prevention methods; coverage of programmes; and enablers and structural factors.

Two considerations guided the choice of indicators: the most relevant indicators for measuring impact, outcome and coverage of programmes, as well as for programme enablers; and the availability of data through the Global AIDS Monitoring (GAM) system, UNAIDS estimates and the most-commonly conducted types of population-based surveys, including demographic and health surveys (DHS), multiple indicator cluster surveys (MICS), integrated biological and behavioural surveillance (IBBS), population-based HIV impact assessments (PHIA) and other AIDS indicator surveys.

The data included in the country summaries refer to different time periods.

- The estimates of the number of people newly infected with HIV are based on modelling, using data from population-based surveys which are conducted every two to five years. These surveys are also the source for data on prevention behaviours, such as condom use.
- Programme coverage ideally refers to the most recent calendar year, but reflects financing decisions taken earlier in the response.

As such, progress on one indicator in one year does not necessarily register immediately in another, higher-level indicator, since that progress might only be revealed through a survey (the results of which may only become available years later).

HIV incidence and prevalence

Trends in the number of people (all ages) newly infected with HIV are based on UNAIDS 2023 estimates and are shown as line graphs against the 2025 target of an 82.5% reduction. The reduction between 2010 and 2022 is also expressed as a percentage, with 2010 as the denominator. The reduction among adults, young women and children is also shown as a percentage. Estimates of the HIV prevalence among young women and men (based on the UNAIDS 2023 estimates), as well as key populations (based on available bio-behavioural surveillance), are also presented. HIV prevalence among young people—including young key populations—can provide an indication of the level of HIV incidence in recent years, while considering that HIV prevalence may also include long-term survivors of the vertical transmission of HIV. In addition, it needs to be considered that data for young key populations often have limitations in terms of representativeness and sample size.

HIV prevention outcomes for the five pillars

The country summaries include information on HIV prevention outcomes, which are generally presented in the form of charts. The information is drawn from several sources.

- The data on condom use among young women, young men and other adults with non-regular partners are based on population-based surveys, such as DHS, MICS and PHIA.
- The data on condom use and the use of safe injecting equipment among key populations are based on IBBS. Programmatic data are used for opioid substitution therapy. Data on condom use among the clients of sex workers are mostly from DHS.

- The data on VMMC are from programme records. The data on the prevalence of male circumcision among boys and men (15–24 years) are from population-based surveys, mostly DHS and PHIA.

- With respect to ARV-based prevention, information on the number of people using PrEP for the past four years and on the third 95 target (95% of people receiving treatment have suppressed viral loads) is included. PrEP data are based on programme records. The proportion of people living with HIV who are virally suppressed is based on the UNAIDS 2023 estimates.

Most available survey information is from before 2022; hence, there is not yet sufficient information from surveys to analyse trends over time, given that the 2025 Road Map was launched in 2022.

HIV prevention programme coverage

The country summaries include information on programme outputs in terms of availability and coverage of prevention programmes.

- For prevention programmes among adolescent girls and young women (15–24 years), coverage is measured geographically in terms of the percentage of high-incidence locations based on UNAIDS sub-national HIV estimates with dedicated programmes for this population (using data reported to the Global Fund, PEPFAR and UNICEF). A more precise indicator to measure coverage is being developed.

- For prevention programmes among key populations, coverage is defined as the percentage of people who received at least two HIV prevention interventions in the previous three months. This information is based on the number of people reached, according to programme records, as a proportion of the total estimated population sizes of the key populations. In some countries, this information is also based on population-based surveys such as IBBS.

- For condoms, coverage is defined as the percentage of condom distribution need that was met. This represents the total number of condoms distributed in a country in a year, divided by the total estimated condom need (according to the UNAIDS-UNFPA condom needs estimation tool).

- For VMMC, the level of coverage is defined as the number of these procedures reported by programmes as a percentage of the annual target derived from the UNAIDS Fast-Track model.

- The PrEP score is based on whether regulatory approval and national guidelines are in place and on a PrEP coverage score. The latter is derived from the estimated number of people who received PrEP in the previous 12 months (based on programme records) relative to the epidemic size. PrEP coverage data is based on programme records and country reporting. The number of new adult HIV infections as per the UNAIDS 2023 estimates serves as a proxy for epidemic size.

- The ART score is based on the proportion of all people living with HIV who are receiving HIV treatment. The data on the latter are based on UNAIDS estimates (general population) and from programme records (key populations).

- The country fact sheets also include a section on the elimination of vertical transmission of HIV, which reports on the rate of vertical transmission of HIV; the percentage of pregnant women living with HIV receiving ART; the number of estimated births to women living with HIV; and the number of children acquiring HIV through vertical transmission. Those data are derived from the GAM system and 2023 UNAIDS estimates.

The programme coverage data are not strictly comparable between countries, since countries use different methods for calculating population size estimates and different approaches for defining and measuring programme coverage. Furthermore, large data gaps persist for ascertaining programme coverage, especially among key populations. An additional, preliminary triangulation of data, using data from Global Fund and PEPFAR reports, was conducted for programme coverage among key populations. Although this exercise has many limitations, it is considered a starting point for making use of existing data. Countries are encouraged to conduct such a triangulation locally in the future as part of country reporting to the GAM process.

Summary scores

Each country page also provides a snapshot of the country's HIV prevention scorecard in the form of a summary score for each pillar of HIV prevention that is relevant to the country. When interpreting the scores, the following points need to be considered.

Scores are expressed on a scale of 0 to 10, based on programme coverage and outcome information (as described above). If coverage or outcome information is unavailable, the phrase "insufficient data" (or "id") is shown. This points to a need to improve strategic information, for example by conducting regular population size estimates, monitoring condom availability, or improving the measurement of the numbers of people being reached.

For most indicators, the score is directly aligned to the percentage value of the indicator. For instance, if 20% of a population use a prevention method, the score will be 2; if 80% use the method, the score will be 8. For some indicators that require higher adherence to be effective (such as condom use among sex workers, the use of safe injecting equipment, or treatment coverage among pregnant women), the scale starts at 50%—in other words, 50% utilization is equivalent to a score of 0, 55% use equals a score of 1, and so on.

Coverage and outcome indicators have the same weight (50% each) in the scoring. For example, 44% programme coverage and 57% use of a prevention method yields a composite score of 5.

- For prevention programmes among adolescent girls and young women, the score combines data on the percentage of high-incidence locations covered with programmes, levels of condom use among women 15–24 years old, and the percentage of girls completing lower-secondary education.

- For key populations, the score reflects the percentage of key populations reached with prevention services, as well as condom use (for sex workers and gay men and other men who have sex with men) and the use of safe injecting equipment (for people who inject drugs).

- For condom programmes, the score is based on the percentage of condom distribution need met and the rate of condom use with non-regular partners among women and men aged 15–49 years.

- For VMMC, the score considers the percentage of circumcisions conducted as a proportion of the annual circumcision targets (as a measure of recent programme performance) and cumulative circumcision targets (as a measure of overall progress).

- For PrEP, the score is based on a combination of preparedness (regulatory approval and guidelines in place) and actual coverage (number of people on PrEP compared with the burden of new HIV infections).

- For HIV treatment, the score is based on the proportion of all people living with HIV who are receiving ART.[29]

- For eliminating vertical transmission of HIV, the score reflects ART coverage among pregnant women living with HIV.

Scores in the earlier and current versions of the scorecard are not directly comparable, since some indicator definitions have been updated, particularly for PrEP and VMMC.

The country guide to reviewing and consulting on scorecards and country posters in the Global HIV Prevention Coalition describes in greater detail the methods used to develop the scores.

29 For HIV treatment and prevention of vertical transmission, the score is based on the same results as the other thematic areas (i.e., coverage and outcome). The proportion of all people living with HIV who are receiving HIV treatment is a result that necessarily includes both dimensions: the coverage of HIV testing *and* the outcome in the form of utilization of HIV treatment. In other words, the score reflects the combined result of the first two targets in the 95–95–95 cascade.

Enablers and structural factors

Selected structural indicators are included in the country summaries for this 2023 report. For adolescent girls and young women, this includes completion of lower-secondary education; intimate partner violence; laws requiring parental consent for adolescents to access HIV testing services; and policies on life skills-based HIV and sexuality education (secondary schools).

For key populations, data are provided on criminalization of key populations; whether the national strategy includes critical elements of key population programme packages; and avoidance of health care services due to stigma and discrimination.

Links between HIV and sexual and reproductive health services are reported, specifically whether HIV testing services and provider-initiated condom promotion are integrated in sexual and reproductive health services.

Limitations

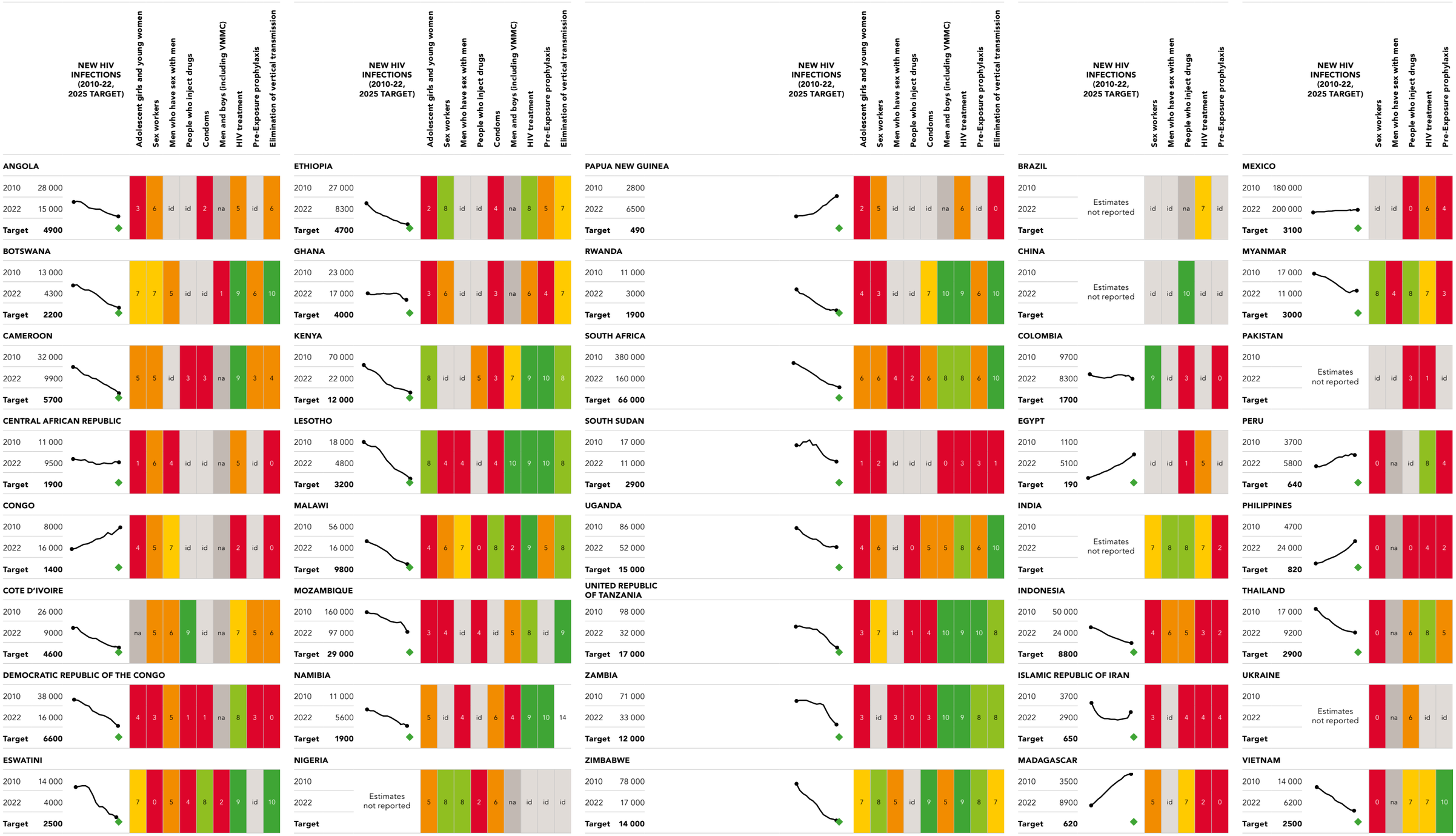
The GPC scorecards present a selection of information about the status of national HIV prevention programmes. Only a subset of this information is incorporated in the composite scores, which are therefore *indicative* rather than definitive and may not show important details that can be derived from examining the source indicators.

Although the national estimates of new HIV infections are derived annually from UNAIDS estimates, many indicators are derived from survey data that are only updated every three to five years. Therefore, not all indicators for a given country represent the same year. The values of some indicators may not reflect the most recent situation, while the values in one country's scorecard are not necessarily derived from surveys conducted in the same year as those for another country. In addition, the National Commitments and Policy Index (NCPI) survey is an important source of scorecard data, but not all indicators are updated annually.

Given the importance of epidemiological dynamics, trends in the rates of new HIV infections cannot be attributed directly to progress or lack of progress in a country's HIV prevention programmes, nor to the direct influence of the GPC. In many countries, the numbers of people newly infected with HIV began to decline before 2015 or before 2010; the trends shown in the next section therefore reflect only the most recent phase in their HIV prevention progress.

The summary of all country scores and HIV incidence trends *(Figure 12)* shows that progress on prevention varies greatly. Good country examples exist for virtually all pillars of prevention, but gaps in coverage, outcomes and data persist in most countries.

Figure 12. Overview on HIV incidence trends and country scores in GPC member countries



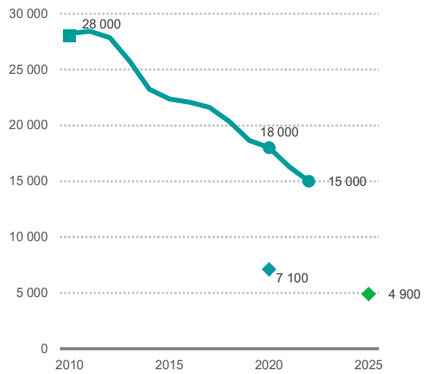
Source: 2023 prevention scorecards based on 2023 UNAIDS estimates, Global AIDS Monitoring, other programmatic reports and special analyses.

COUNTRY REPORTS

The State of HIV Prevention in Angola

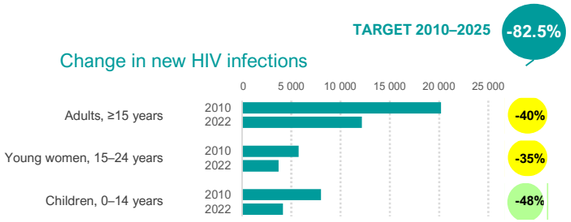
2023

Number of new HIV infections (all ages)

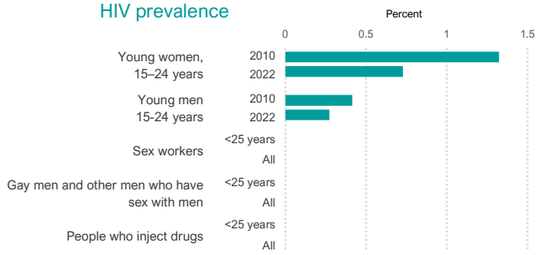


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	No	No	id	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	< Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	32%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

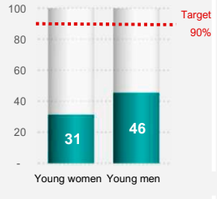
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



0%

% of high-incidence locations with a programme for adolescent girls & young women

3

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

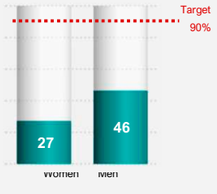
Use of harm reduction services (%)

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



2

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

-

% of annual VMMC target achieved

na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)

Change in use of PrEP (2021–2022)

not documented

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	46%
Sex workers	42%
Gay men and other men who have sex with men	id
People who inject drugs	id

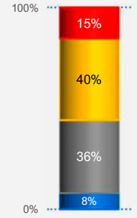
5

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 16%

% of HIV-positive pregnant women receiving ART	80%
Number of Estimated births to women living with HIV	24 000
Number of new child infections due to vertical transmission	3 800

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

6

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

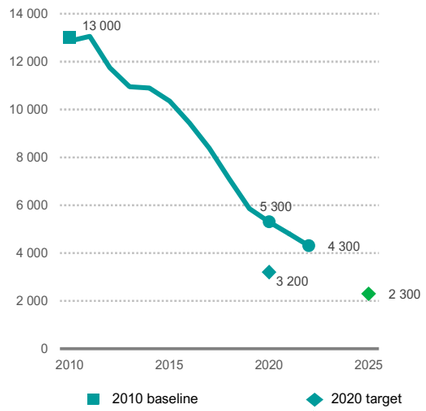
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Botswana

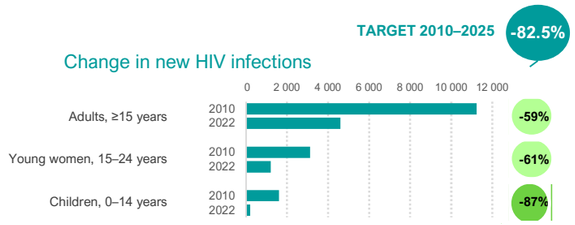
2023

Number of new HIV infections (all ages)

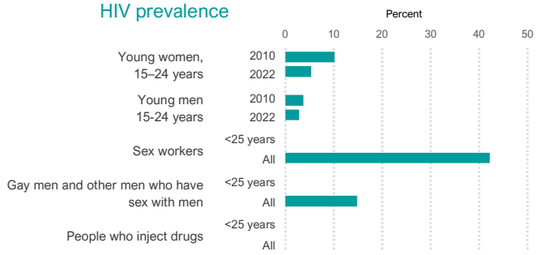


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	< Half	None	< Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	92%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

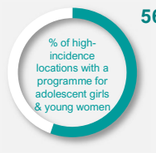
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



56%

7

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

90%

7

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

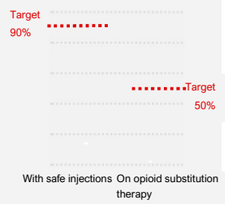
32%

5

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



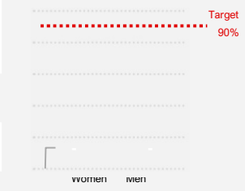
0%

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



-

id

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

17

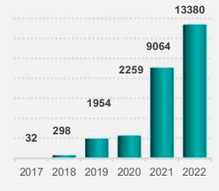
1

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+301%

6

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	93%
Sex workers	88%
Gay men and other men who have sex with men	74%
People who inject drugs	id

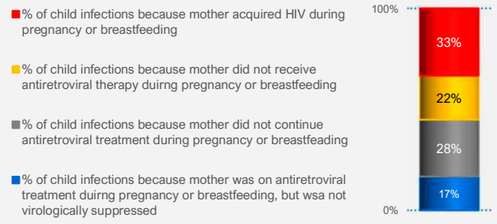
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 2%

% of HIV-positive pregnant women receiving ART	98%
Number of Estimated births to women living with HIV	9 800
Number of new child infections due to vertical transmission	170

Distribution of new child infections



10

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

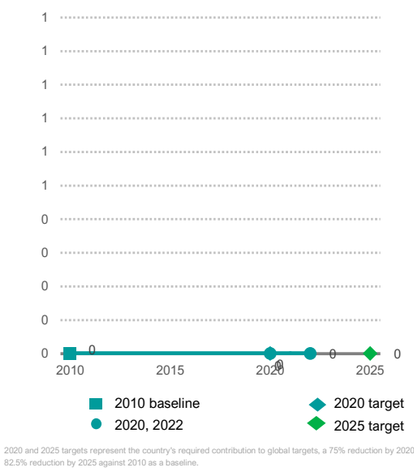
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Brazil

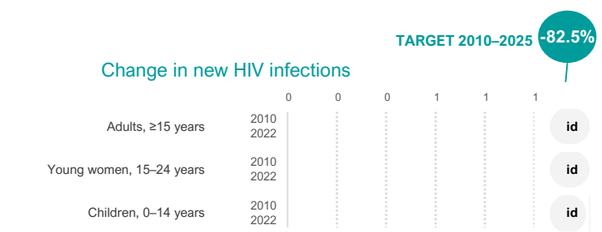
2023

Number of new HIV infections (all ages)

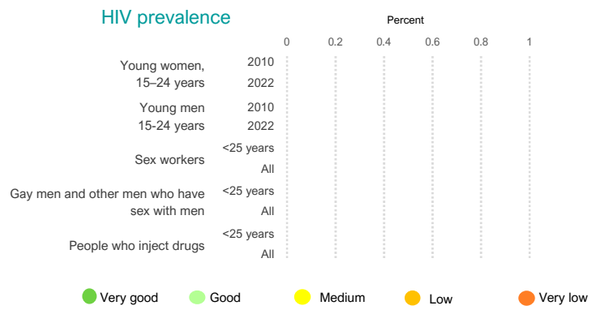


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	> Half	> Half
Avoided health care because of stigma and discrimination	12%	id	na	id	id
Population size	id	id	na	id	837 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

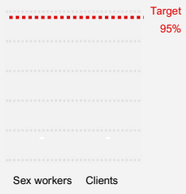
HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

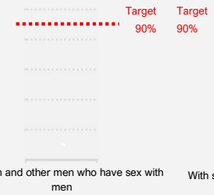


id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)



id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

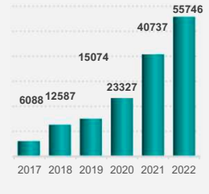
na

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+75%

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	74%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	na

7

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

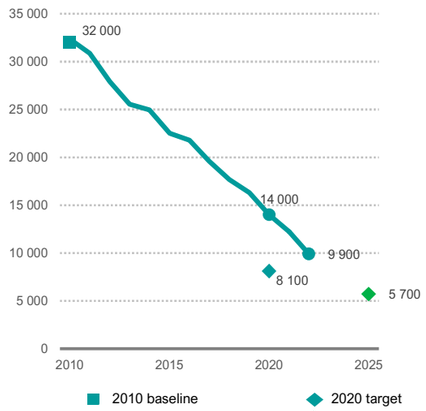
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Cameroon

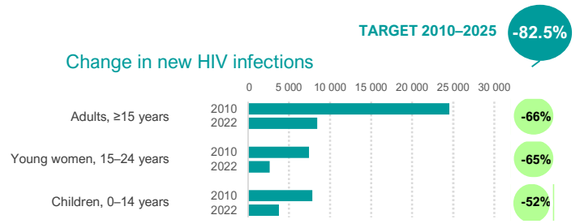
2023

Number of new HIV infections (all ages)

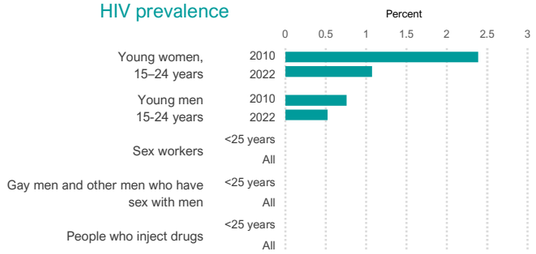


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good | Good | Medium | Low | Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	No	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	5%	id	id	id	id
Population size	126 400	7 000	3 500	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	22%	20%
Girls who completed lower secondary education	43%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

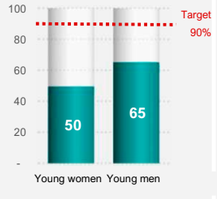
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



0%

% of high-incidence locations with a programme for adolescent girls & young women

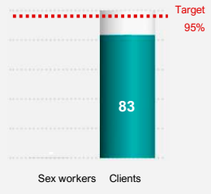
5

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



8%

Received two prevention interventions in past 3 months

5

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

10%

Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

26%

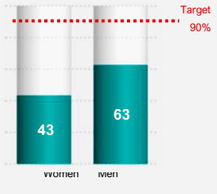
Received two prevention interventions in past 3 months

3

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



16

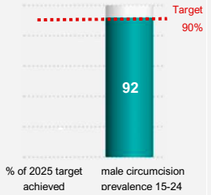
Estimated condom distribution need met (%)

3

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



-

% of annual VMMC target achieved

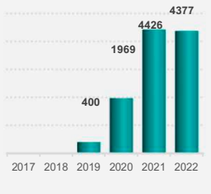
na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+125%

3

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	88%
Sex workers	99%
Gay men and other men who have sex with men	97%
People who inject drugs	id

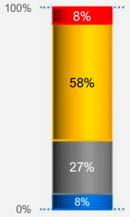
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 14%

% of HIV-positive pregnant women receiving ART	68%
Number of Estimated births to women living with HIV	24 000
Number of new child infections due to vertical transmission	3 400

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

4

Scores (1–10) Very good | Good | Medium | Low | Very low | id … insufficient data | na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

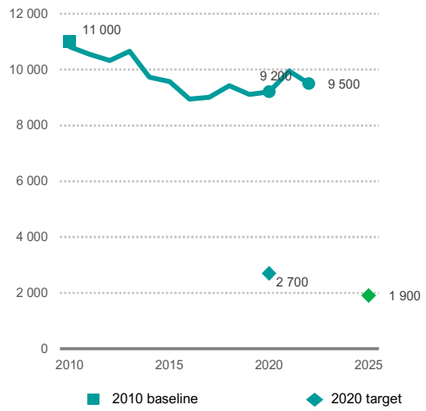
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Central African Republic

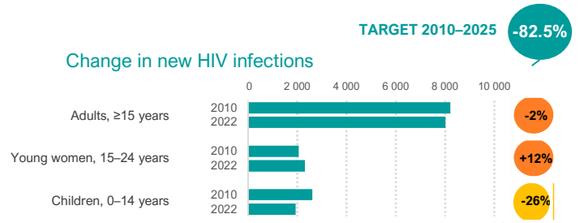
2023

Number of new HIV infections (all ages)

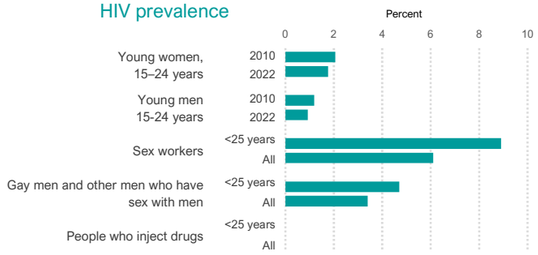


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	> Half	None	< Half	> Half
Avoided health care because of stigma and discrimination	85%	id	id	id	id
Population size	3 900	3 000	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	10%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)

0%

% of high-incidence locations with a programme for adolescent girls & young women

1

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

57%

Received two prevention interventions in past 3 months

6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

42%

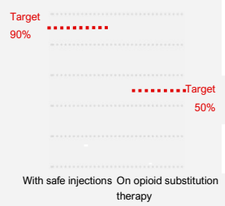
Received two prevention interventions in past 3 months

4

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



0%

Received two prevention interventions in past 3 months

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

-

Estimated condom distribution need met (%)

id

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

-

% of annual VMMC target achieved

na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)

Change in use of PrEP (2021–2022)

not documented

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	49%
Sex workers	61%
Gay men and other men who have sex with men	60%
People who inject drugs	id

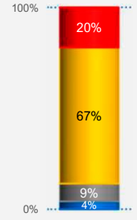
5

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 26%

% of HIV-positive pregnant women receiving ART	39%
Number of Estimated births to women living with HIV	7 900
Number of new child infections due to vertical transmission	2 100

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

0

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

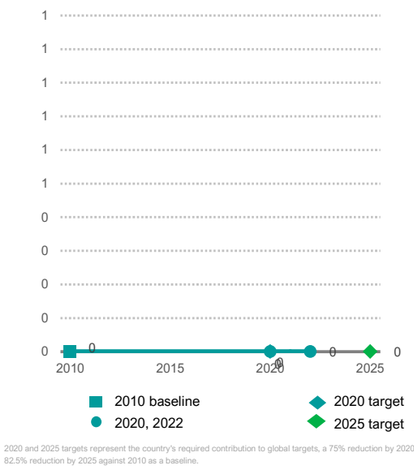
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in China

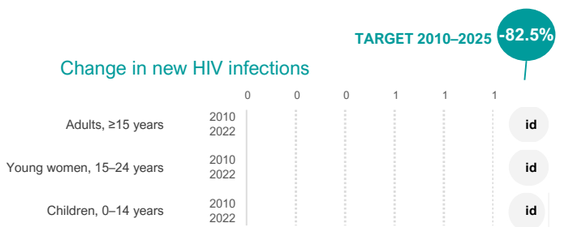
2023

Number of new HIV infections (all ages)

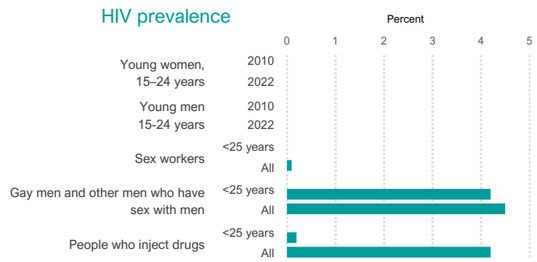


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	All	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	id	id	id

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

0%

Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

0%

Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

0%

Received two prevention interventions in past 3 months

10

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)

Change in use of PrEP (2021–2022)

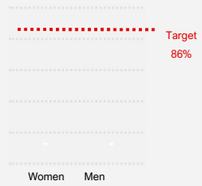
not documented

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	id
Sex workers	id
Gay men and other men who have sex with men	93%
People who inject drugs	88%

id

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

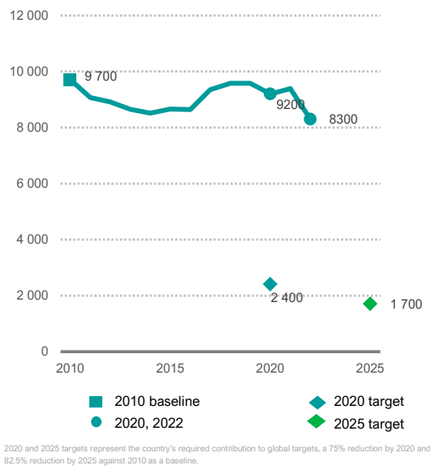
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Colombia

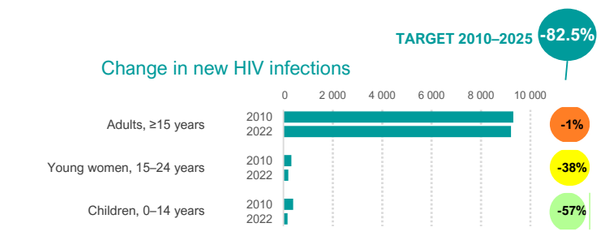
2023

Number of new HIV infections (all ages)

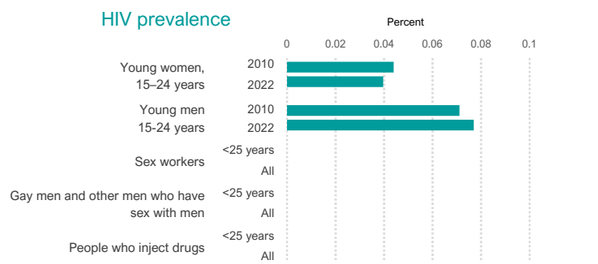


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	No	No	id	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	< Half	< Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	505 000	7 600	5 900	100 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

9

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

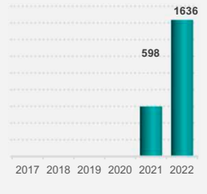
3

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

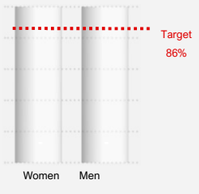
not documented

0

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

	id
Overall	
Sex workers	86%
Gay men and other men who have sex with men	90%
People who inject drugs	68%

id

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

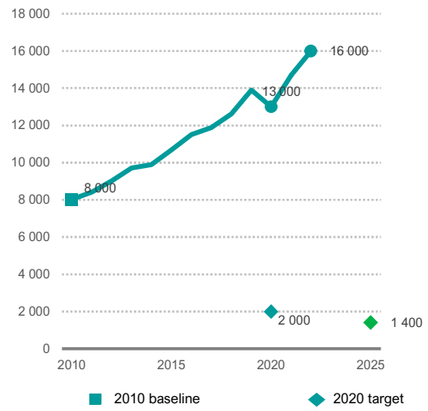
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

This fact sheet for Congo was automatically created based on global databases and was not quality assured as part of the Global HIV Prevention Coalition's review process.

The State of HIV Prevention in Congo

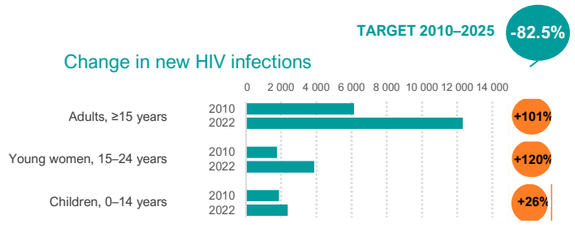
2023

Number of new HIV infections (all ages)

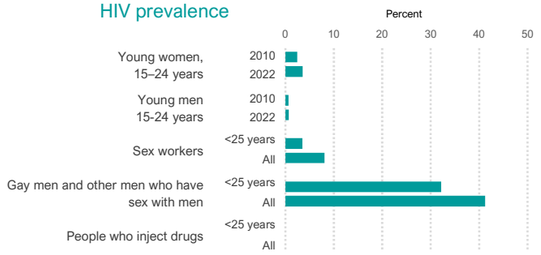


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good | Good | Medium | Low | Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	id	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	< Half	< Half
Avoided health care because of stigma and discrimination	17%	10%	id	id	id
Population size	id	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	45%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)

0%

% of high-incidence locations with a programme for adolescent girls & young women

4

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

5

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

7

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

0%

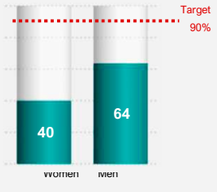
Received two prevention interventions in past 3 months

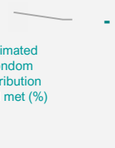
id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)





-

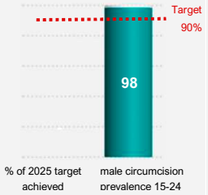
Estimated condom distribution need met (%)

id

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



-

% of annual VMMC target achieved

na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)

Change in use of PrEP (2021–2022)

not documented

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	24%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

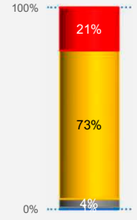
2

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 32%

% of HIV-positive pregnant women receiving ART	20%
Number of Estimated births to women living with HIV	7 800
Number of new child infections due to vertical transmission	2 500

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

0

Scores (1–10) Very good | Good | Medium | Low | Very low | id … insufficient data | na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

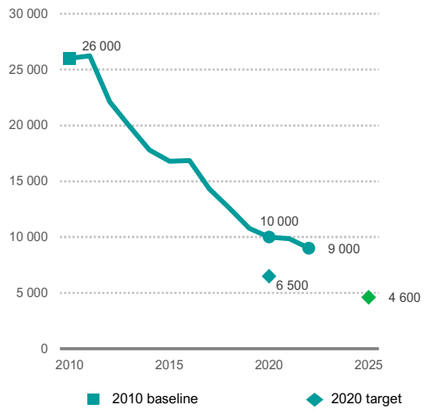
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Cote d'Ivoire

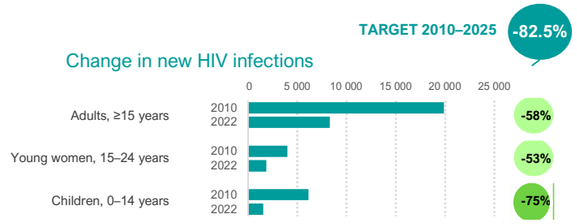
2023

Number of new HIV infections (all ages)

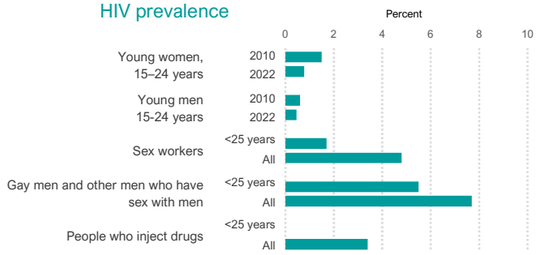


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good | Good | Medium | Low | Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	14%	6%	9%	23%	id
Population size	66 600	56 000	2 600	700	44 000

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	22%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

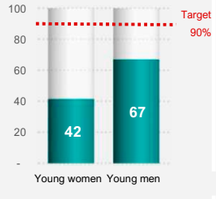
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	id
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



0%

% of high-incidence locations with a programme for adolescent girls & young women

na

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

5

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

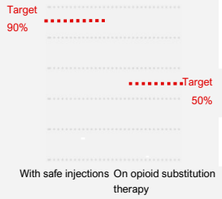
Condom use at last anal sex (%)

6

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

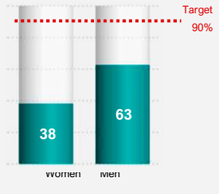


9

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



Estimated condom distribution need met (%)

-

id

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

% of annual VMMC target achieved

-

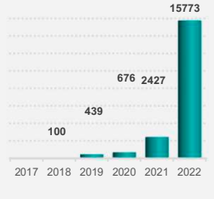
na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+259%

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	72%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

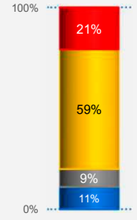
7

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 11%

% of HIV-positive pregnant women receiving ART	80%
Number of Estimated births to women living with HIV	15 000
Number of new child infections due to vertical transmission	1 600

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

6

Scores (1–10) Very good | Good | Medium | Low | Very low | id … insufficient data | na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

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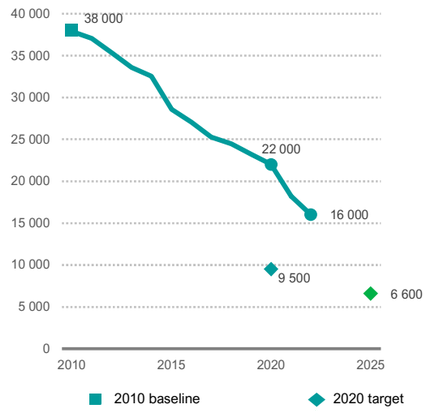
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Democratic Republic of the Congo

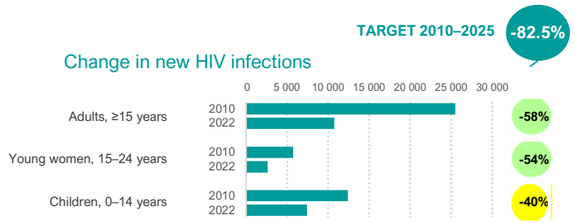
2023

Number of new HIV infections (all ages)

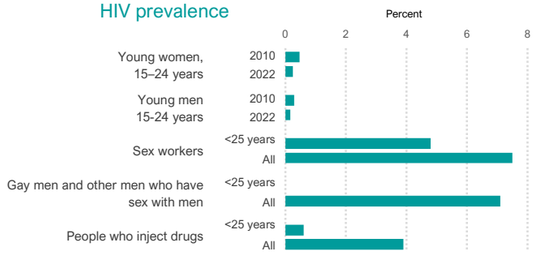


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good | Good | Medium | Low | Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	No	No	na
The national strategy includes critical elements of the programme package for key populations	All	> Half	#N/A	< Half	< Half
Avoided health care because of stigma and discrimination	id	18%	14%	18%	id
Population size	526 000	194 900	168 000	57 000	36 700

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	52%	
Policies on life skills-based HIV and sexuality education (secondary schools)	id	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	#N/A
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)

0%

% of high-incidence locations with a programme for adolescent girls & young women

4

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

3

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

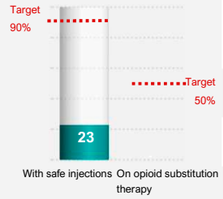
Condom use at last anal sex (%)

5

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

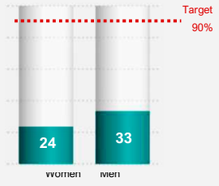


1

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

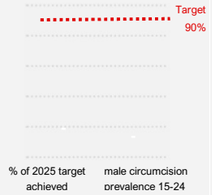


1

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



-

% of annual VMMC target achieved

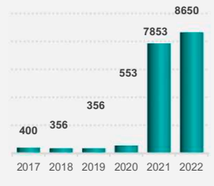
na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+1320%

3

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	82%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

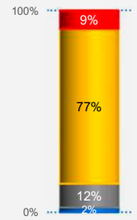
8

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 26%

% of HIV-positive pregnant women receiving ART	37%
Number of Estimated births to women living with HIV	28 000
Number of new child infections due to vertical transmission	7 300

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

0

Scores (1–10) Very good | Good | Medium | Low | Very low | id … insufficient data | na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

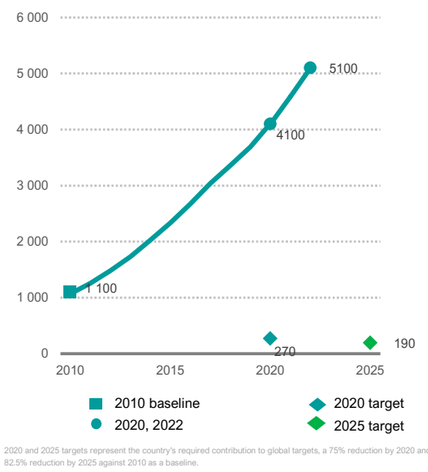
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Egypt

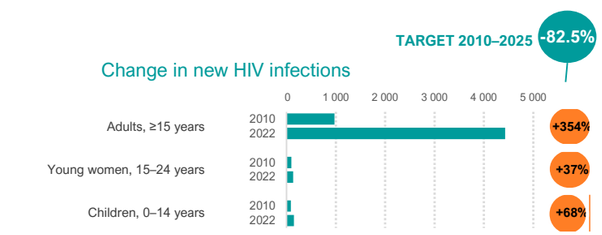
2023

Number of new HIV infections (all ages)

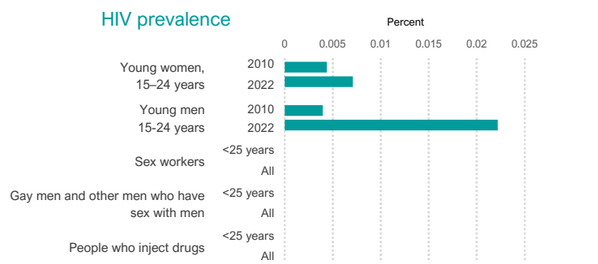


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	id	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	< Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	id	id	id

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

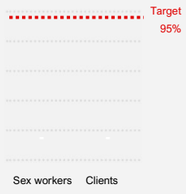
HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



0%

Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

1%

Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

9%

Received two prevention interventions in past 3 months

1

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)

Change in use of PrEP (2021–2022)

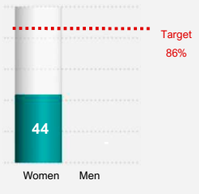
not documented

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	47%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

5

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

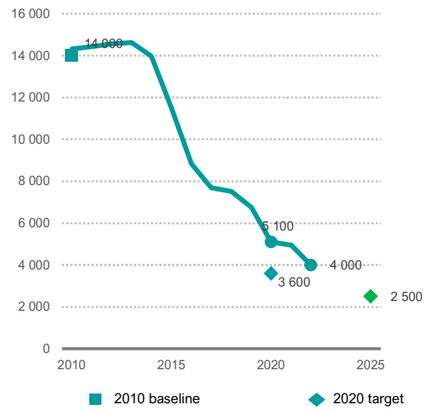
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Eswatini

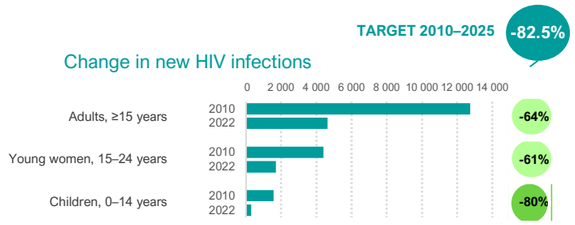
2023

Number of new HIV infections (all ages)

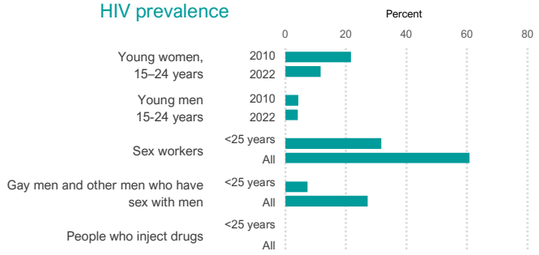


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	< Half	> Half
Avoided health care because of stigma and discrimination	34%	id	id	id	id
Population size	7 056	4 000	300	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	54%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

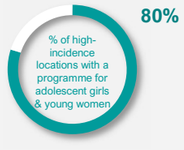
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



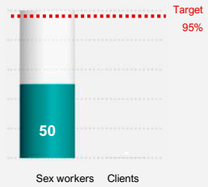
7

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



0

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

5

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

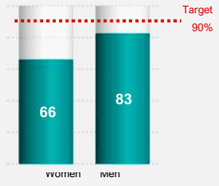
Use of harm reduction services (%)

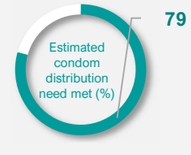
4

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



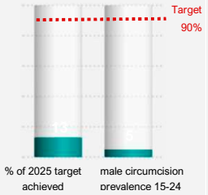


8

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



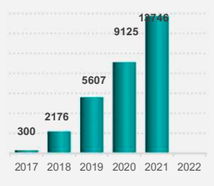
2

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

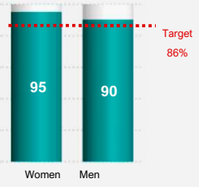
+51%

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	95%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

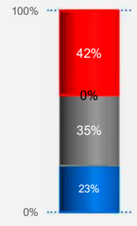
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 2%

% of HIV-positive pregnant women receiving ART	101%
Number of Estimated births to women living with HIV	8 800
Number of new child infections due to vertical transmission	210

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

10

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

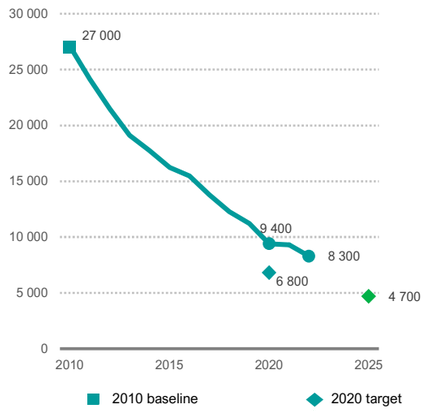
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Ethiopia

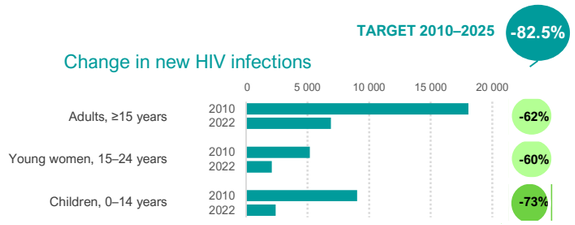
2023

Number of new HIV infections (all ages)

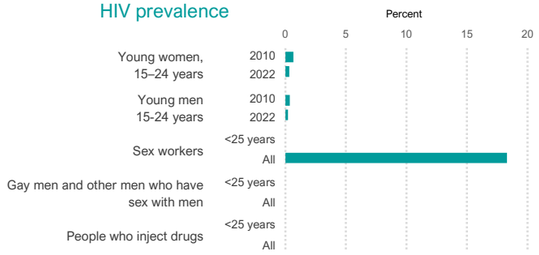


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	id	None	id	None
Avoided health care because of stigma and discrimination	31%	id	id	id	id
Population size	id	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	22%	
Policies on life skills-based HIV and sexuality education (secondary schools)	No	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

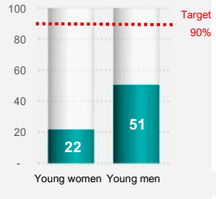
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



0%

% of high-incidence locations with a programme for adolescent girls & young women

2

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

79%

Received two prevention interventions in past 3 months

8

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

0%

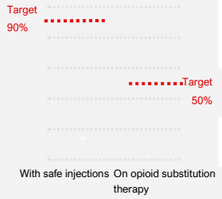
Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



0%

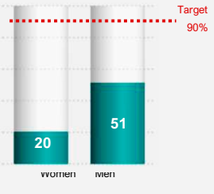
Received two prevention interventions in past 3 months

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



35

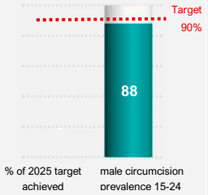
Estimated condom distribution need met (%)

4

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



-

% of annual VMMC target achieved

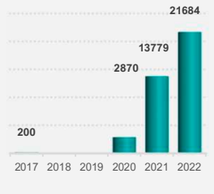
na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

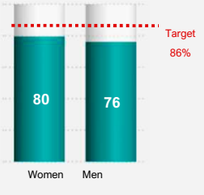
+380%

5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	83%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

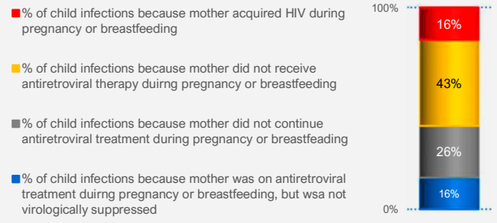
8

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 12%

% of HIV-positive pregnant women receiving ART	86%
Number of Estimated births to women living with HIV	16 000
Number of new child infections due to vertical transmission	2 000

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

7

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

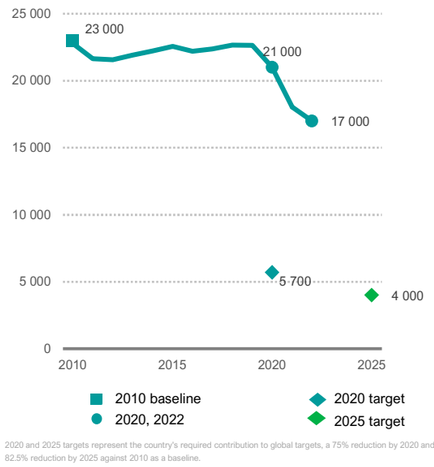
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Ghana

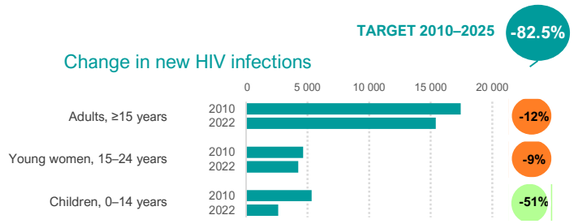
2023

Number of new HIV infections (all ages)

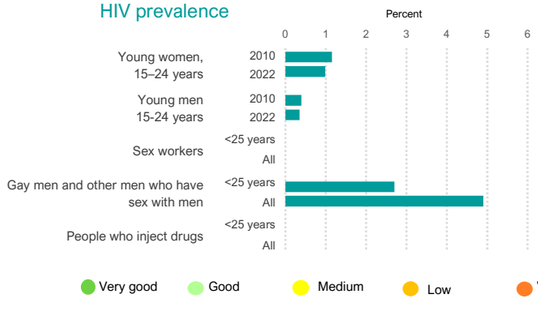


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	< Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	50%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

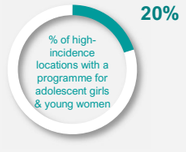
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



20%

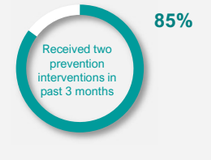
3

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



85%

6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

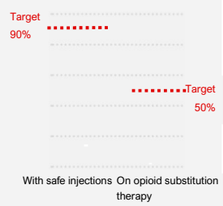
53%

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



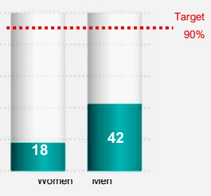
0%

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



26

3

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

-

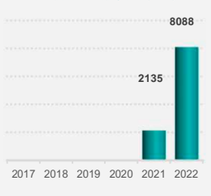
na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

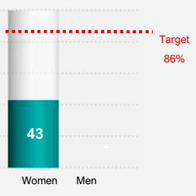
not documented

4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	63%
Sex workers	99%
Gay men and other men who have sex with men	95%
People who inject drugs	id

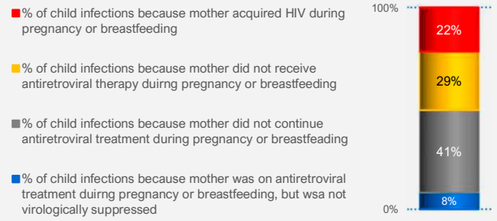
6

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 17%

% of HIV-positive pregnant women receiving ART	85%
Number of Estimated births to women living with HIV	17 000
Number of new child infections due to vertical transmission	2 900

Distribution of new child infections



7

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

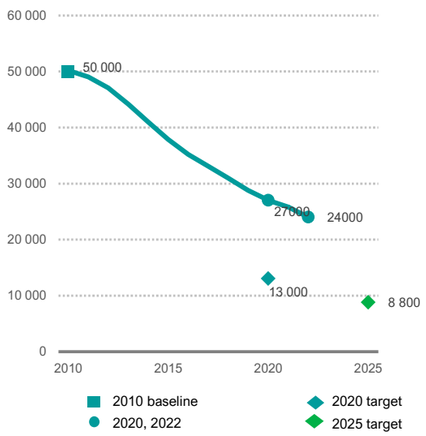
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Indonesia

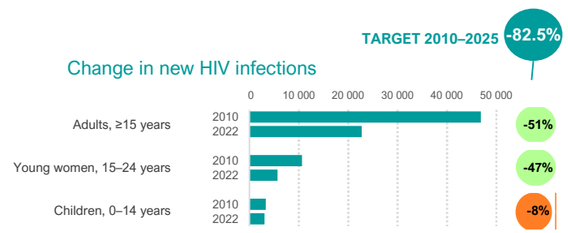
2023

Number of new HIV infections (all ages)

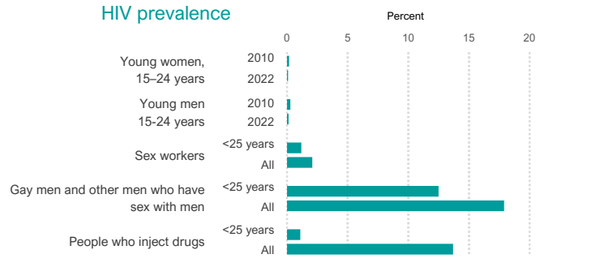


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	278 000	761 000	27 000	34 700	id

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	#N/A
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

4

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

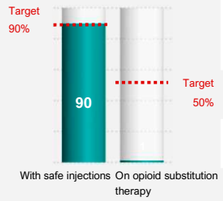
Condom use at last anal sex (%)

6

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



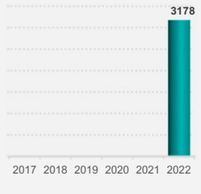
5

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

not documented

2

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	33%
Sex workers	22%
Gay men and other men who have sex with men	38%
People who inject drugs	58%

3

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

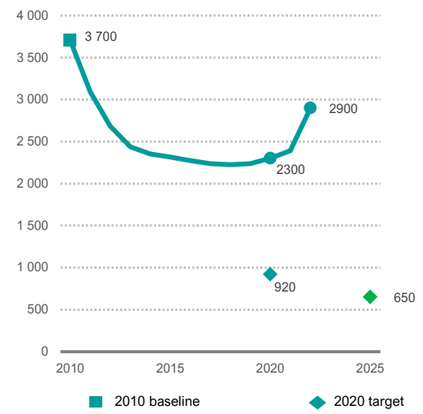
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Islamic Republic of Iran

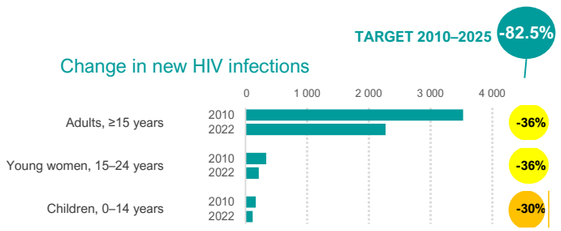
2023

Number of new HIV infections (all ages)

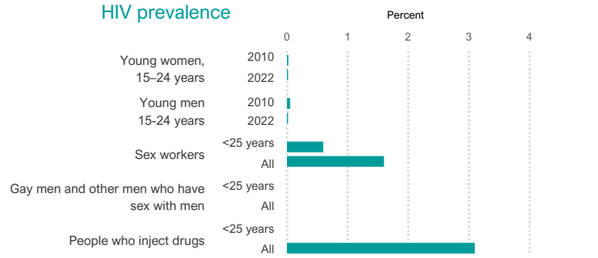


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	28%	id	id	id	id
Population size	138 000	id	90 000	10 000	244 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

3

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

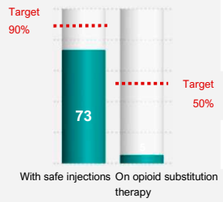
Condom use at last anal sex (%)

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



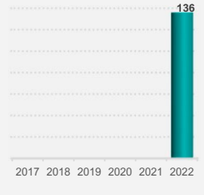
4

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

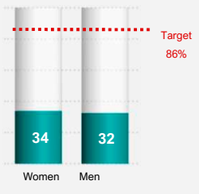
not documented

4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	37%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

4

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

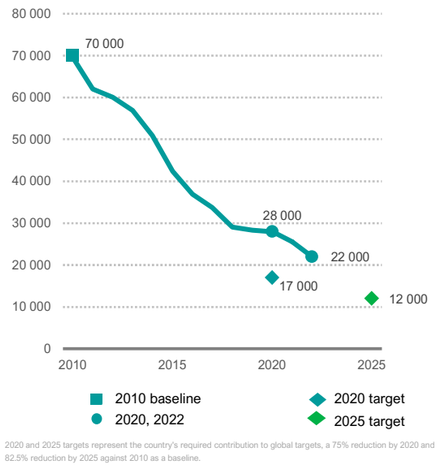
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Kenya

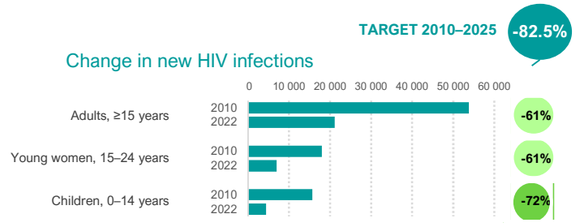
2023

Number of new HIV infections (all ages)

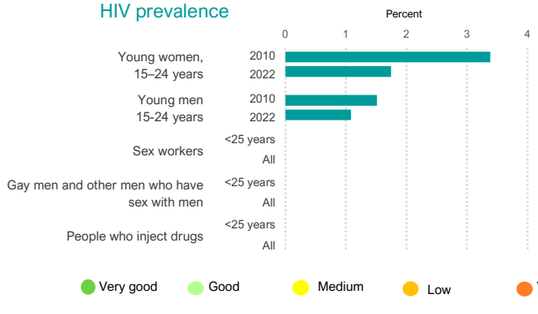


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	197 100	32 600	16 000	4 300	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	69%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

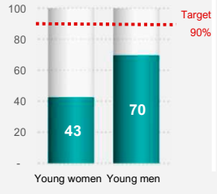
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



8

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

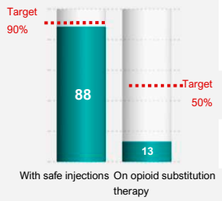
Condom use at last anal sex (%)

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

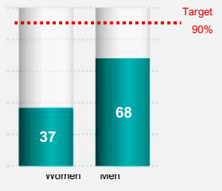


5

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

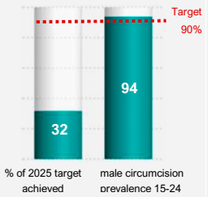


3

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



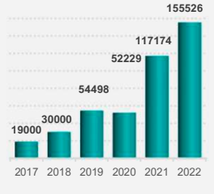
7

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+124%

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	94%
Sex workers	34%
Gay men and other men who have sex with men	39%
People who inject drugs	26%

10

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

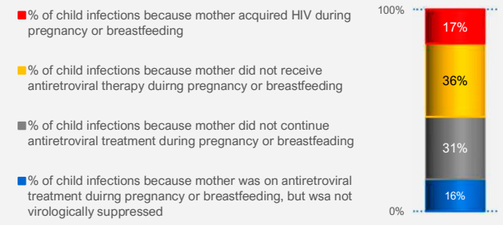
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 9%

% of HIV-positive pregnant women receiving ART	90%
Number of Estimated births to women living with HIV	52 000
Number of new child infections due to vertical transmission	4 500

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

8

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

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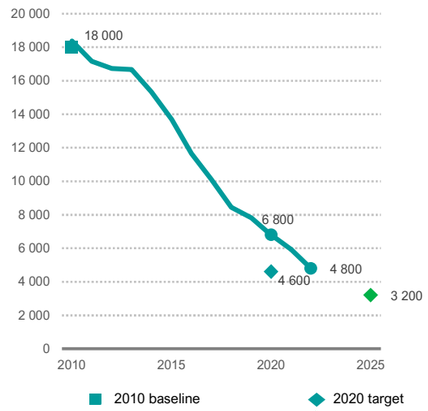
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Lesotho

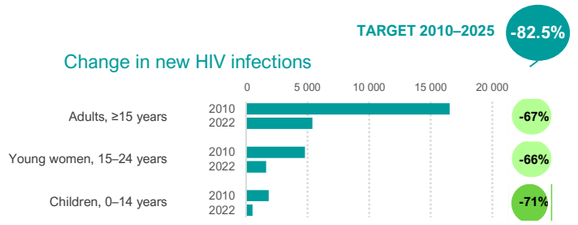
2023

Number of new HIV infections (all ages)

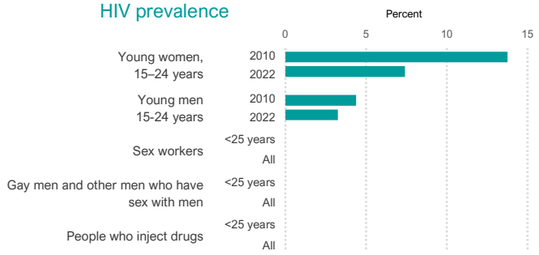


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	id
Avoided health care because of stigma and discrimination	8%	id	id	id	id
Population size	7 500	6 100	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	55%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

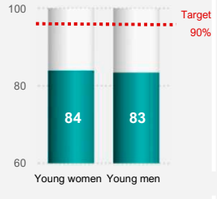
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



8

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

4

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

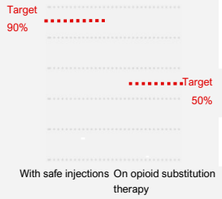
Condom use at last anal sex (%)

4

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

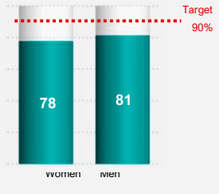


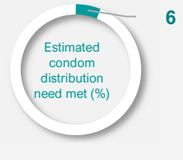
id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



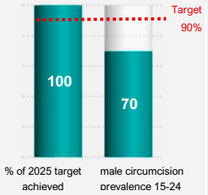


4

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



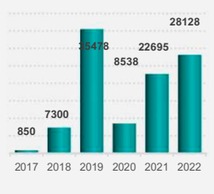
10

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+166%

10

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	86%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

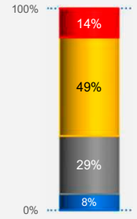
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 6%

% of HIV-positive pregnant women receiving ART	89%
Number of Estimated births to women living with HIV	7 300
Number of new child infections due to vertical transmission	440

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

8

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

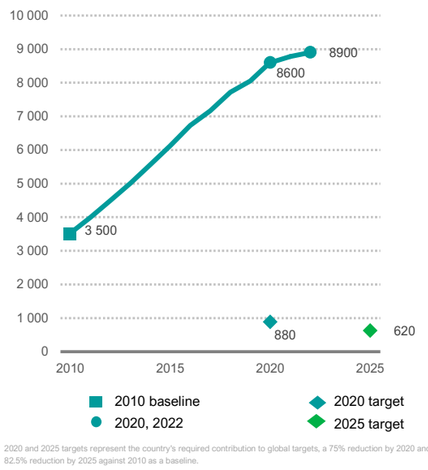
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Madagascar

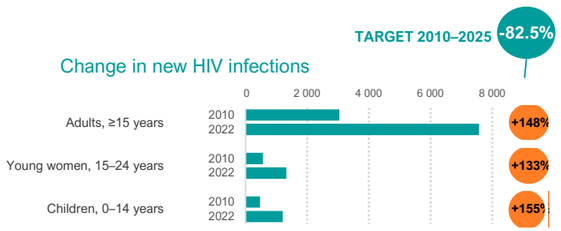
2023

Number of new HIV infections (all ages)

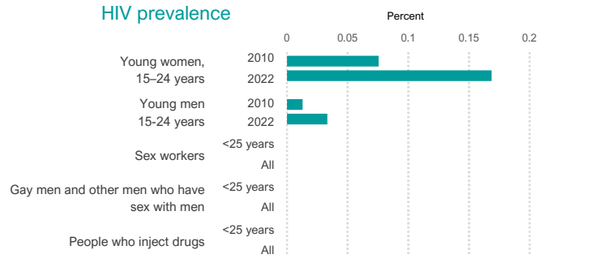


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	> Half	None	< Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	191 200	17 000	2 300	id	id

Baseline status of 10 HIV Prevention 2025 Road Map Actions

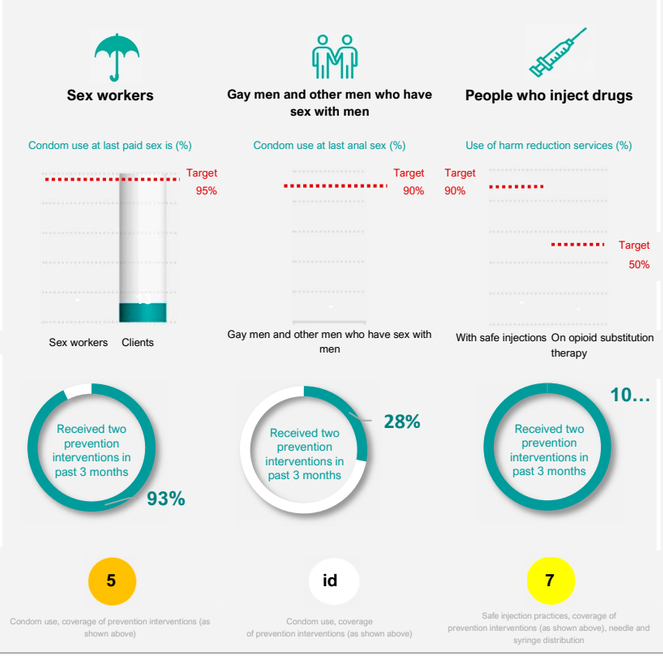
Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

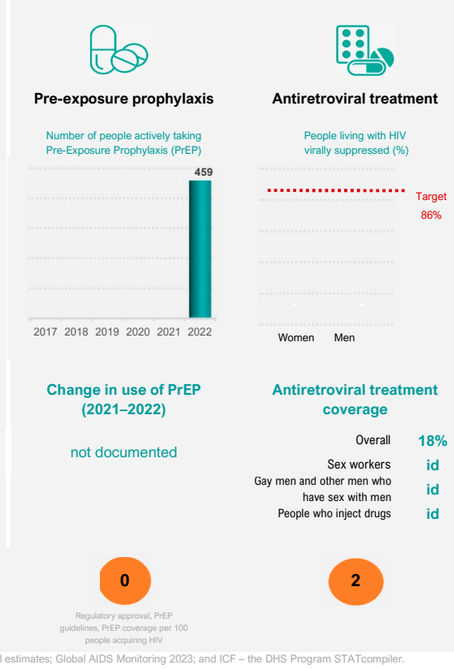
HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

KEY POPULATIONS



ANTIRETROVIRAL DRUG-BASED PREVENTION



Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

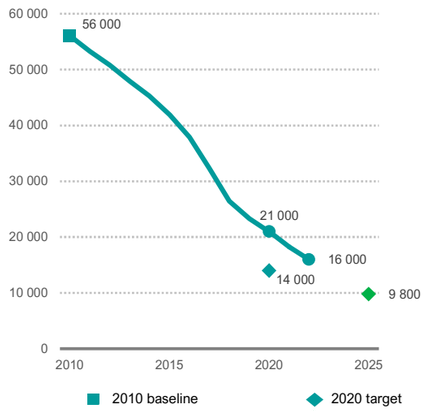
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Malawi

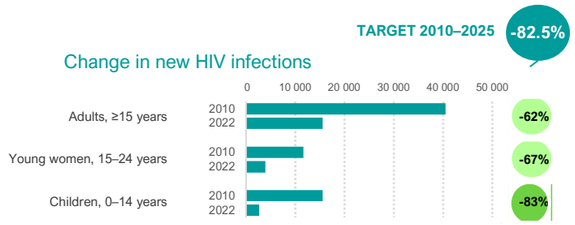
2023

Number of new HIV infections (all ages)

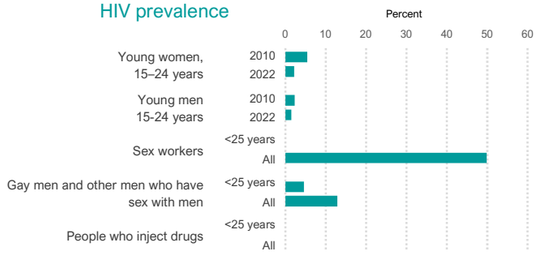


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	None	> Half	< Half
Avoided health care because of stigma and discrimination	49%	13%	id	id	id
Population size	39 000	50 000	8 400	4 900	18 000

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	21%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)

0%

% of high-incidence locations with a programme for adolescent girls & young women

4

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

68%

Received two prevention interventions in past 3 months

6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

65%

Received two prevention interventions in past 3 months

7

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

0%

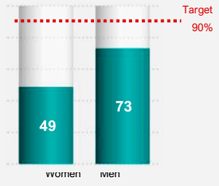
Received two prevention interventions in past 3 months

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



100

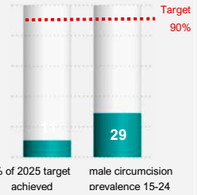
Estimated condom distribution need met (%)

8

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



30

% of annual VMMC target achieved

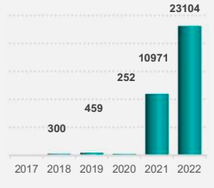
2

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+4254%

5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	93%
Sex workers	90%
Gay men and other men who have sex with men	93%
People who inject drugs	id

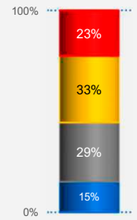
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 8%

% of HIV-positive pregnant women receiving ART	90%
Number of Estimated births to women living with HIV	36 000
Number of new child infections due to vertical transmission	2 800

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

8

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

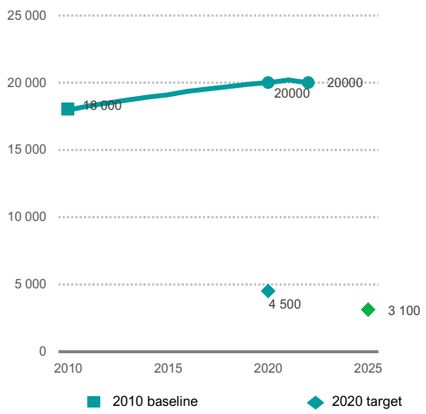
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Mexico

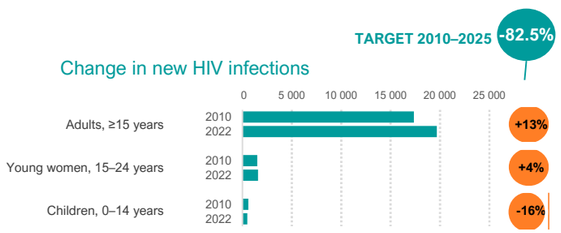
2023

Number of new HIV infections (all ages)

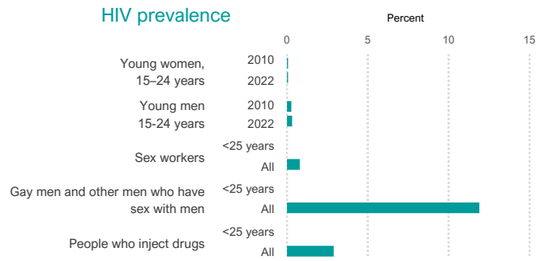


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	No	No	No	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	All	id	#N/A
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	240 000	1 200 000	id	123 000	200 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

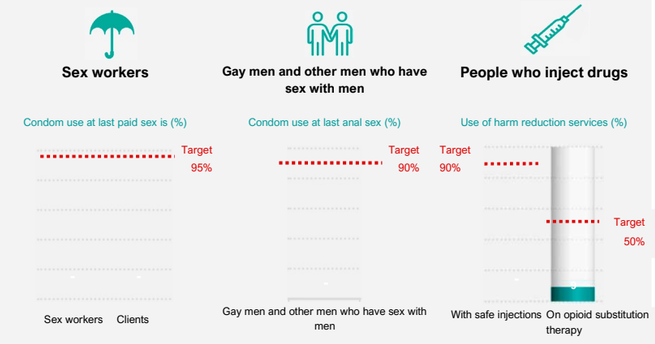
Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

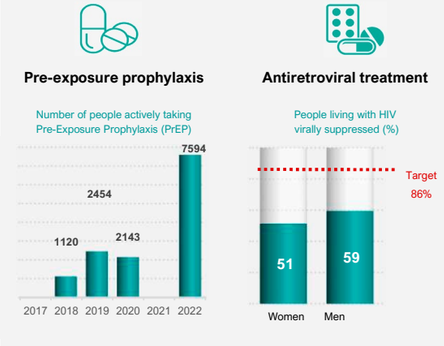
HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS



ANTIRETROVIRAL DRUG-BASED PREVENTION



Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

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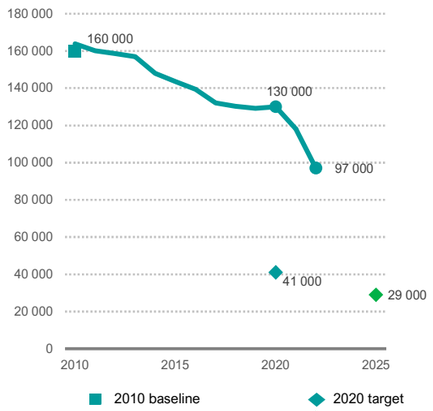
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Mozambique

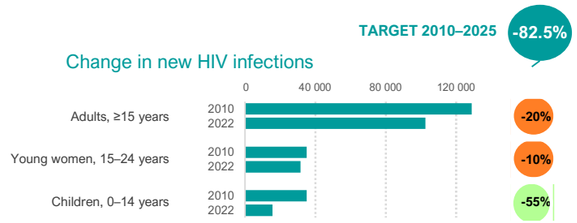
2023

Number of new HIV infections (all ages)

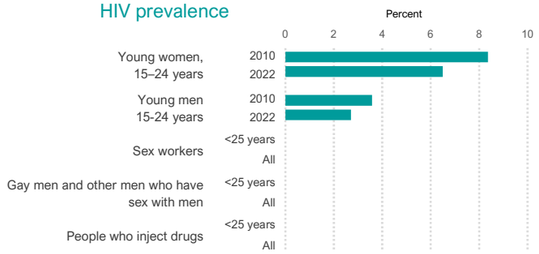


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	No	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	< Half	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	224 000	64 000	14 000	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education		11%
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

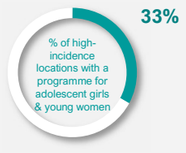
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



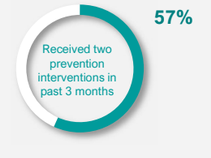
3

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



4

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

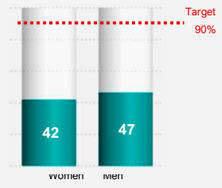
Use of harm reduction services (%)

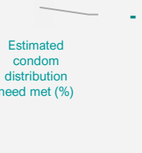
4

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



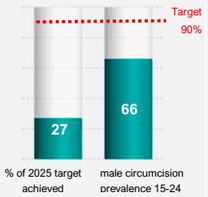


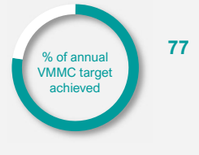
id

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision





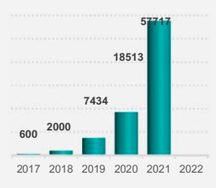
5

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

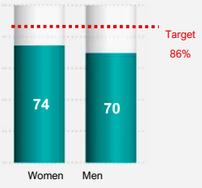
+212%

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	81%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

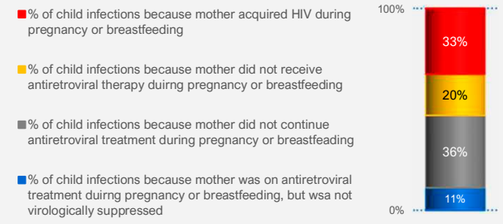
8

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 10%

% of HIV-positive pregnant women receiving ART	93%
Number of Estimated births to women living with HIV	130 000
Number of new child infections due to vertical transmission	13 000

Distribution of new child infections



9

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

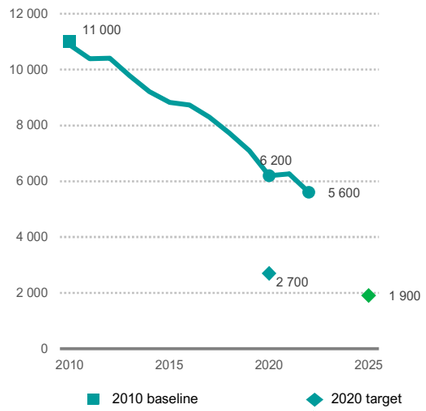
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Namibia

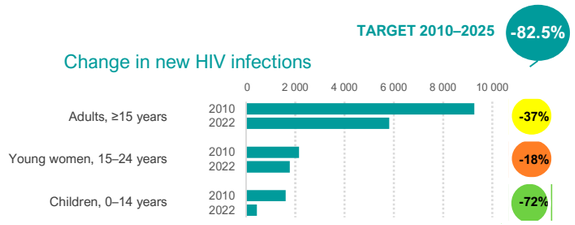
2023

Number of new HIV infections (all ages)

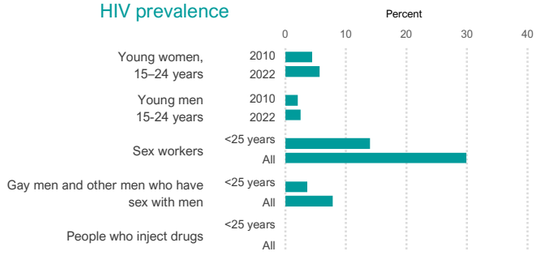


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	8 500	2 200	id	id	5 400

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	62%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

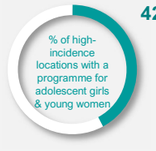
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



42%

5

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

0%

id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

33%

4

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

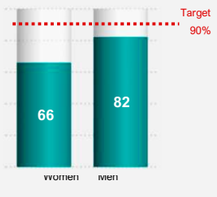
0%

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



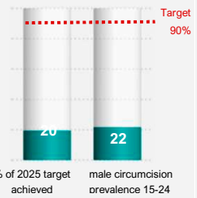
46

6

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



59

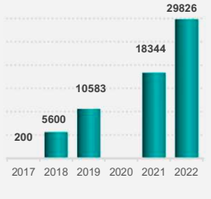
4

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

not documented

10

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	91%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

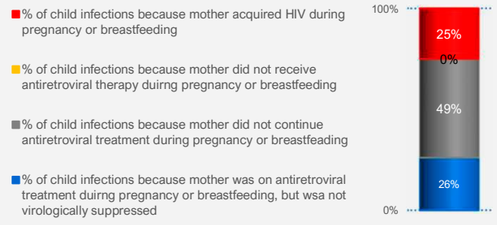
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 4%

% of HIV-positive pregnant women receiving ART	119%
Number of Estimated births to women living with HIV	9 800
Number of new child infections due to vertical transmission	410

Distribution of new child infections



14

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

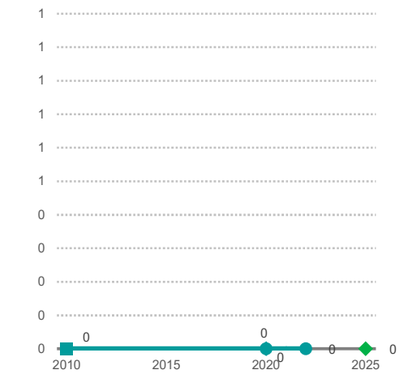
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Nigeria

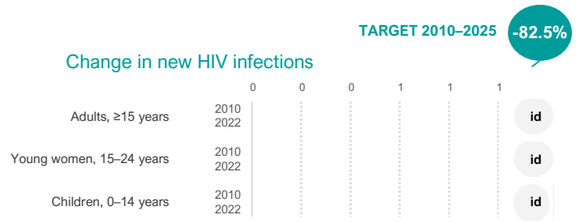
2023

Number of new HIV infections (all ages)

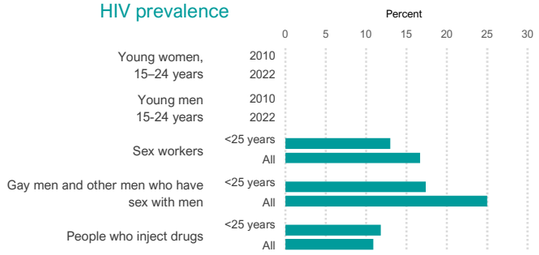


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	< Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	906 900	240 000	446 000	69 000	78 000

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	14%	13%
Girls who completed lower secondary education	59%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

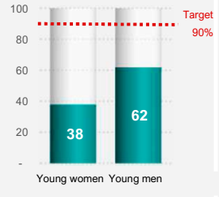
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



0%

% of high-incidence locations with a programme for adolescent girls & young women

5

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

88%

Received two prevention interventions in past 3 months

8

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

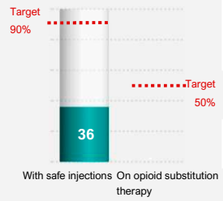
Received two prevention interventions in past 3 months

8

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



65%

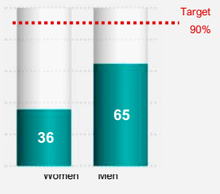
Received two prevention interventions in past 3 months

2

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



70

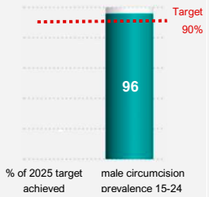
Estimated condom distribution need met (%)

6

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



-

% of annual VMMC target achieved

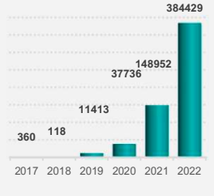
na

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+295%

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	id
Sex workers	24%
Gay men and other men who have sex with men	26%
People who inject drugs	25%

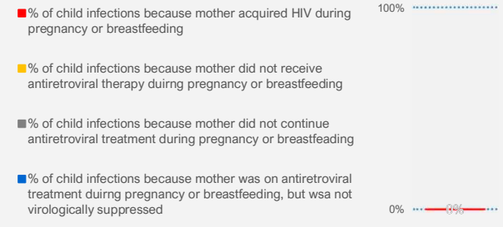
id

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate id

% of HIV-positive pregnant women receiving ART	id
Number of Estimated births to women living with HIV	id
Number of new child infections due to vertical transmission	id

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

id

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

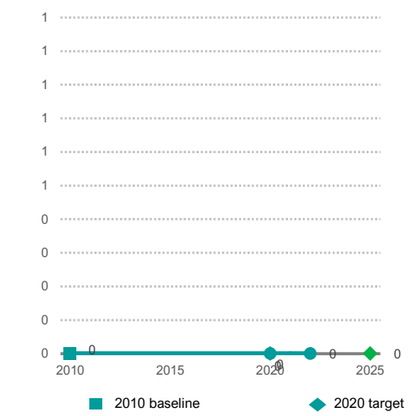
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Pakistan

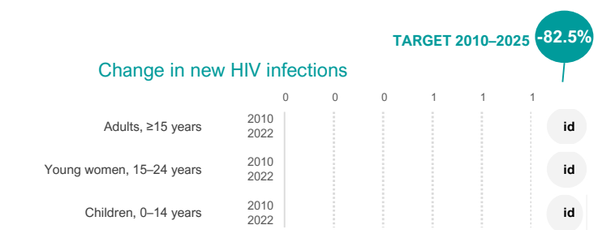
2023

Number of new HIV infections (all ages)

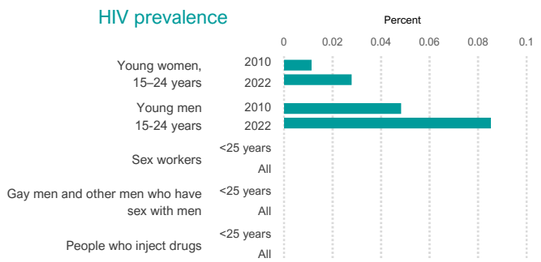


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	> Half	< Half	> Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	id	id	id

Baseline status of 10 HIV Prevention 2025 Road Map Actions

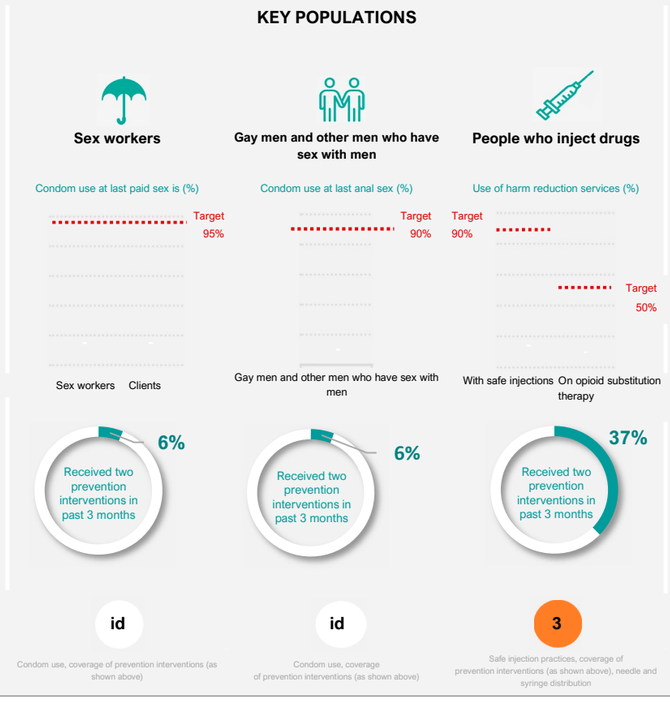
Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

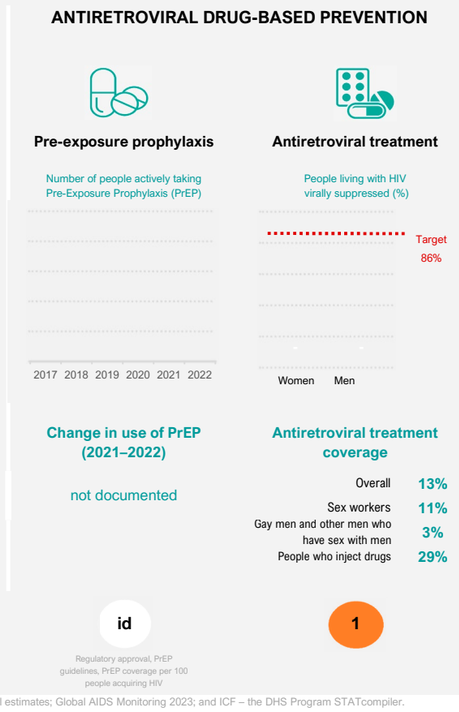
HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS



ANTIRETROVIRAL DRUG-BASED PREVENTION



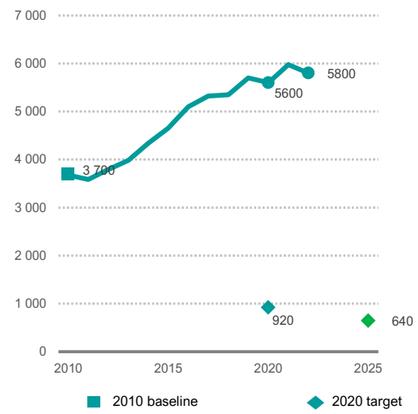
Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.
Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Peru

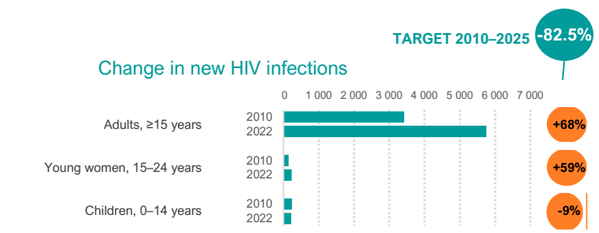
2023

Number of new HIV infections (all ages)

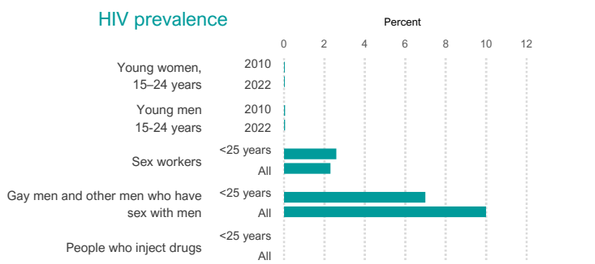


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	id	No	na
The national strategy includes critical elements of the programme package for key populations	None	None	None	< Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	67 800	260 000	id	6 500	90 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

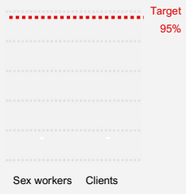
HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



Received two prevention interventions in past 3 months: 33%

id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

Received two prevention interventions in past 3 months: 24%

4

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

Received two prevention interventions in past 3 months: 0%

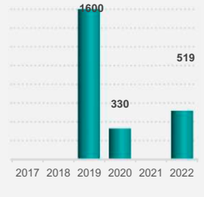
id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

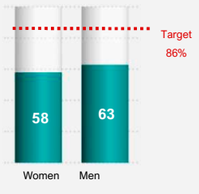
not documented

4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	82%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

8

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

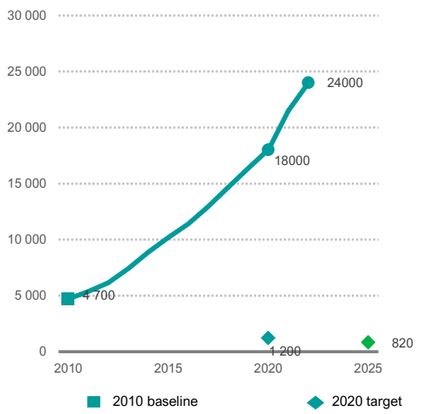
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

This fact sheet for Philippines was automatically created based on global databases and was not quality assured as part of the Global HIV Prevention Coalition's review process.

The State of HIV Prevention in Philippines

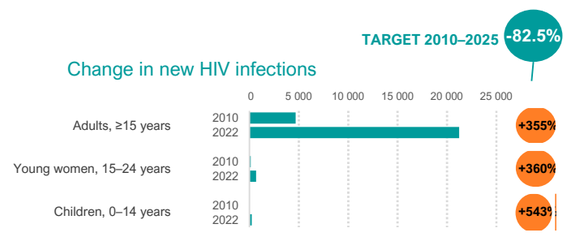
2023

Number of new HIV infections (all ages)

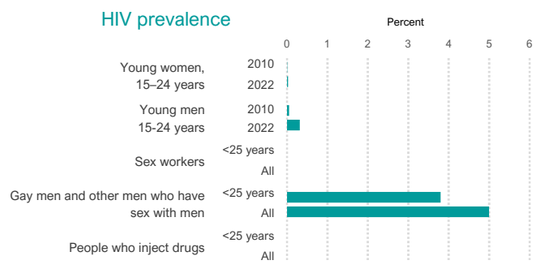


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	> Half	> Half	> Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	231 000	693 000	7 300	207 000	id

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

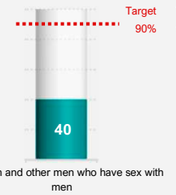
Condom use at last paid sex is (%)

7

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)



3

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

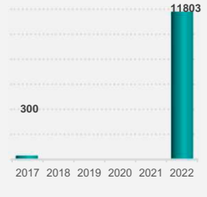
0

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

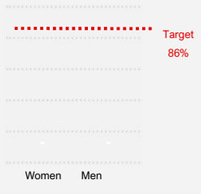
not documented

2

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	41%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

4

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

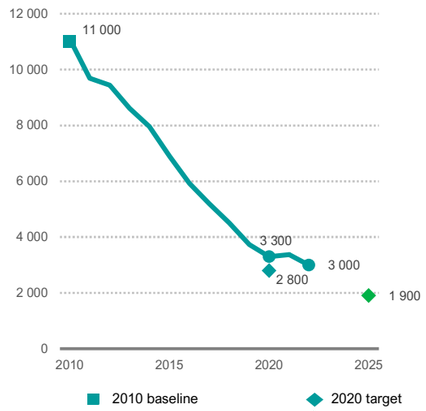
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Rwanda

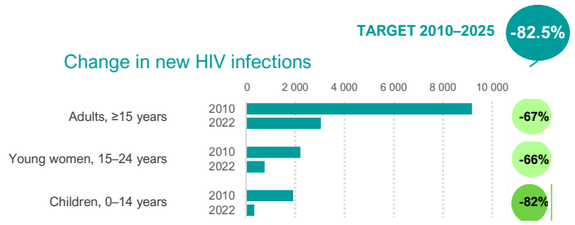
2023

Number of new HIV infections (all ages)

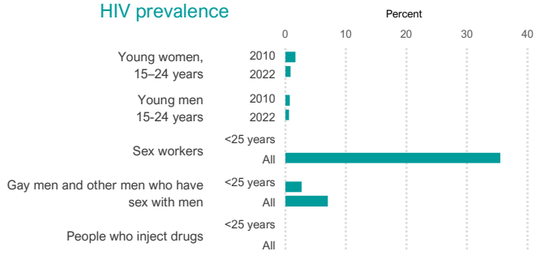


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	id	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	> Half	< Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	38 000	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	24%	id
Girls who completed lower secondary education	30%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

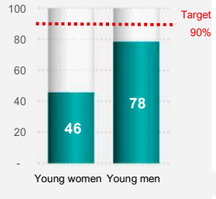
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



% of high-incidence locations with a programme for adolescent girls & young women: 0%

4

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

Received two prevention interventions in past 3 months: 0%

id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

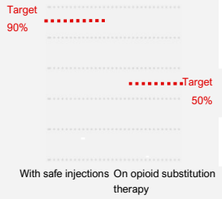
Received two prevention interventions in past 3 months: 0%

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



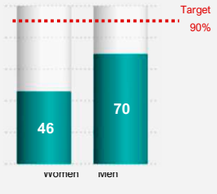
Received two prevention interventions in past 3 months: 0%

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

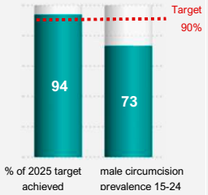


7

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



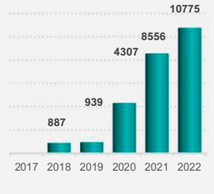
10

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+99%

6

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	92%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

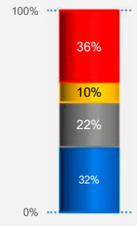
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 5%

% of HIV-positive pregnant women receiving ART	98%
Number of Estimated births to women living with HIV	6 700
Number of new child infections due to vertical transmission	350

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

10

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

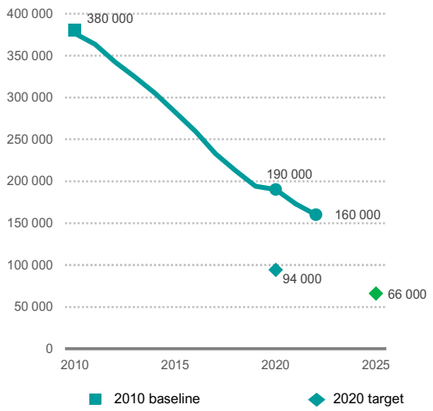
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in South Africa

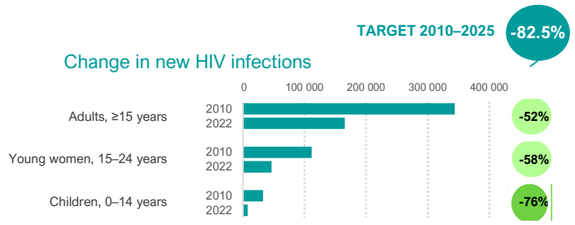
2023

Number of new HIV infections (all ages)

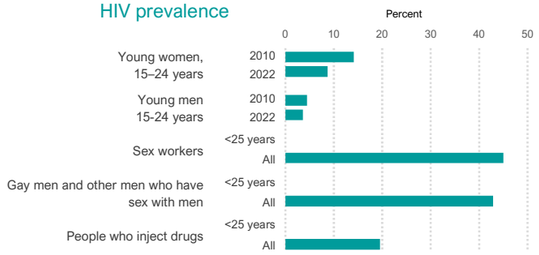


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good | Good | Medium | Low | Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	146 000	309 700	82 500	179 300	155 000

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	30%	30%
Girls who completed lower secondary education	91%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

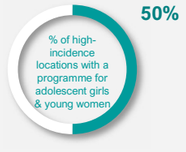
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



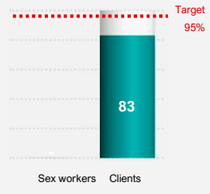
6

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

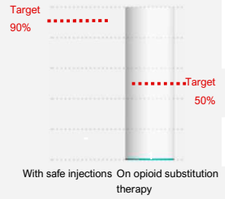
Condom use at last anal sex (%)

4

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)

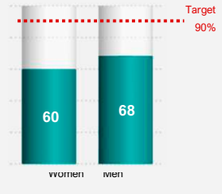


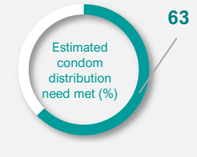
2

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



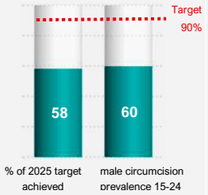


6

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



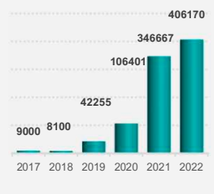
8

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+226%

6

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	75%
Sex workers	70%
Gay men and other men who have sex with men	44%
People who inject drugs	id

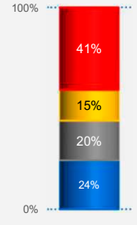
8

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 3%

% of HIV-positive pregnant women receiving ART	98%
Number of Estimated births to women living with HIV	260 000
Number of new child infections due to vertical transmission	8 000

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

10

Scores (1–10) Very good | Good | Medium | Low | Very low | id … insufficient data | na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

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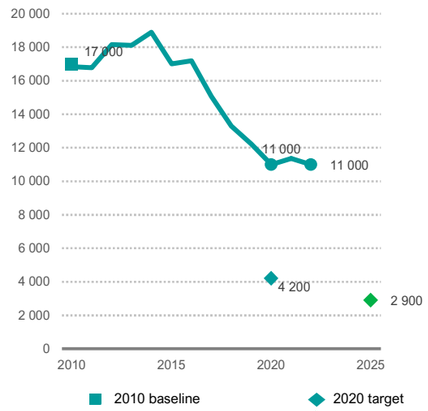
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in South Sudan

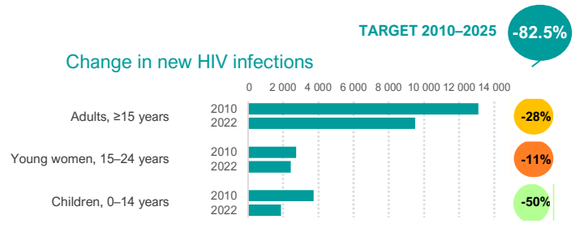
2023

Number of new HIV infections (all ages)

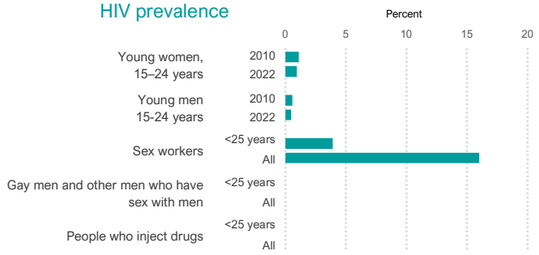


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	id	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	None	None	< Half	> Half
Avoided health care because of stigma and discrimination	12%	id	id	id	id
Population size	45 000	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education		10%
Policies on life skills-based HIV and sexuality education (secondary schools)		Yes
Laws requiring parental consent for adolescents to access HIV testing services, age of consent		Yes, <18

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)

0%

% of high-incidence locations with a programme for adolescent girls & young women

1

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

39%

Received two prevention interventions in past 3 months

2

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

0%

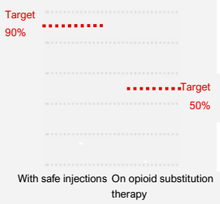
Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



0%

Received two prevention interventions in past 3 months

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

-

Estimated condom distribution need met (%)

id

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

3

% of annual VMMC target achieved

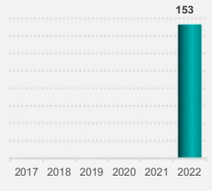
0

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

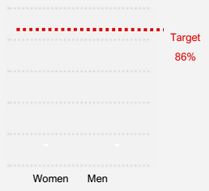
not documented

3

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	32%
Sex workers	75%
Gay men and other men who have sex with men	id
People who inject drugs	id

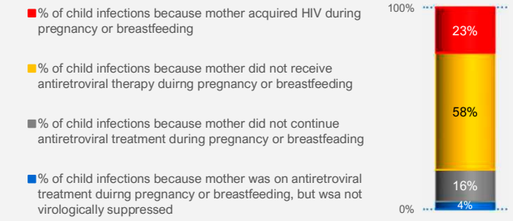
3

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 26%

% of HIV-positive pregnant women receiving ART	53%
Number of Estimated births to women living with HIV	7 300
Number of new child infections due to vertical transmission	1 900

Distribution of new child infections



1

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

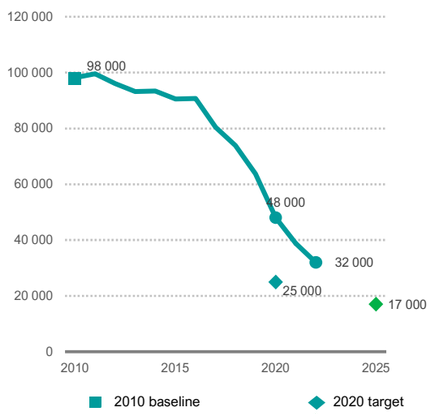
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in United Republic of Tanzania

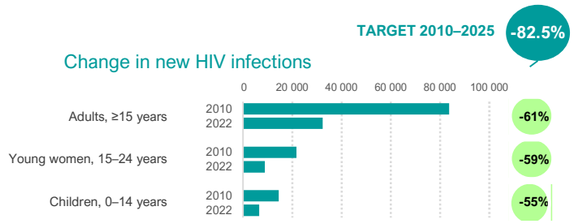
2023

Number of new HIV infections (all ages)

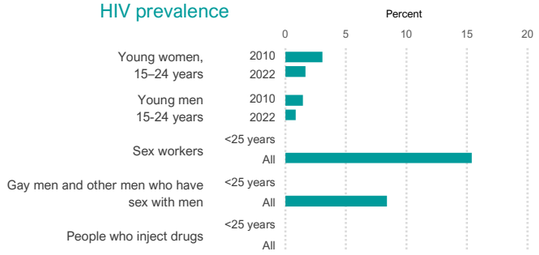


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	< Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	id	id	36 000	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	27%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)

0%

% of high-incidence locations with a programme for adolescent girls & young women

3

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

90%

Received two prevention interventions in past 3 months

7

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

4%

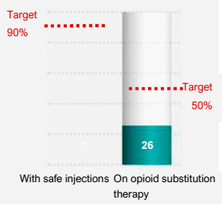
Received two prevention interventions in past 3 months

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



11%

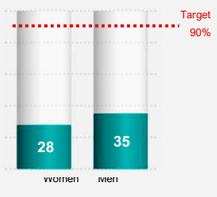
Received two prevention interventions in past 3 months

1

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



42

Estimated condom distribution need met (%)

4

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision

100

% of annual VMMC target achieved

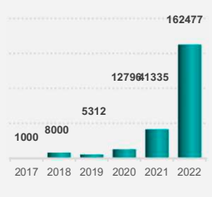
10

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

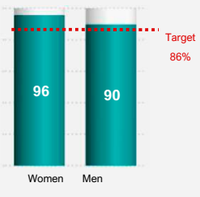
+223%

10

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	94%
Sex workers	id
Gay men and other men who have sex with men	id
People who inject drugs	id

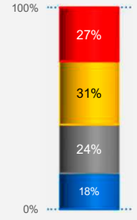
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 7%

% of HIV-positive pregnant women receiving ART	92%
Number of Estimated births to women living with HIV	74 000
Number of new child infections due to vertical transmission	5 200

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

8

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

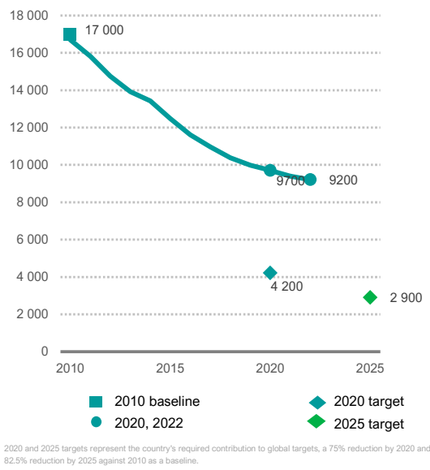
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

This fact sheet for Thailand was automatically created based on global databases and was not quality assured as part of the Global HIV Prevention Coalition's review process.

The State of HIV Prevention in Thailand

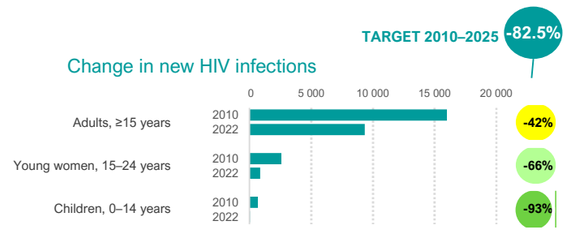
2023

Number of new HIV infections (all ages)

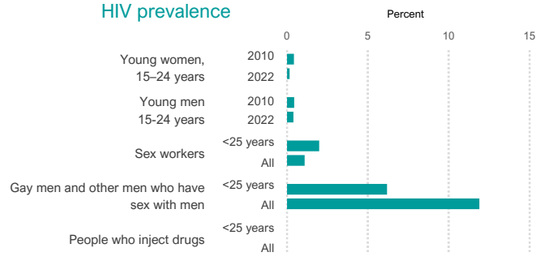


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	No	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	5%	9%	5%	6%	id
Population size	80 700	608 000	58 000	id	270 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

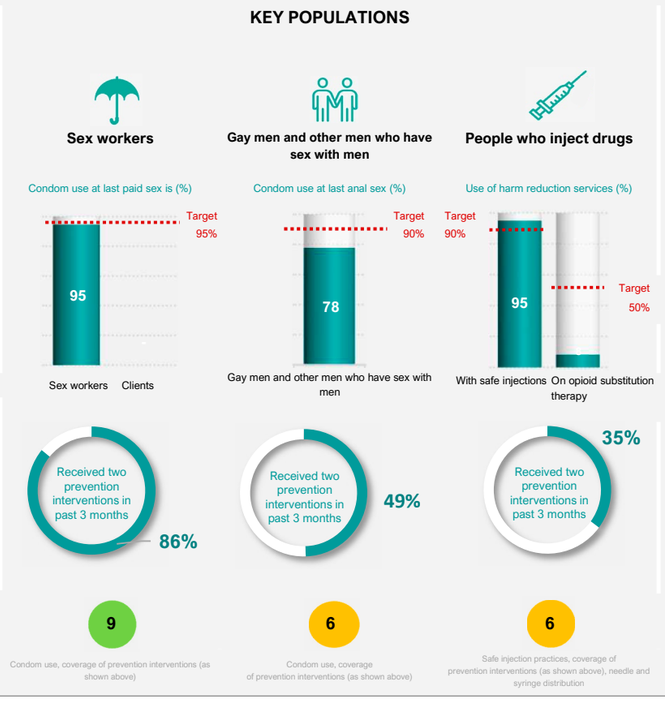
Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

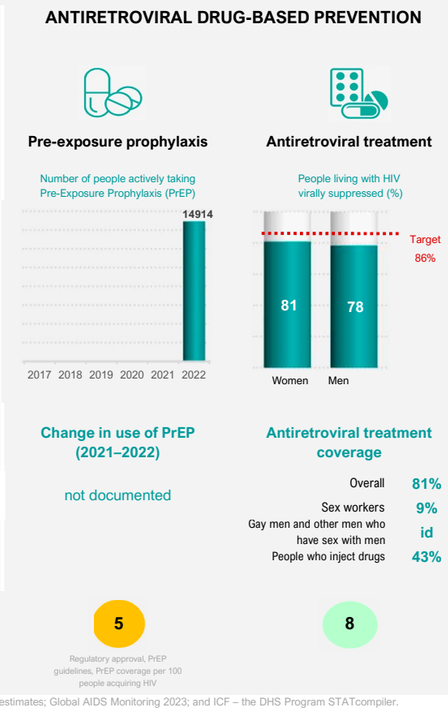
HIV testing services integrated within sexual and reproductive health	#N/A
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS



ANTIRETROVIRAL DRUG-BASED PREVENTION



Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

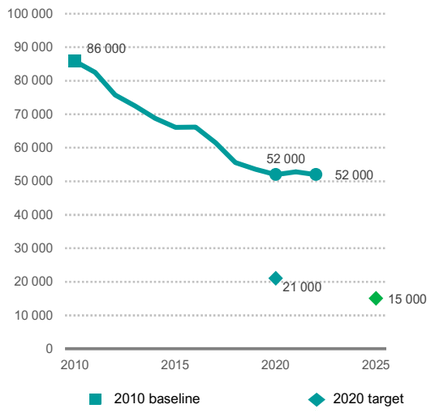
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Uganda

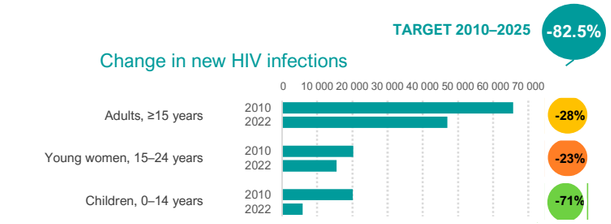
2023

Number of new HIV infections (all ages)

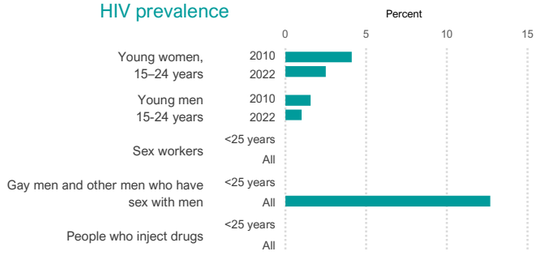


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	id	None	< Half	> Half
Avoided health care because of stigma and discrimination	9%	id	id	id	id
Population size	130 000	24 100	7 400	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	23%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

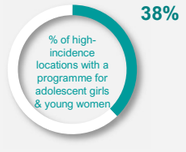
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



4

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

id

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

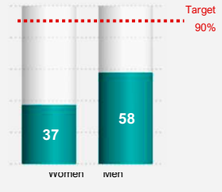
Use of harm reduction services (%)

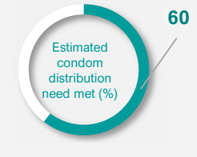
0

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)



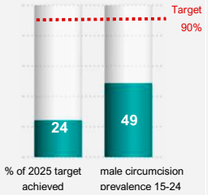


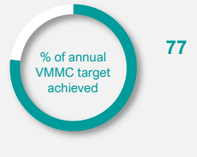
5

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision





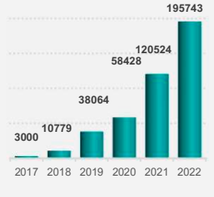
5

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

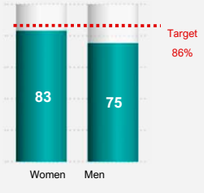
+106%

6

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	84%
Sex workers	65%
Gay men and other men who have sex with men	66%
People who inject drugs	78%

8

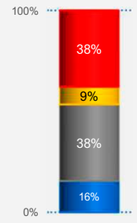
PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 7%

% of HIV-positive pregnant women receiving ART	98%
Number of Estimated births to women living with HIV	85 000
Number of new child infections due to vertical transmission	5 900

Distribution of new child infections

- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed



10

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

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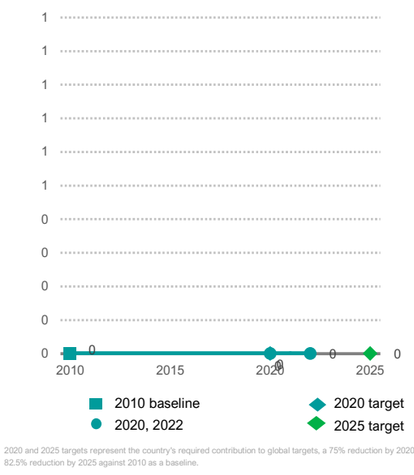
Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Ukraine

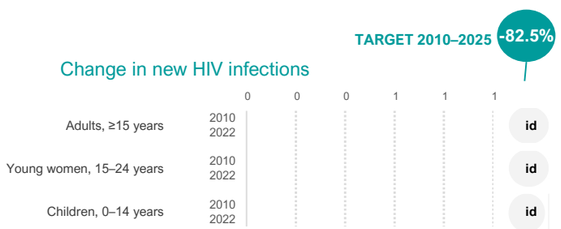
2023

Number of new HIV infections (all ages)

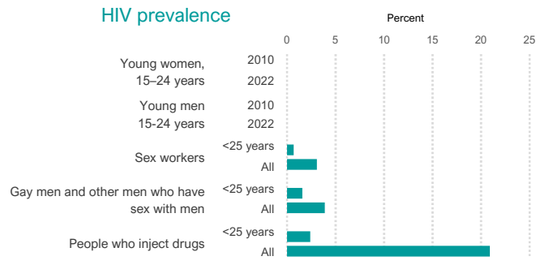


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	21%	6%	10%	8%	id
Population size	86 600	179 400	350 300	13 000	42 000

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

HIV programme coverage and outcomes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

6

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

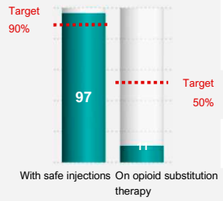
Condom use at last anal sex (%)

5

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

Use of harm reduction services (%)



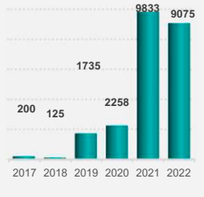
6

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+335%

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	id
Sex workers	78%
Gay men and other men who have sex with men	55%
People who inject drugs	86%

id

Scores (1–10) Very good · Good · Medium · Low · Very low · id … insufficient data · na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

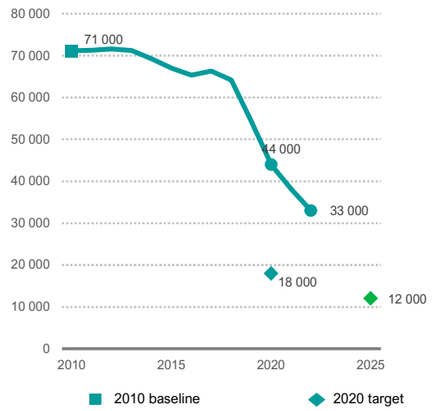
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Zambia

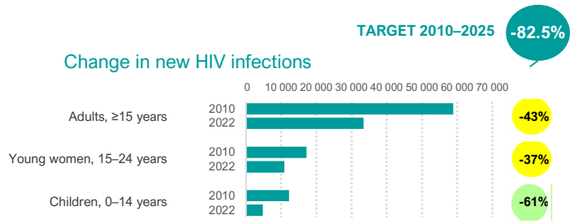
2023

Number of new HIV infections (all ages)

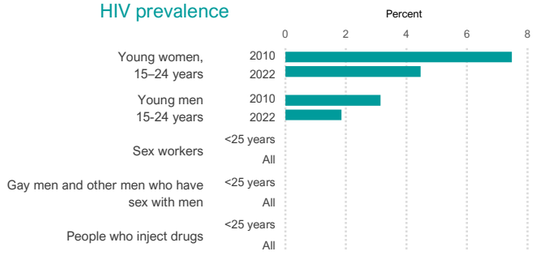


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	> Half	> Half	> Half
Avoided health care because of stigma and discrimination	id	id	id	id	id
Population size	126 000	20 000	12 000	4 000	26 000

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	25%	27%
Girls who completed lower secondary education	50%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

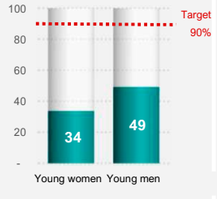
Linkages between HIV and sexual and reproductive health services

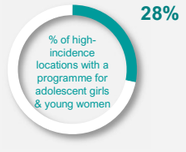
HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)





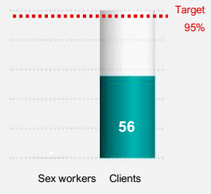
3

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)

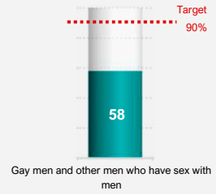


id

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)



3

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

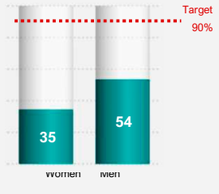
Use of harm reduction services (%)

0

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

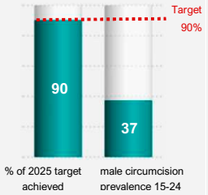


3

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision



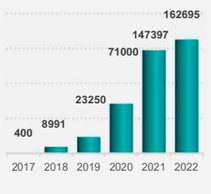
10

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

+108%

Antiretroviral treatment

People living with HIV virally suppressed (%)

Antiretroviral treatment coverage

Overall	90%
Sex workers	86%
Gay men and other men who have sex with men	id
People who inject drugs	id

8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

9

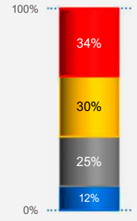
PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 9%

% of HIV-positive pregnant women receiving ART	91%
Number of Estimated births to women living with HIV	51 000
Number of new child infections due to vertical transmission	4 400

Distribution of new child infections

- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed



8

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

Data sources for key population program coverage: Global Aids Monitoring 2023, Global Fund and PEPFAR reports obtained in 2023. Some of the data are triangulated and thus not nationally representive.

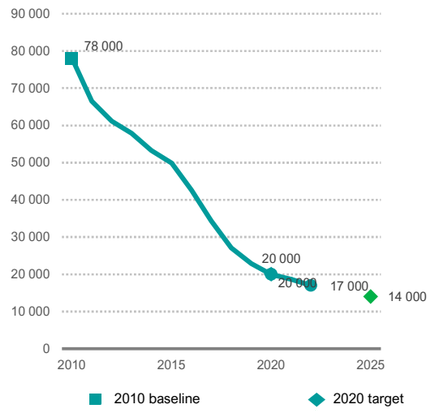
Note: The 2023 UNAIDS epidemiological estimates represent the year 2022. Other data points may refer to various years when the surveys were conducted.

Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

The State of HIV Prevention in Zimbabwe

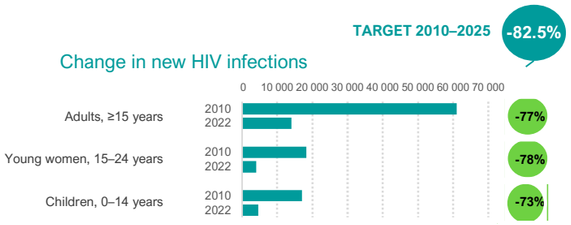
2023

Number of new HIV infections (all ages)

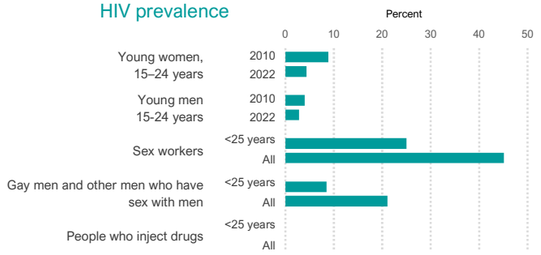


2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

Change in new HIV infections



HIV prevalence



Very good Good Medium Low Very low

Policy and structural barriers

Key populations

	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	People in prisons
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	> Half	> Half
Avoided health care because of stigma and discrimination	39%	8%	id	11%	id
Population size	id	23 000	id	id	20 100

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	19%	31%
Girls who completed lower secondary education	53%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

Baseline status of 10 HIV Prevention 2025 Road Map Actions

Road Map Action	2023
1. Data-driven needs assessment	
2. Precision prevention approach	
3. Define investment needs	
4. HIV prevention leadership agencies	
5. Expand community-led services	
6. Remove social and legal barriers	
7. Integration with related services	
8. Introduction of new technologies	
9. Real-time programme monitoring	
10. Accountability for HIV progress	

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

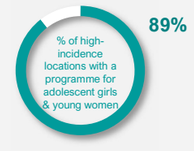
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people 15–24 years old (%)



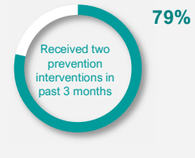
7

Condom use, completion of lower-secondary education, coverage of dedicated programmes

KEY POPULATIONS

Sex workers

Condom use at last paid sex is (%)



8

Condom use, coverage of prevention interventions (as shown above)

Gay men and other men who have sex with men

Condom use at last anal sex (%)

5

Condom use, coverage of prevention interventions (as shown above)

People who inject drugs

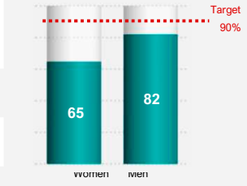
Use of harm reduction services (%)

id

Safe injection practices, coverage of prevention interventions (as shown above), needle and syringe distribution

CONDOM PROGRAMMING

Condom use with a non-regular partner, 15–49 years (%)

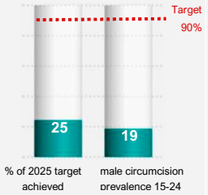


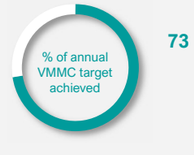
9

Condom use, condom distribution

MEN AND BOYS (INCLUDING VMMC)

Uptake of voluntary medical male circumcision





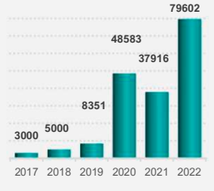
5

Condom use, condom distribution

ANTIRETROVIRAL DRUG-BASED PREVENTION

Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (2021–2022)

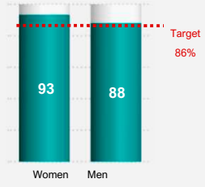
-22%

8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

Antiretroviral treatment

People living with HIV virally suppressed (%)



Antiretroviral treatment coverage

Overall	94%
Sex workers	83%
Gay men and other men who have sex with men	83%
People who inject drugs	id

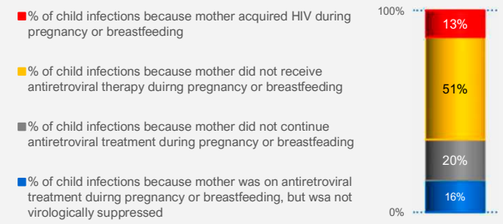
9

PREVENTION OF VERTICAL TRANSMISSION OF HIV

MTCT rate 8%

% of HIV-positive pregnant women receiving ART	85%
Number of Estimated births to women living with HIV	52 000
Number of new child infections due to vertical transmission	4 200

Distribution of new child infections



- % of child infections because mother acquired HIV during pregnancy or breastfeeding
- % of child infections because mother did not receive antiretroviral therapy duirng pregnancy or breastfeeding
- % of child infections because mother did not continue antiretroviral treatment during pregnancy or breastfeading
- % of child infections because mother was on antiretroviral treatment duirng pregnancy or breastfeeding, but wsa not virologically suppressed

7

Scores (1–10) Very good Good Medium Low Very low id … insufficient data na … not applicable

Data sources: UNAIDS 2023 epidemiological estimates; Global AIDS Monitoring 2023; and ICF – the DHS Program STATcompiler.

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