

# Implementation of the HIV Prevention 2020 Road Map

Third Progress Report, October 2019



## HIV Prevention 2020 Road Map: 10 actions

**1**

Conduct a strategic assessment of key prevention needs and identify policy and programme barriers to progress.

**2**

Develop or revise national targets and road maps for HIV prevention 2020.

**3**

Strengthen national prevention leadership and make institutional changes to enhance HIV prevention oversight and management.

**4**

Introduce the necessary policy and legal changes to create an enabling environment for prevention programmes.

**5**

Develop guidance, formulate intervention packages and identify service delivery platforms, and update operational plans.

**6**

Develop consolidated prevention capacity-building and a technical assistance plan.

**7**

Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based programmes.

**8**

Assess available resources for prevention and develop a strategy to close financing gap.

**9**

Establish or strengthen HIV prevention programme monitoring systems.

**10**

Strengthen accountability for prevention, including all stakeholders.

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# Acronyms

Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
OST	Opioid Substitution Therapy
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	Pre-Exposure Prophylaxis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SWIM	Sex Workers Networks in Myanmar
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

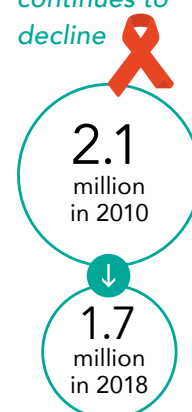
# Background

**The world continues to make important gains in the HIV response.** Progress in increasing access to testing and treatment has been remarkable: in 2018, nearly four in five people living with HIV globally knew their serostatus, and almost two thirds of all people living with HIV were receiving life-saving antiretroviral therapy, more than three times as many as in 2010 (1). Treatment scale-up has led to a decline in deaths from AIDS-related illness from the peak of 1.7 million [1.3 million–2.4 million] in 2004 to 770 000 [570 000–1.1 million] in 2018 (1), and a combination approach to HIV prevention—including behavioural, biomedical and structural approaches—has achieved steep reductions in HIV infections in a variety of settings (2). Globally, the annual number of new infections continues to decline, down from 2.1 million [1.6 million–2.7 million] in 2010 to 1.7 million [1.6 million–2.3 million] in 2018 (Figure 1), a 16% reduction

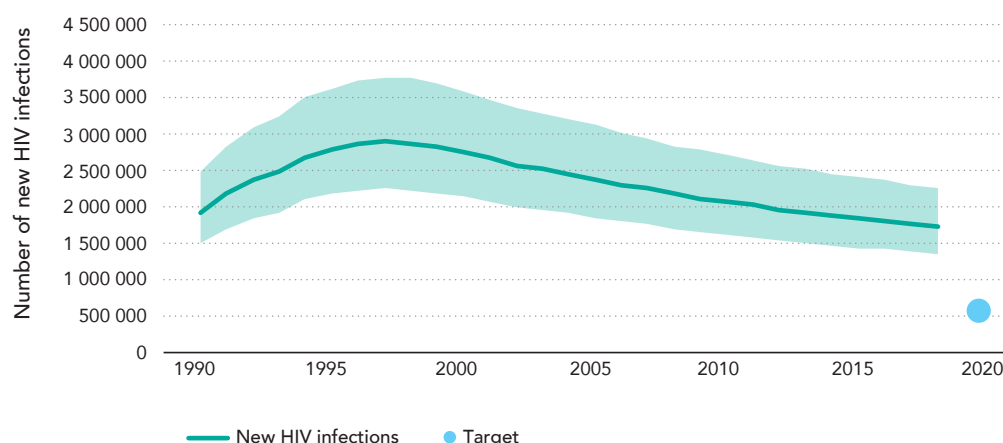
during that period (1). New HIV infections among adults (aged 15 years and older) declined by 13%, from 1.8 million in 2010 [1.4 million–2.4 million] to 1.6 million [1.2 million–2.1 million] in 2018.

**However, there are countries—and even entire regions—that are not on track to reach the global targets and commitments set out in the United Nations General Assembly’s 2016 Political Declaration on Ending AIDS.** In particular, Member States committed to meeting the target of reducing the annual number of new HIV infections globally to fewer than 500 000 by 2020 (a 75% reduction against 2010 baselines), and to a set of global programmatic prevention targets (Figure 2). Given the slow progress between 2010 and 2018, the 2020 target on reducing new HIV infections by 75% is out of reach for most communities. Acceleration of action on prevention is more critical than ever.

Globally, the annual number of new infections continues to decline



**Figure 1: Number of new adult HIV infections, global, 1990–2018**



Source: UNAIDS 2019 estimates.

**Figure 2: 2020 HIV prevention targets and commitments from the 2016 Political Declaration on Ending AIDS**

IMPACT	COVERAGE	OUTPUTS	POLICY	FINANCING AND SUSTAINABILITY
<ul style="list-style-type: none"> <li>Reduce the global number of people newly infected with HIV to fewer than 500 000 (a 75% reduction against 2010 targets).</li> <li>Reduce the global number of adolescent girls and young women newly infected with HIV to fewer than 100 000.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that 90% of people at risk of HIV infection have access to comprehensive HIV prevention services, including: <ul style="list-style-type: none"> <li>All young people in high-prevalence settings.</li> <li>Key populations everywhere, including sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs and prisoners.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Ensure the following: <ul style="list-style-type: none"> <li>Three million people at high risk access pre-exposure prophylaxis (PrEP).<sup>a</sup></li> <li>An additional 25 million young men voluntarily medically circumcised in 14 countries in Africa.<sup>b</sup></li> <li>Twenty billion condoms per year are made available in low and middle-income countries.<sup>c</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Remove policy barriers to prevention services and commodity access.</li> <li>Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV, and key populations.</li> </ul>	<ul style="list-style-type: none"> <li>On average, allocate one quarter of total HIV budgets for prevention.<sup>d</sup></li> <li>Ensure that at least 30% of service delivery is community-led.</li> </ul>

<sup>a</sup> Equals approximately 10% of people at high risk.

<sup>b</sup> This equates to 90% of voluntary circumcisions among those aged 10–29 years.

<sup>c</sup> Equals 25–50 condoms per male per year in high-prevalence countries.

<sup>d</sup> Depends on HIV prevalence and treatment costs.

Source: Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. Second progress report, April–December 2018. Geneva: UNAIDS; 2019.

**Current approaches to scaling up HIV testing and treatment are not sufficient to reach prevention targets**

The Global HIV Prevention Coalition (the Coalition) was established in October 2017 to galvanize greater commitment to—and investment in—HIV prevention in order to achieve the 2020 prevention targets. At its first meeting in October 2017, the Coalition endorsed the HIV 2020 Prevention Road Map, which contains a 10-point action plan for accelerating progress at the country level and specifies complementary actions to be taken by development partners and civil society (3). All 28 focus countries have now committed to implementing the Road Map, and many other countries are adopting similar systematic approaches to advance their prevention efforts.

Much can be learned from the impressive gains that have been observed in specific countries while scaling up HIV prevention programmes for those most in need (such as adolescent girls and young women and key populations) and expanding access to key interventions (such as voluntary medical male circumcision [VMMC]). The resulting increases in coverage of VMMC and other prevention methods—alongside extensive antiretroviral therapy scale-up—have led to substantial declines in new HIV infections, even in some hyperendemic

settings (2). Despite this, there has been insufficient progress in reducing new HIV infections in young people and adults, even in countries and settings that have met—or are close to meeting—the 90–90–90 targets.

Approaches to HIV programming are often fragmented, with the fastest gains made in increasing access to HIV testing and treatment. Recent evidence from population-based trials, however, suggests that **current approaches to scaling up HIV testing and treatment are not sufficient to reach prevention targets** for a variety of reasons. These include the possibility of onward transmission before diagnosis, persistent service coverage gaps (especially among key populations and sex-specific age groups at highest risk of acquiring and transmitting HIV), and uneven outcomes in terms of viral load suppression (4–6).

**At the global level, reductions in HIV infections among adults are significantly off track.** A review of the 2018 Global AIDS Monitoring data indicate that the 2018 global decline in new adult infections (13% against 2010) are still too slow to achieve the 2020

targets (75% reduction). At the current pace, they also are too slow to reach the 2030 targets (90% reduction) (1).

**The Coalition's commitment to intensifying HIV prevention is now more important than ever.** The 28 countries in the Coalition accounted for 1.2 million new HIV infections among adults in 2018, which is 75% of all new HIV infections among adults globally. In the 28 Coalition countries new HIV infections among adults declined by 17% against 2010. In contrast, new HIV infections in non-Coalition countries remained relatively stable between 2010 and 2018 (Figure 3) (1).

The differences in trends should not be attributed to the activities of the the Global HIV Prevention Coalition; rather, they need to be seen in the wider context of more active HIV prevention, testing and treatment programming in many of the 28 Coalition countries. Several of the Coalition countries, in particular highly affected countries in eastern and southern Africa, have relatively higher levels of testing and treatment coverage, relatively

higher condom use and have benefitted from the roll-out of VMMC since 2010.

**The slight acceleration in reducing new HIV infections suggests that the Coalition in the broad sense including the member states, the major funders including Global Fund and PEPFAR and the technical agencies are making progress** through their overall approach to fast-tracking the response. The Coalition as a mechanism has provided an additional boost towards increasing focus on and scaling up programmes for key populations, young women and PrEP, as well as keeping basic tools such as condoms on the agenda.

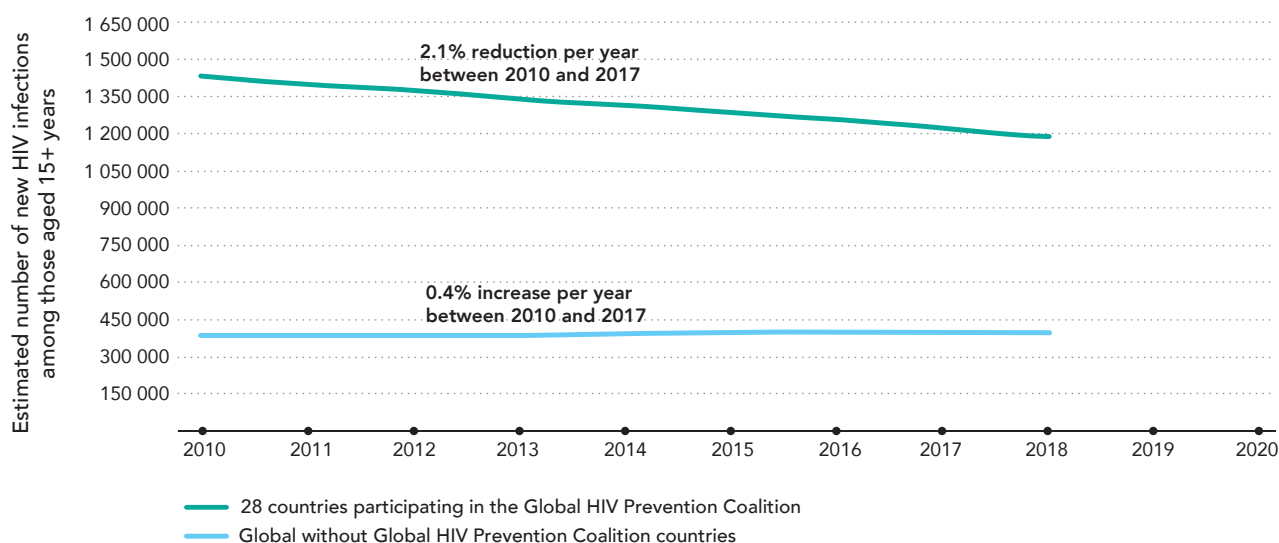
There are countries outside the 28 Coalition countries with rapidly growing HIV epidemics among key populations, such as Madagascar and the Philippines, that will require increased focus. In 2019, the Coalition Secretariat reached out to United Nations (UN) country offices in these countries to initiate support for accelerating HIV prevention, testing and treatment using the model of Coalition countries.



*The Coalition in the broad sense including the member states, communities, the major funders including Global Fund and PEPFAR and the technical agencies are making progress through their overall approach to fast-tracking the response*



**Figure 3: Number of new adult HIV infections in Global HIV Prevention Coalition countries and non-Coalition countries**



Source: UNAIDS 2019 estimates.



Among the 28 Coalition countries that have reported on progress towards milestones and targets, just five have reduced annual adult HIV infections by a third or more since 2010

Among the 28 Coalition countries that have reported on progress towards milestones and targets, just five—the Democratic Republic of the Congo, Lesotho, Namibia, South Africa and Uganda—have reduced annual adult HIV infections by a third or more since 2010 (Table 1). The majority of the Coalition focus countries have made only limited progress, and new infections have actually increased in four countries (Angola, Mexico, Nigeria and Pakistan).

**The overall pace of decline in new adult HIV infections in Coalition countries remains short of initial ambition**, given that countries should have achieved a reduction of about 60% by 2018 to be on track to reach the target of reducing new HIV infections in adults by 75% by 2020 (against the 2010 baseline). Furthermore, reductions in HIV infections are getting smaller year-on-year, while the deadlines are getting closer and closer. Immediate action is needed to get back on course to reach the critical 2020 and 2030 targets.

This is the Global HIV Prevention Coalition's third progress report (7, 8). It complements previous reports to summarize progress made to date, describe key activities taken forward in 2019, identify remaining challenges and outline key priorities. It is presented in two parts:

- a) A narrative report that summarizes:
  - i. Progress on the implementation of the 10-point action plan agreed upon as part of the HIV 2020 Prevention Road Map.
  - ii. Progress in scaling up programmes in the five pillars of primary HIV prevention.
  - iii. Key achievements and critical gaps in reaching primary prevention targets since the establishment of the Coalition.
- b) Country progress reports showing progress in the 10-point action plan at the country level, together with country scorecards updated with 2018 Global AIDS Monitoring data.

**Table 1: Changes in new adult HIV infections (2010–2018) in Global HIV Prevention Coalition countries**

Percentage change in new adult HIV infections	Countries
26% decrease or more	South Africa (39%) Democratic Republic of the Congo (37%) Uganda (36%) Lesotho (33%) Namibia (33%) Cameroon (31%) Myanmar (31%) Eswatini (30%) Indonesia (29%) Zimbabwe (28%) Botswana (27%) Côte d'Ivoire (27%)
Up to 25% decrease	Kenya (20%) Ethiopia (14%) Malawi (14%) United Republic of Tanzania (13%) Iran (Islamic Republic of) (11%) Ukraine (10%) Zambia (9%)
No change	Ghana (0%) Mozambique (0%)
Increase	Mexico (1%) Angola (7%) Nigeria (8%) Pakistan (56%)*
Estimates were unavailable at the time of publication	Brazil China India

\* Pakistan experiences a rapidly growing HIV epidemic among key populations





# Progress in the implementation of the 10-point action plan at the country level

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- Despite good progress being made in most countries on the majority of the Road Map's 10-point actions, major gaps still exist.
- All reporting countries now have strategic plans or road maps that address HIV prevention, with a majority now reporting a full set of national prevention targets.
- Notwithstanding some challenges in coordination, all reporting countries have revitalized in-country HIV prevention and leadership structures.
- More is needed to build an enabling environment for HIV prevention, by addressing HIV-related stigma and discrimination, and the legal, policy and structural barriers to HIV prevention efforts.
- Planning for HIV prevention scale-up must be strengthened at all levels of implementation, especially for adolescent girls and young women, key populations , and their sexual partners.
- Countries continue to experience capacity gaps in prevention oversight, stewardship and resource mobilization, and in some technical areas.
- Despite the critical role of the non-governmental sector and civil society in delivering key interventions and strengthening accountability, measures to expand community-based responses have been uneven and insufficient and civil society space is shrinking in some countries.
- The full expression of HIV prevention funding needs—with a sharp focus on the relevant priority pillars—will be needed in order to close the HIV prevention financing gap.

The launch of the Coalition in October 2017 stimulated commitment for reinvigorating primary prevention and galvanized planning at the national level. As noted in previous reports, focus countries took rapid action to: (a) set up processes for prevention programme reviews and target-setting; (b) establish or strengthen institutional arrangements for national prevention leadership and oversight; and (c) develop national strategies to reach targets (7, 8). Regional and global entities and development partners have supported the prevention drive through high-level advocacy and financial and technical support, in alignment with programme gaps and priorities identified in the country scorecards.

Progress has been made in most countries in relation to the majority of the Road Map's 10-point actions. Financial gap analysis has improved through the use of country scorecards, which have tools allowing countries to bring together various prevention-related data sets in one place and facilitate monitoring, thereby informing better programming. Of the reporting countries, all have developed national targets and have developed (or are in the process of developing) subnational targets for the relevant pillars defined in the Road Map.

Nevertheless, as the 2020 deadline draws closer, implementation progress remains insufficient in the majority of countries. Major gaps still exist, particularly with regard to: (a) building an enabling environment for prevention; (b) providing programming for adolescent girls and young women, their partners and key populations; (c) supplying financing for HIV prevention; (d) strengthening systems to provide services at scale; and (e) working with communities to deliver services. Implementation of the 10-point action plan remains uneven from country to country, and most need to accelerate the pace of progress (Table 2).

## HIV prevention target-setting and national strategic planning

As noted in previous reports, the period following the launch of the Coalition saw focus countries emphasize the setting or revision of data-informed prevention targets that were aligned with the 2016 Political Declaration on Ending AIDS. This was done to help guide national prevention planning (in contrast to donor or project prevention programming).

All of the 27 countries that submitted detailed reports in August 2019 indicated that they have now also developed new strategic plans or road maps that address HIV prevention. Each of them has also adopted the country targets included in the Coalition scorecard. Of these, 22 have a full set of national prevention targets for all of the relevant prevention pillars identified in the Road Map. Some countries modified the targets because some programme areas are not a priority in their particular setting, such as HIV prevention among adolescent girls and young women and their partners in low-prevalence settings (six countries), VMMC (10 countries) and pre-exposure prophylaxis (PrEP) (two countries).

The focus of countries has now shifted towards setting subnational targets. While more than 60% of countries report having subnational targets for key populations, condoms and VMMC, only just over one third have subnational targets for young women, and even fewer have subnational targets for PrEP. Additional guidance in these two areas is being developed to improve subnational target-setting.



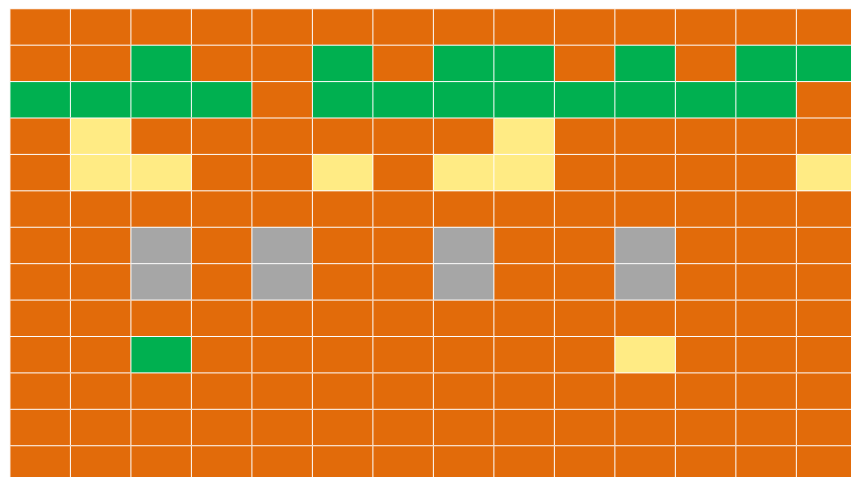
*All of the 27 countries that submitted detailed reports in August 2019 indicated that they have now also developed new strategic plans or road maps that address HIV prevention*

**Table 2: Progress in implementing the 10-point Road Map actions between 2017 and 2019**

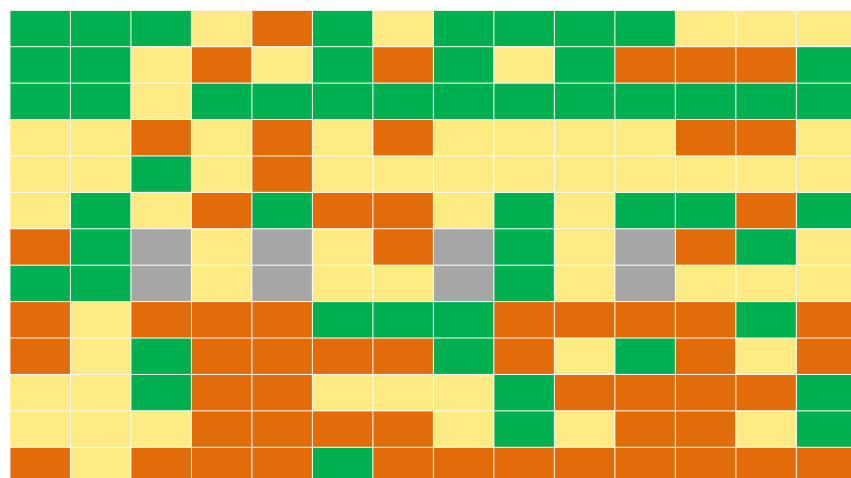
10-point Road Map 2020 Actions		Timeline	Angola	Botswana	Brazil	Cameroon	China	Côte d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	India	Indonesia	Iran (Islamic Republic of)	Kenya
1. Needs assessment	2017 (Baseline)															
2. Prevention targets																
3. Prevention strategy																
4. Policy reform																
5a. Key population size estimates																
5b. Defined key populations package																
5c. Young women size estimates																
5d. Young women package																
6. Capacity and technical assistance plan																
7. Social contracting																
8. Financial gap analysis																
9. Strengthen monitoring																
10. Performance review																
1. Needs assessment	2018															
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10. Performance review																

(Table 2 continued)

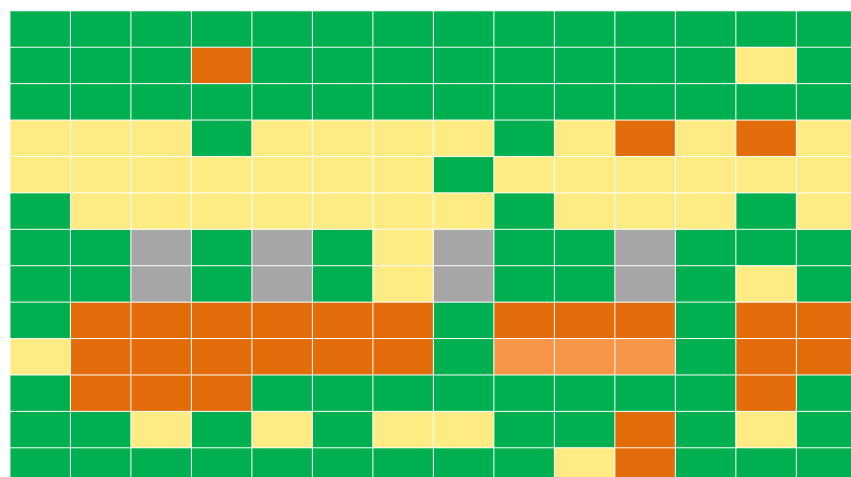
Lesotho	Malawi	Mexico	Mozambique	Myanmar	Namibia	Nigeria	Pakistan	South Africa	Uganda	Ukraine	United Republic of Tanzania	Zambia	Zimbabwe
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In the UN 2016 Political Declaration on Ending AIDS, five global programmatic targets on HIV prevention were set for the first time in the history of the HIV response. On this basis, the HIV Prevention 2020 Road Map defined five pillars and 10 key actions. This 2017 baseline reflects the degree to which the new framework for prevention was adopted by countries at the time the Coalition was launched.



In September 2018, one year after the launch of the Coalition, all countries had national coalitions or working groups established, had developed 100-day action plans, had mobilized political leadership and had reinvigorated momentum for prevention. Gaps still existed in key population size estimation, service location mapping, social contracting, capacity development, financial gap analysis and performance review.



In the 2019 progress survey, most countries reported continued progress across a majority of the 10 steps. Targets and strategies are in place in most countries, and as part of 2019 reporting, several countries engaged in performance reviews and financial gap analyses. Gaps were still recorded in terms of policy reform around key populations, size estimates, social contracting and capacity development.

■ Done 
 ■ In progress 
 ■ Not done 
 ■ Not applicable 
 ■ Progress not submitted

\*For defined key population packages: countries with packages for all 5 KPs groups were scored as done, 3-4 KP packages were scored as in progress and upto 2 KP packages as not done



## Strengthening leadership, oversight and management

Through the launch of the Coalition and subsequent country activities, substantial progress has been made in reinvigorating leadership and political commitment for HIV prevention. The latest progress reports indicate that 26 out of the 27 reporting countries have designated either a national prevention coalition or a functional prevention technical working group to coordinate national prevention efforts. Many of these bring together various sectors—such as health, education and social affairs—and a range of development partners and civil society representatives. In many countries, technical prevention working groups existed or were newly established to coordinate, manage and support day-to-day prevention work.



*Most (20 out of 27) reporting countries indicated that they also have technical working groups in place to address specific prevention pillars. Many countries struggle with limited capacity for coordination*

In most countries, these leadership and management entities meet regularly, although the frequency of these meetings varies: some meet monthly, some quarterly and some biannually. Most (20 out of 27) reporting countries indicated that they also have technical working groups in place to address specific prevention pillars. Many countries struggle with limited capacity for coordination, which is stretched in settings where multiple partners are involved in implementing a range of prevention activities but are using parallel systems for data collection and reporting.

## Addressing legal, policy and structural barriers

With the adoption of the Road Map, Coalition countries committed themselves to taking concrete measures to remove significant legal, structural, policy and other human rights-related barriers to service access for vulnerable and key populations, and to working towards creating an enabling environment for prevention. Through detailed legal assessments and other approaches supported by the United Nations

Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and other partners, some countries took swift action to identify these barriers, such as laws and policies that require parental consent for access to health services at specific ages and punitive laws that hinder key populations from seeking the services that they need (9, 10). UNDP, the United Nations Population Fund (UNFPA) and UNAIDS have also supported the completion of the Southern African Development Community (SADC) key population strategy for the region.

Some countries are now taking steps to lift identified barriers through legislative or policy changes. A few countries report progress in the course of 2019 in addressing factors that increase the HIV vulnerability and risk of adolescent girls and young women. For example, a national Sexual Offences and Domestic Violence Act was enacted in 2018 in Eswatini to protect adolescent girls and young women against abuse. In Lesotho, a gender policy was endorsed in 2019 to address gender-related barriers to service access.

Other countries are seeking approaches to address the laws that criminalize key populations and their behaviours: these laws constrain the development of comprehensive HIV prevention services for these populations, including in prisons. For instance, in 2019 Botswana decriminalized same sex sexual activity. In Myanmar—where criminalization of sex work presents challenges to the HIV response among sex workers—a new Law on Sex Work is under development under the leadership of the Ministry of Social Welfare, Relief and Resettlement in cooperation with UNAIDS, UNFPA and Sex Worker Networks in Myanmar (SWIM). The draft law emphasizes the health and social welfare of sex workers and intends to replace prison sentences with fines or community service.

Gains are progressively being made against HIV-related stigma and discrimination in many countries, as called for by the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma

and Discrimination (11). For instance, with the support of civil society, legal action has been taken in Botswana to address the discrimination that lesbian, gay, bisexual, transgender and intersex (LGBTI) persons face when seeking health-care services. In Eswatini, standard operating procedures for reducing stigma and discrimination in health-care facilities have been developed to promote key population-friendly services. On the whole, however, far too little is being done to tackle discriminatory attitudes towards key populations and people living with HIV, and they remain very common in too many countries, resulting in highly inequitable prevention outcomes.

Structural barriers also include harmful gender norms, gender inequality and gender-based violence. Efforts to address these include the HeForShe community-based initiative in South Africa, which is supported by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). This has resulted in positive changes in the behaviours and attitudes of men relative to HIV and violence prevention, including improved health-seeking behaviours and enhanced uptake of local HIV counselling and testing services (2).

## Developing national guidance, intervention packages, service delivery platforms and operational plans


The Road Map calls for strengthened implementation of HIV prevention with operational plans that: (a) link locations, populations and risk data; (b) identify geographically diversified minimum service packages; and (c) articulate national and subnational results frameworks for the five priority prevention pillars.

More attention must be directed to strengthening planning for HIV prevention scale-up at all levels of implementation.

This implies addressing gaps in leadership and coordination between the national and decentralized levels, and providing support for purposeful programme expansion to meet prevention needs in all of a country's key locations.

Countries are making progress in translating national commitments into costed national operational plans for addressing relevant prevention pillars. Many countries still need to specify in greater detail the strategic approaches and interventions planned to reach young people and key populations, and the related deliverables and timelines. In some instances, this will entail an intensified effort to collect relevant data to guide programme prioritization for populations and locations at greater risk. Many countries still need to conduct pragmatic population size estimates and analyses to identify geographic locations with higher risk in order to design focused interventions and direct limited resources where they are most needed.

Countries have made progress developing or revising normative guidance and programme packages—particularly for key populations and adolescent girls and young women—to be delivered in specific locations. Defined service packages are reported to be in place for the vast majority of Coalition countries, including packages for sex workers, gay men and other men who have sex with men, and adolescent girls and young women and their male partners. However, the number of countries that report having service packages for prisoners, transgender persons or people who use drugs (21, 13 and 17, respectively) remains insufficient. The Myanmar Ministry of Health and Sports and the Ministry of Home Affairs—with the support of the United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO) and UNAIDS, and development partners such as Access to Health Fund/UNOPS—developed a set of standard operating procedures in 2018 to provide guidance on providing health services to prison inmates. Piloting methadone maintenance therapy in prison settings is also being considered.



*Defined service packages are reported to be in place for the vast majority of Coalition countries, including packages for sex workers, gay men and other men who have sex with men, and adolescent girls and young women and their male partners*



## Addressing prevention capacity gaps

Countries continue to experience gaps in prevention oversight, stewardship and resource mobilization, and in some technical areas, such as data systems and programming for key populations, adolescent girls and young women, and condom promotion and distribution. Many countries still struggle with staffing shortages and stretched capacity for prevention. Taking prevention to scale will require identifying, empowering and retaining programme champions. Management capacity within decentralized government structures such as sub-national AIDS council offices for planning, implementation and monitoring also needs attention in many countries, as does planning management and monitoring capacity within the nongovernmental sector.

The Coalition Secretariat has taken several actions to support countries in strengthening HIV prevention capacity. A community of practice on condom programming was established, and the approach is proposed to be replicated for the other four pillars of HIV prevention. Countries have increasingly requested support in the form of critical staff positions rather than consultants, and the Coalition Secretariat has established a dedicated pool of catalytic funds for short- and medium-term staff positions for leading elements of the prevention response.


An increasing number of countries have engaged in formulating remedial action and consolidating capacity development plans, including by using tools provided through the Coalition. Countries are also using the UNAIDS Technical Support Mechanism, which was established in May 2018 to enable the provision of high-quality technical assistance. Programmatic self-assessment tools on the five pillars of prevention are under development, with the aim of improving implementation systems for prevention in Coalition countries.

## Expanding community-based responses

A critical element of the 10-point action plan concerns the development of social contracting and other mechanisms to allow government funding for civil society implementers and, as necessary, to provide support for community systems strengthening. This, in turn, helps generate demand for prevention programmes and services, facilitate access to these programmes and expand the coverage of community-led and community-engaged programmes (Box 1). While such programmes have been shown to play a central role in successful efforts to increase coverage with key interventions, especially in rural areas and among hard-to-reach key populations, they remain primarily funded from external sources (2).

An early exception was India's approach to scale up community-based programmes for key populations under a clear national management model and implementation system. This was particularly effective in improving access, service quality, uptake and community engagement—and, ultimately, in controlling the HIV epidemic (12). Following a study tour to learn from India's experiences, Namibia is introducing its own social contracting mechanisms to deliver services to key and marginalized populations. This effort is currently funded through international sources, but the aim is to mobilize additional domestic resources to make social contracting an important part of the ongoing efforts for national sustainability and transition planning.

Most Coalition countries, however, continue to report challenges in this area, including: (a) uneven quality of processes for engagement with the nongovernmental sector; (b) weak and often fragmented community-level service delivery; and (c) insufficient funding flows. The number of organizations involved remains very small in most countries, and only 10 of the 27 reporting Coalition countries indicated that they have a functioning social contracting mechanism for civil society



*Most Coalition countries continue to report challenges which include: (a) uneven quality of processes for engagement with the nongovernmental sector; (b) weak and often fragmented community-level service delivery; and (c) insufficient funding flows.*

### Box 1: Differentiated models of service delivery at the community level

In the HPTN 071 (PopART) community-randomized trial conducted in South Africa and Zambia, an intensive door-to-door effort by community health workers was introduced to promote and provide a range of HIV and health services (35). Significant increases were observed in the coverage of HIV testing and treatment in intervention communities, as were decreases in population-level incidence of HIV infection—although incidence levels still remained at 1.4 per 100 person-years, despite intervention communities nearly achieving the 90–90–90 targets (4).

Efforts to engage the community in programme design and implementation have also been successful in KwaZulu Natal, South Africa, where HIV prevalence levels are among the highest in the country. To advance the response, Médecins Sans Frontières managed a community-based approach to HIV testing that links people to treatment and supports them to remain in care (34). The Bending the Curves project, which started in 2011 before the 90–90–90 targets were set, aimed to “bend the curves” of new HIV infections, HIV-related illness and AIDS-related deaths. By 2018, the 90–90–90 targets had been achieved in Eshowe town, rural Eshowe and Mbongolwane well ahead of the 2020 deadline. Challenges were identified in reaching men, who achieve poorer treatment outcomes across the cascade of diagnosis and treatment, and while preliminary HIV incidence results showed a decreasing trend, adolescent girls and young women continue to face high risks of acquiring HIV (34).

organizations to implement HIV prevention programmes. Some Coalition countries are preparing to conduct assessments of the managerial and implementing capacity of interested civil society organizations and to create the necessary legal and managerial frameworks for social contracting, while others are making provisions for financing the engagement of civil society. In Ukraine, for example, the Cabinet agreed to allocate savings from antiretroviral medicine procurement to social contracting of organizations that are taking forward HIV prevention interventions. Other countries, such as Lesotho, indicate that they are working to expand the focus on nongovernmental actors (including faith-based organizations) in order to include more prevention activities at the community level. Despite these steps, the future of funding for civil society organizations remains uncertain, although some countries are addressing this concern through programme and financial sustainability planning.

### Closing financial gaps

Not all countries have assessed their prevention funding gap or made concrete plans for adequate investment in HIV prevention as part of a fully funded national response. In 2019, the Coalition placed increased emphasis on quantifying programmatic and financial gaps through a very simple rapid gap analysis tool. Seventeen out of 27 countries reported that prevention targets were used to estimate prevention financing gaps, a major improvement over previous years. Country financial gaps illustrate that in many countries, closing the financial gap for key population programmes and condom programmes would only take a relatively small proportion of total HIV response funding. Closing these gaps rapidly, however, is critical to meeting prevention goals: under the global Fast-Track model, these two prevention pillars were expected to contribute between a third to half of the averted new infections in different settings (13).



*Seventeen out of 27 countries reported that prevention targets were used to estimate prevention financing gaps, a major improvement over previous years*

*The full expression of HIV prevention funding needs—with a sharp focus on the relevant priority pillars—will be needed, both for Global Fund and domestic investment, in order to close the HIV prevention financing gap*

In order to meet HIV prevention financing needs for 2020 and beyond, high investment from the United States President's Emergency Plan for AIDS Relief (PEPFAR) needs to be sustained, while allocations to prevention programmes—both from domestic sources and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)—need to increase. The full expression of HIV prevention funding needs—with a sharp focus on the relevant priority pillars—will be needed, both for Global Fund and domestic investment, in order to close the HIV prevention financing gap.

Data on country financial gaps illustrates that some Coalition countries have made

positive steps in this direction: South Africa now has a costed national strategic plan (for the years 2017–2022), and has increased its annual domestic public spending by about US\$ 650 million over the last seven years (2). Close to 80% of the total HIV resources in the country are from domestic sources. Other countries in the region with a high burden of disease have also increased their domestic resources since 2010: Zambia and Zimbabwe have increased their domestic resources by 70%, and Kenya and Malawi have increased their domestic resources by 30% (2). Despite this, countries in the east and southern African region (excepting South Africa) overall finance only 20% of their responses domestically.



photo © UNAIDS

## Programme monitoring

Many countries have made considerable advances in data systems and improved the alignment of monitoring and reporting systems. The HIV prevention scorecard has raised the profile of key HIV prevention indicators in the five pillars, and several countries (such as Ethiopia and Uganda) have included elements of them in their national HIV prevention plans.

A number of countries, however, continue to face considerable challenges in the collection and analysis of strategic information for programme planning and course corrections. Scorecards suggest that data gaps are particularly large for programme coverage for key populations, adolescent girls and young women. Identified weaknesses include the following:

- a) Out-of-date behavioural and risk data and population size estimates for tracking progress in key population interventions and condom use.
- b) Insufficient age and sex disaggregation of data to enable fine tuning and monitoring of interventions for young people.
- c) Duplicative monitoring systems for HIV across sectors, implementing agencies and levels of implementation.
- d) Identify geographic locations with higher risk.

In many settings, a fragmented data system (paper-based or digital) at service delivery sites and lack of standardized national unique identifier codes that are used by all service providers makes it difficult to estimate coverage accurately. Tracking individual clients across different services and determining the type and frequency of services received remains challenging for programmes for adolescent girls and young women.

Coalition countries continue to work at strengthening their national health information systems across all programme pillars, and at reinforcing approaches for

the timely use of data for planning and accountability. In particular, improvements are being made to track data related to activities outside the formal health system: nine out of the 20 reporting countries now indicate that they have a situation room that allows for real-time monitoring of programme implementation status. Two of these (Kenya and Zimbabwe) monitor implementation against all five prevention pillars.

## Strengthening accountability for prevention

Most reporting countries indicate that the Coalition has strengthened accountability at the country level through the use and review of scorecards, enabling regular tracking of progress across a range of high-priority prevention programme areas and of declines in HIV incidence. In preparation for the 25th anniversary of the International Conference on Population and Development (ICPD+25), the Coalition has developed guidance for country consultation processes on prevention gaps and provided financial support. Some countries, such as Uganda, have conducted joint annual reviews among stakeholders to take stock of national progress in HIV prevention.

With support from the SADC and other regional partners, regional accountability processes have also improved through the institutionalization of a scorecard for HIV prevention. This has supported accelerating prevention in still more countries and sharing good practices and lessons learned. The availability of data and regular reporting has also facilitated the engagement of civil society, although this remains often weak or incomplete.

Despite these achievements, there are still insufficient examples of accountability processes that meaningfully engage civil society actors and representatives of key affected populations, and that are built around (and for) communities. More effort is needed to strengthen accountability processes across the board.



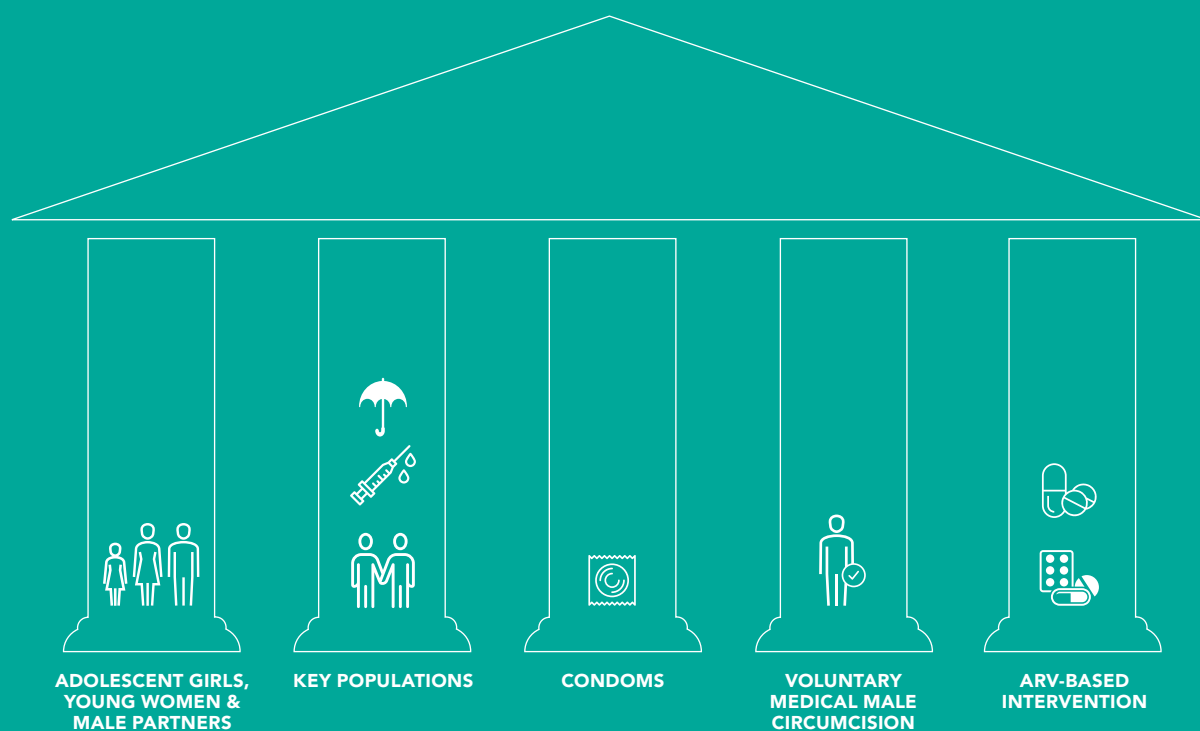
*With support from the SADC and other regional partners, regional accountability processes have also improved through the institutionalization of a scorecard for HIV prevention*





*Individual doses of methadone are kept in a container that is then transported to the prison medical centre, where inmates receive their daily dose under the supervision of a medical doctor.*

# Progress towards targets in the five prevention pillars



- Programmes for adolescent girls and young women and key populations remain insufficient in scope and scale– and they continue to face unacceptably high risks of HIV.
- Some countries are taking measures to lift specific policy and legal barriers that impede access to services for these populations, but much more needs to be done.
- Building on the strong precedents set by some countries, best practice with regards to dedicated programmes for young people, such as comprehensive sexuality education (CSE), needs to be replicated.
- Despite a steady progression towards higher levels of condom use, these fall short of global targets in all Coalition countries. Major gaps in supply and demand, and amongst younger populations, in particular, must be urgently addressed.
- Good momentum in access to and uptake of VMMC and PrEP needs to be maintained.



## Adolescent girls and young women

New HIV infections among adolescent girls and young women (aged 15–24 years) were reduced by 26% in Global HIV Prevention Coalition countries between 2010 and 2018; among older women (aged 25 years and older), the reduction was 13%. Nonetheless, adolescent girls and young women continue to face unacceptably high risks of HIV, as highlighted in the population-based Evidence for Contraceptive Options and HIV Outcomes (ECHO) study conducted in Eswatini, Kenya, South Africa and Zambia. Among sexually active young women aged 16–35 years who participated in the study, HIV incidence averaged 3.8% a year (14). It was even higher among women under the age of 25. There was no significant difference in HIV risk between methods in the study: injectable hormonal contraceptive (DMPA), copper intrauterine device or progesterone implant (14).

This suggests that comprehensive programmes for adolescent girls and young women and their sexual partners urgently need to be expanded. More attention is required to address gender-based violence and to integrate HIV services within sexual and reproductive health services (see Box 2), with particular emphasis on supporting HIV testing and prevention choices for women in high-burden settings who are accessing family planning services. Such services need to be made more accessible and youth friendly.

Notable progress has been made in some Coalition countries. Eswatini and Lesotho report high coverage of priority locations (71% and 100%, respectively) with dedicated programmes for adolescent girls and young women and their partners. They also indicate a high level of condom use among both young women and men in nonregular partnerships, and increasing HIV treatment coverage in this age group. In South Africa, the nationally funded She Conquers campaign is led by the National Department of Health and involves multiple sectors to implement comprehensive HIV prevention interventions at the subnational level, with the aim of reaching adolescent girls and young women in districts with high HIV burden. In all three countries, the overall HIV incidence reduction was accelerated.

In resource-constrained settings with high HIV incidence, scalable programme models for young women can be developed through three platforms: (1) active HIV prevention in schools as part of broader CSE provision; (2) the routine offer of HIV prevention to young women in health services, including contraceptive and other sexual and reproductive health services; and (3) community outreach to young women at higher risk and their partners with combined HIV and SRHR services to generate demand, support adherence to prevention and treatment, and transform community and gender norms.

### Box 2: 2gether 4 SRHR in eastern and southern Africa

The 2gether 4 SRHR programme supported by United Nations Children's Fund (UNICEF), UNFPA, WHO and UNAIDS is linking efforts to strengthen sexual and reproductive health and rights (SRHR) and reduce the impact of HIV in eastern and southern Africa. The programme supports the efforts of regional economic communities and governments, and it works in close partnership with civil society through networks of people living with HIV, adolescents and young people, and key populations.

All 10 participating countries have developed or are reviewing laws, policies, strategies and guidelines related to SRHR and HIV service provision, and they all have strengthened the capacity of health facilities to provide rights-based, responsive, fair, efficient, quality and integrated SRHR and HIV services (2).



Elsewhere, coverage gaps are still large, and patterns of risk are worrisome. For instance, the average level of condom use among young women with nonregular partners was 46% across Coalition countries in Africa (unweighted average based on the most recent population-based survey), ranging from 19% in Ghana to 82% in Lesotho. Some large countries are still in the process of defining tailored service packages, addressing subnational diversity and going to scale with programmes among adolescent girls and young women. More work needs to be done to scale up these programmes to reach more high-incidence locations and achieve impact.

Comprehensive sexuality education features in the policies of most reporting countries. With programme support from UNICEF, UNFPA and the United Nations Educational, Scientific and Cultural Organization (UNESCO), Ghana and Uganda have made progress in: (a) adopting comprehensive sexuality education in schools as part of the curriculum; (b) addressing persistently low levels of HIV knowledge among adolescent girls and young women; and (c) increasing access to sexual and reproductive health services for adolescents and young people in schools or other nonformal settings. Similarly, the Bending the Curves programme in South Africa (see Box 1) includes activities to help high school students make informed decisions about their sexual and reproductive health and to reduce new HIV and tuberculosis infections. Another example is the RAPARIGA BIZ Joint Programme in Mozambique, supported by UNICEF, UNFPA, UN Women and UNESCO. The programme aims to ensure that sexual and reproductive health and rights of girls and young women are fully realized by improving capacities to make informed choices and access to sexual and reproductive health services. (15). Moving forward, greater efforts are needed to strengthen the quality of comprehensive sexuality education programmes, build the engagement and capacity of key

stakeholders, and develop new service delivery models for out-of-school youth, a group that faces the greatest barriers to accessing information and services.

A number of Coalition countries have also made progress in identifying and lifting specific policy barriers that impede access to services for different age and population groups, such as age-of-consent restrictions on services for sexual and reproductive health and for HIV prevention and testing. For example, the enactment of the Child Care and Protection Act in Namibia in January 2019 has allowed the lowering of the age of consent from 16 to 14 years. However, restrictions persist in many countries.

Other countries are developing structural interventions to alter the drivers of HIV at the community level. Programmes such as SASA! and MAISHA in Uganda and the United Republic of Tanzania, respectively, provide community-based livelihood support and social interventions that help people at risk of acquiring HIV benefit from available prevention opportunities. These programmes have been shown to shift cultural norms that are associated with HIV risk behavior and reduce violence against women (16). Similarly, a new study conducted in Eswatini has shown that financial incentives to stay in school significantly reduced HIV incidence among adolescent girls and young women, adding to knowledge about the protective value of education for young women and

*With support from the SADC and other regional partners, regional accountability processes have also improved through the institutionalization of a scorecard for HIV prevention*





the circumstances where cash transfers and educational incentives may reduce their HIV risk (17–20).

## Key populations

The nature of the epidemic is shifting. While stronger progress has been made in settings with high HIV prevalence among the general population, there has been a lack of progress in settings where key populations are criminalized and marginalized (21).

Globally, more than half (54%) of new HIV infections in 2018 were among key populations—including people who inject drugs, gay men and other men who have sex with men, transgender people, sex workers and prisoners, and their sexual partners. Young key populations are often particularly affected (1). Even among the highly affected population of sex workers in African countries that are part of the Coalition, coverage with dedicated prevention programmes is insufficient: reported coverage among female sex workers ranges from 1% to 96%, but the average is 47%.

In Coalition countries, prevention, testing and treatment coverage levels remain very low among these populations, with coverage gaps among gay men and other men who have sex with men, transgender people and young key populations that are particularly glaring (if data are available at all). In most reporting countries, coverage with basic services ranges from 1% to 65%, although data reliability is often a concern due to inadequate or missing population size estimates. Several highly affected countries do not have adequate sex worker coverage data, and coverage of dedicated programmes is likely low in most of these countries.

Unsurprisingly, risk levels remain very high. For instance, while there is considerable variation between and within countries, reported condom use at last paid sex among sex workers—and at last anal sex

among gay men and other men who have sex with men—is unacceptably low in many countries. Coverage of very basic outreach programmes for people who inject drugs (excluding opioid substitution therapy [OST]) also has a wide range and is not reported in many Coalition focus countries (22). Even in Coalition countries that have made progress in needle–syringe programming, coverage of OST remains very low: Kenya’s coverage was the highest, at 26%. Information on transgender populations and prisoners remains markedly limited and unreliable (23).

Nonetheless, successes in some countries indicate what can be achieved. All Coalition countries reported progress in developing detailed implementation guidance for service providers or implementers in relation to key populations and essential service packages that were specifically defined for these populations. Only eight countries, however, have developed a full set of guidance and service packages for all main key population groups, and even fewer have scaled programmes according to need. Among the front runners, Kenya implements programmes for different key populations at scale—including sex workers, gay men and other men who have sex with men and people who inject drugs—despite the fact that behaviours of these key populations are criminalized. Other countries—such as Côte d’Ivoire, South Africa and Zimbabwe—also have large-scale programmes for sex workers (see Box 3). Myanmar is working on scaling up peer outreach programmes for key populations, and some Coalition countries, including Lesotho and Namibia, are providing integrated HIV and sexual and reproductive health services to people in prisons and other closed settings. Lesotho has also developed a national HIV service package for key populations—a package that is tailored to meet the unique needs in terms of service access and provision—to meet the generalized and hyperendemic epidemic it faces.

Countries need to step up these efforts—working directly with key population

### Box 3: Key population programming in Zimbabwe

Zimbabwe is taking steps to intensify multisectoral efforts towards strengthening key population programmes, as outlined in its new National Key Populations HIV and AIDS Implementation Plan 2019–2020. The country will expand service delivery platforms using peer education, social networking and digital outreach approaches, while also aiming to improve service quality in health facilities for key populations (37). In this context, strengthening the capacity of communities to engage in service delivery and social support is key, while plans to strengthen monitoring and evaluation systems and increase the integration of HIV strategic information with health information systems may further contribute to enhanced knowledge about service coverage, size estimates or geographic distribution. Finally, advocacy for law reforms, sensitization of health-service providers or law enforcement agents, and media campaigns to eliminate stigma and discrimination are among the multiple actions anticipated to address the structural barriers to HIV service access that are faced by key populations in Zimbabwe.

Together, these measures are expected to have a substantial impact on the country's HIV epidemic. Recent modelling suggests that increasing the coverage and intensity of empowering female sex worker programmes—alongside a well-functioning national antiretroviral therapy programme—could virtually eliminate HIV transmission associated with sex work in Zimbabwe and accelerate the decline in new HIV infections (24).

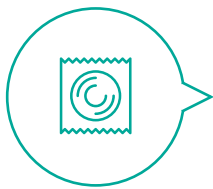
groups, specifying concrete deliverables for HIV prevention among key populations, building national programmes and addressing critical barriers—to achieve the 90% coverage targets for key populations. The creation of an enabling environment through shifts in practice, policy and law to remove barriers to effective HIV prevention is particularly crucial: criminal laws, aggressive law enforcement, harassment and violence towards key populations remain common in too many countries and change is slow, if non-existent in some areas. The lack of visibility of key populations in public policy and data bases and the limited political commitment to serving them leads to inequitable allocations of existing funds, which in some countries may be a more serious problem than inadequate overall funding of the HIV response.

The Joint Programme also provided specific technical support related to key populations. For example, government leads and community representatives attended a SADC meeting on key populations that was attended by

government leads on HIV prevention and key populations, community representatives and UNAIDS Fast-Track advisors. Following a review of progress made and challenges encountered by countries in the region, the meeting concluded that major gaps remain to be addressed, including in domestic resource allocation and scaling up beyond 30–50% coverage. Developing national key population programmes and moving them to scale therefore remains key.



photo © Courtesy of School Rainbow, UNAIDS Asia Pacific



Other outcomes of the meeting included the development of country road maps to define urgent follow-up actions for strengthening key population programmes in the region.

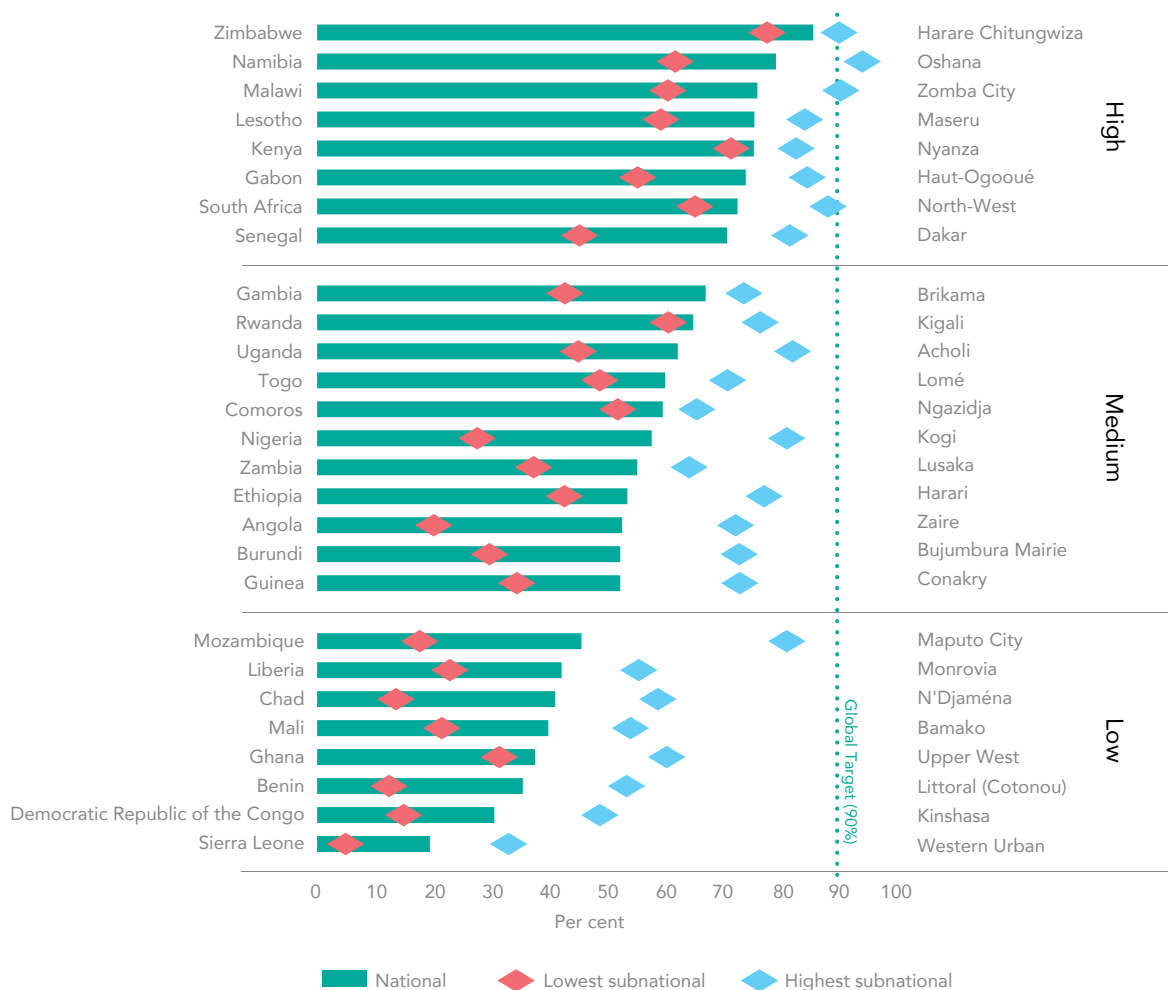
## Condom distribution and promotion

Condom programming continues to be the cornerstone of combination prevention. Available data show slow but steady progress towards higher levels of condom use between 2000 and 2015, but these fall short of global targets in all countries (some by a substantial amount) (Figure 5) (25, 26). Variation between countries remains large, and major condom supply and demand gaps persist,

including in many Coalition countries. For example, active condom distribution and promotion in Namibia and Zimbabwe over two decades has led to some of the highest recorded levels of condom use at last sex with nonregular partners, but condom use remains at low levels in other countries. Worryingly, condom use among younger populations has stagnated or declined in a few key countries between their last two Demographic and Health Survey cycles, including Uganda and the United Republic of Tanzania (26).

More attention is needed for strengthening condom procurement, promotion and distribution through various sectors and outlets—including commercial and public—with a focus on reaching high-risk and remote locations. Greater use also should be made of opportunities

**Figure 5: Percentage of people (15–49 years) who used a condom at last sex with a nonregular partner**



Source: *Communities at the centre: defending rights, breaking barriers, reaching people with HIV services. Global AIDS update 2019*. Geneva: UNAIDS; 2019 (using data from population-based surveys).



to link condom programming with other interventions, such as VMMC, family planning and management of sexually transmitted infections. Finally, more effort is required to empower people to demand condom use during sex with their partners, particularly among young women and adolescent girls and young key populations.

Looking to the future, new and more sustainable models of condom programming need to be developed to compensate for the declining access to socially marketed condoms in many countries, and to reduce reliance on external funding, as is under way in Botswana (26). A range of multilateral initiatives are underway to support countries in these transitions, including support for planning for improved

condom programming and availability of condom supplies. This includes the Africa Beyond Condom Donation initiative (or ABCD, which was previously the 20 by 20 Coalition). Led by UNFPA, ABCD brings together condom manufacturers, international donors and nongovernmental organizations to leverage public–private collaboration with the goal of increasing the supply of male and female condoms in low- and middle-income countries to 20 billion by 2020. UNFPA and UNAIDS are collaborating to provide updated condom programming guidance, including an already available new needs estimation tool and updated comprehensive condom programming guidance.



photo © UNAIDS



## Voluntary medical male circumcision

VMMC, one of the five pillars of the HIV Prevention 2020 Road Map, was another area of continued focus for both the Coalition and PEPFAR. Uptake increased in the 15 priority countries in eastern and southern Africa, but that momentum must be maintained in order to reach the target of 25 million by 2020.

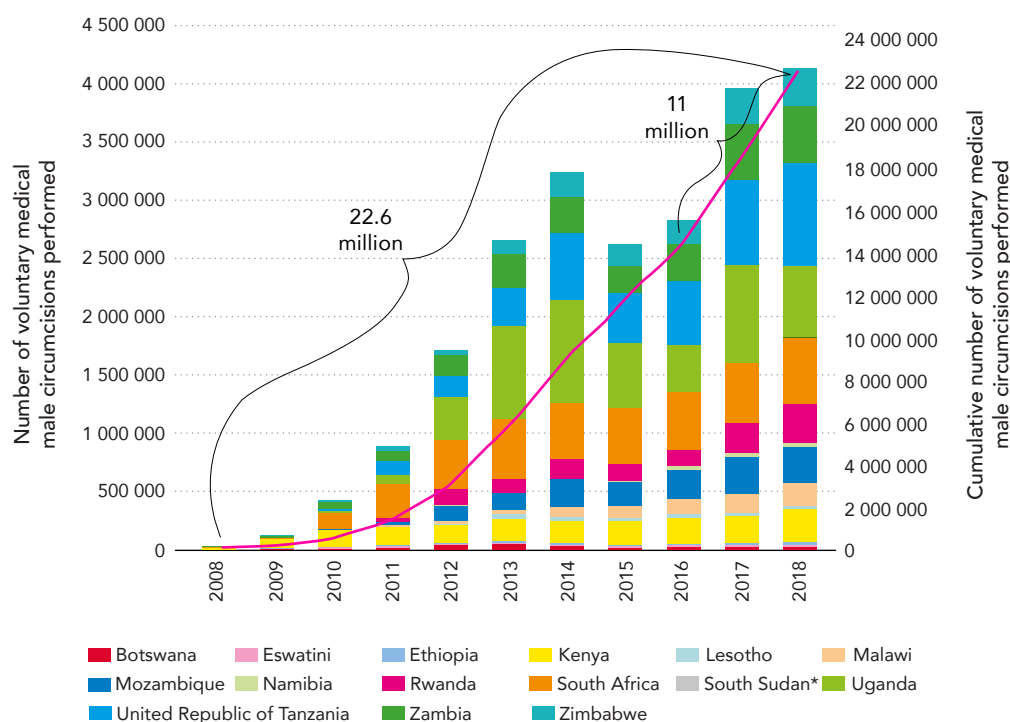
The 2019 scorecards show an increase in the number of boys and men taking up VMMC, from 4 million in 2017 to 4.1 million in 2018, an 83% performance against the aggregate annual target of 5 million VMMCs for the 14 priority countries (excluding South Sudan). Achievement of annual national targets in countries varied from 33% to more than 100%, with four countries (Ethiopia, Kenya, United Republic of Tanzania and Zambia) exceeding the target. Uganda and the United Republic of Tanzania conducted

the largest absolute numbers of VMMCs in 2018 (with 1.5 million boys and men accessing VMMC services), demonstrating that a very rapid scale-up of services is possible.

Importantly, VMMC serves as an entry point for providing men and boys with comprehensive health packages to improve their health outcomes, even beyond HIV testing and sexual health services. Only a few of the countries reporting on VMMC, however, link those services with broader, gender-sensitive health services for men and boys. This needs to be strengthened and refined in order to identify concrete VMMC deliverables in priority countries.

As programmes evolve, innovations are being used to increase demand, support scale-up, improve the focus on specific at-risk age groups, and work towards routinization and integration of VMMC in other health services. With support from UNAIDS Cosponsors, some countries are

**Figure 6: Annual and cumulative numbers of voluntary medical male circumcisions (VMMC) in 15 priority countries from eastern and southern Africa, 2008-2018**



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

Source: *Communities at the centre: defending rights, breaking barriers, reaching people with HIV services. Global AIDS update 2019. Geneva: UNAIDS; 2019 (based on Global AIDS Monitoring).*



using geographic information systems mapping to match staff capacity with demand (as is the case in Mozambique and the United Republic of Tanzania) or to link VMMC services with other health services (such as in Lesotho). In Eswatini, a national VMMC integration strategy and operational plan has been developed and is now used to guide the integration of VMMC in health services as part of the provision of combination HIV prevention to ensure that VMMC is offered routinely for newborns and older men.

Looking at the 22.6 million men and boys who have taken up VMMC provided from 2008 to 2018 in the 15 priority countries in sub-Saharan Africa, mathematical modelling estimates that 250 000 [200 000–330 000] new HIV infections were averted by the end of 2018 (78% among males and 22% among females). The future benefits of this effective intervention will be much larger since VMMC provides lifelong protection. Furthermore, mathematical modelling estimates that the number of men and boys who have taken up VMMC so far would avert approximately 1.5 million new HIV infections by 2030 and 4.5 million by 2050 if the coverage of other HIV interventions (including antiretroviral therapy) remains constant. If Fast-Track Targets are achieved for all interventions the impact would need to be attributed to all interventions, but VMMCs provided so far would still avert 660 000 new HIV infections by 2030 and 1 million by 2050. The actual benefits are likely to be larger as programmes continue to provide more VMMCs each year (27).

The World Bank has provided modelling evidence that suggests that VMMC is highly cost-effective, and that its impact and cost savings will continue to grow as circumcised boys become sexually active (36). Research conducted in Kenya and Uganda suggests that antiretroviral treatment and VMMC scale-up have together contributed to sharp declines in HIV incidence, and that while antiretroviral treatment has been the main driver thus far, it may be surpassed by VMMC by 2025 (28, 29).

*Kenya was one of the first sub-Saharan African countries to roll out PrEP as a national programme in the public sector. More than 30 000 people were accessing PrEP in Kenya in mid-2019, making it Africa's largest PrEP programme.*

## Pre-exposure prophylaxis

Countries are gradually adopting PrEP as an additional HIV prevention option for key populations and young people in high-prevalence settings who are at high risk of HIV infection. A total of 20 out of the 27 reporting countries have developed national guidelines or detailed implementation guidance on PrEP, and the number of people accessing PrEP in Coalition countries increased from 21 000 in October 2017 to 87 000 at the end of 2018. This suggests rapid progress but still at a very low level of coverage.

Kenya was one of the first sub-Saharan African countries to roll out PrEP as a national programme in the public sector. More than 30 000 people were accessing PrEP in Kenya in mid-2019, making it Africa's largest PrEP programme. Other rapid increases in PrEP uptake have been reported, including in Lesotho and Uganda. After PrEP roll-out in 45 sites, the number of people active on PrEP in Uganda increased from 450 in October 2017 to 8400 in October 2018, an increase in coverage of more than 18 times (1800%). These country experiences provide opportunities for learning and improving as scale-up continues. Challenges remain, however, with respect to continuation rates, especially among adolescent girls and young women.

Other countries have completed consultation processes and demonstration projects and are poised for scale-up. As part of its HIV combination prevention package, Eswatini has now endorsed PrEP for scale-up at 200 health facilities by the end of 2019. Similarly, Namibia reports that it has completed the development of a standardized PrEP set of tools (including standard operating procedures and a framework for monitoring and evaluation), while Ghana, Myanmar and Pakistan have obtained policy approval for programme introductions of PrEP. Potential breakthrough technologies of the future, such as vaginal rings and injectable antiretrovirals, may aid the scale-up of PrEP in challenging environments and among hard-to-reach populations (30).





BRIDGING  THE GAPS  
Health and rights for gay populations

HEALTH IS A  
HUMAN RIGHT

**HIV  
IS NOT  
A CRIME.**

 **VICTORIAN AIDS COUNCIL**  
WORKING TOGETHER

# Critical priorities in reaching prevention targets

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- Adequate and predictable financing needs to be urgently secured, both for the HIV prevention response and for addressing the related health needs and social drivers of the epidemic.
- A combination of increasing investment in prevention and increased efficiency in how resources are used is needed to close the resource gap.
- More effort is required to strengthen planning and management at all implementation levels to enable programme scale up throughout priority locations and populations.
- Countries need to step up to strengthen the linkages between the HIV response and Universal Health Coverage to enable the expansion of truly people-centred systems for health.
- Improved integration of HIV with other sectors and programmes is needed, particularly SRHR and GBV, while preserving the key attributes of the HIV response.
- More attention is required to promote and support community-led responses, which are central to the HIV response. This will require attention to social and gender inequalities, and negative legal and policy environments that have hampered the scale up of existing successes and prevented them from reaching full scale and generating expected impact.

Since the launch of the Global HIV Prevention Coalition in late 2017, focus countries have reinvigorated their HIV prevention strategies and aligned their responses to global targets. Nevertheless, as the 2020 deadline draws close, progress towards the targets for reducing new HIV infections remains insufficient in the majority of countries. Significant gaps still exist, particularly with regard to obtaining financing for HIV prevention, strengthening systems to provide services at scale, and working with communities to deliver services and build an enabling environment for prevention.

## Resource investment into prevention

If the world is to be on track to end AIDS as a public health threat by 2030, there must be adequate and predictable financing, both for the HIV response and for addressing the related health needs and social drivers of the epidemic.

In 2016, the UN General Assembly agreed to a steady expansion of investment in the HIV responses of low- and middle-income countries, increasing it to at least US\$ 26 billion by 2020—the amount required to scale up programmes and meet the targets agreed within the 2016 Political Declaration on Ending AIDS (2). While the increase in the availability of financial resources for HIV responses in these countries between 2016 and 2017 indicates progress towards this commitment, data on international development assistance for health suggest that support for HIV prevention decreased by 44% between 2012 and 2017 (31).

Furthermore, overall investment in HIV responses dropped sharply in 2018, down US\$ 900 million (to US\$ 19 billion in constant 2016 US dollars) in just one year. One-year declines were reported across all sources of investment, including domestic resources, multilateral and some bilateral donor programmes, philanthropic organizations and other international sources. The widening gap between

resource needs and availability is of great concern, given evidence that progress at the country level closely follows investment availability (2).

Some Coalition countries, such as South Africa, are rising to the challenge by increasing their domestic investments in the national response and by seeking approaches to improve programme efficiency and maximize programme impact. There is a wide variation among countries, however, in terms of sources of funding for both national programmes and the remaining financing gaps. There also are differences in the work done thus far to leverage other development drivers (such as education) to achieve prevention targets. Many countries have still not stepped up their own investment in their national programmes, and in the majority of countries, certain programme areas—such as those for key populations and condoms—remain severely underfunded. Still other areas, such as VMMC and PrEP, are overly dependent on single or external funding sources.

Only a combination of increasing investment in prevention and increased efficiency in how resources are used can close the resource gap. Future progress towards the 2020 and 2030 targets will depend on the continued support of development partners for primary prevention while countries adjust their financing models to manage the required transitions to domestic financing at a pace determined by their fiscal space. Innovative mechanisms to raise funds from a diversified donor base and to build new partnerships should be explored, including building funds from the taxation of goods or services and leveraging public–private partnerships. South Africa’s recent work in developing a new social impact bond as a way of addressing the needs of girls and young women and advancing HIV prevention is inspirational in this regard.

At the same time, greater attention is required at the country level to issues of equity and allocative and implementation efficiency: small shifts in investments

and an improved focus in the use of resources can improve programme impact. Strengthened efforts to better support innovations in technology and data systems also can help refine programme focus. This combined set of needs requires strengthened stewardship and accountability at all implementation levels to ensure that clear criteria guide funding decisions and that results are scrutinized by all key stakeholders.

In October 2019, the Global Fund raised US\$ 14 billion at its Sixth Replenishment Conference, the highest amount ever for the partnership. This will provide renewed momentum and should be followed by a commensurate increase in spending in areas that are critical to the HIV response but that remain inadequately funded (such as HIV prevention). Other donors have recently pledged increased funds for critical services. For example, the UK will provide GBP 600 million over 2020-2025 for sexual and reproductive health services for women and girls in the world's poorest countries.

## Strengthening systems for HIV prevention at scale

The provision of a comprehensive package of services to the people in greatest need is far from universal. Examples of successful scale-up of combination prevention—including condom programming, VMMC, PrEP, viral load suppression through antiretroviral therapy, and the prevention and treatment of sexually transmitted infections—exist in many settings and a number of countries provide harm reduction services at a scale that meets WHO recommendations. Replicating these successes, and ensuring they reach the most vulnerable and marginalized, remains central to achieving the global target of fewer than 200 000 new HIV infections and ending AIDS as a public health threat by 2030. There is general agreement that this will entail building a system that can maintain momentum around HIV responses while still providing access to quality services

at affordable prices for all those in need. This is the central premise of universal health coverage (UHC), to which countries committed as part of the Sustainable Development Goals (SDGs).

UHC approaches provide critical opportunities to better meet the multiple health needs of people, including all those at risk of or affected by HIV. Some countries, such as Myanmar and South Africa, are implementing policy reform towards UHC and are seeking opportunities to include the HIV prevention, treatment, care and support services that people need within packages of essential health benefits. Over the coming years, more countries need to step up to strengthen the linkages between the HIV response and the UHC movement to enable the expansion of truly people-centred systems for health.

The inclusion of key populations in such efforts is a particular challenge, making the scale-up of community-based and community-led programmes, and removal of punitive laws, critical (32). Successful scale-up of such programmes, and removal of punitive laws, has taken place in various countries, including India, Kenya and Ukraine. The Global HIV Prevention Coalition will continue its efforts to make the lessons, tools, management practices and experiences from successful scale-up experiences available to other countries.

In the short term, more effort is required to strengthen planning and management at all implementation levels to enable programme scale up throughout priority locations and populations. This should be guided by strengthened and harmonized data systems that can support evidence-informed decision-making and accountability at all levels, including through community monitoring. In particular, granular, disaggregated and geo-specific data are needed for underserved and key populations: this would help focus interventions where they can have the greatest impact (although care is needed to avoid exposing people to further discrimination and punitive measures).

There also is a continued need for improved integration of HIV with other sectors and programmes. For example, countries are missing opportunities to harness the potential of the education, social development, justice, and labour sectors to promote HIV prevention and deliver relevant services. More effort is also required to co-locate HIV services with broader health services where possible, with the aim of improving both HIV-related and non-HIV-specific health outcomes. Services for HIV, tuberculosis, viral hepatitis and sexually transmitted infections have clear synergies: these diseases have similar modes of transmission and affect similar hard-to-reach populations. Integrated services, particularly HIV services together with sexual and reproductive health care and support for survivors of gender-based violence, are important to reach vulnerable adolescent girls and young women and their sexual partners with the comprehensive services, support and referrals that they need, and integration in the context of UHC must be explored. However, as the International AIDS Society–Lancet Commission stresses, the greater integration of HIV and global health “must preserve and build on key attributes of the HIV response, including participatory community and civil society engagement and an ironclad commitment to human rights, gender equality, and equitable access to health and social justice” (33).

## Strengthening the role of communities in prevention

Communities are central to ending AIDS. Across all sectors of the AIDS response, community empowerment and ownership have resulted in increased uptake of HIV prevention and treatment services,

reduced stigma and discrimination, and enhanced protection of human rights. Community-based organizations have also played a central role in efforts to reach adolescent girls and young women and key populations. Impressive results have been documented when intensive community-based and community-led HIV programmes have been taken forward in Coalition countries (2). However, insufficient funding for community-led responses, social and gender inequalities, shrinking civil society space and negative policy environments have tended to stop these successes from reaching full scale and generating the expected impact.

More emphasis is needed on including community actors and civil society networks in national dialogues throughout the programme cycle, from the participation of representatives of key affected populations in national programme planning and review bodies, to the establishment and funding of community-led monitoring mechanisms. Frontline AIDS has worked with national civil society organizations in six countries to develop shadow reports on HIV prevention, which highlighted prevention gaps from a community perspective. Member States must also make good the commitment in the 2016 Political Declaration on Ending AIDS to expand community-led service delivery to cover at least 30% of all service delivery by 2030. In many settings, strengthening community systems requires measures to lift restrictions on the operating space and funding options for civil society organizations, especially those that work with key populations. It also implies political will to take forward policy reforms and to meet commitments to secure the transition to domestically funded HIV responses (such as through social contracting).



# Conclusions

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Since the launch of the Global HIV Prevention Coalition just under two years ago, much has been achieved.

**Through the Coalition, countries have transformed how they frame, measure and organize their national prevention responses.**

**Focus countries have rallied to reaffirm and strengthen leadership for prevention.** A shared primary prevention agenda has been elevated to the centre of the global response, and national responses have been aligned to global targets and HIV prevention strategies have been strengthened. Focus countries report that the Coalition has promoted a more systematic and structured approach to prevention programming, and the major emphasis on consistent and results-oriented framing of HIV prevention and strengthened accountability frameworks has supported programme scale-up.

**The added value of the Coalition is already clearly visible in a number of focus countries and beyond.** It is

encouraging to note that gains in the world's hardest hit region of eastern and southern Africa are driving global progress in reducing new HIV infections (1). **This initial momentum urgently needs to be sustained** by stepping up investment, improving efficiency, leveraging innovation and integration, and learning from our successes—allowing us to continue efforts to address persistent gaps in programme coverage and ensure that services and community programmes are available to everyone in need.





# Annex: Status of HIV prevention in countries

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- Data included in country summaries refer to different time periods. New HIV infection estimates 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 behaviour, such as condom use.
- Programme coverage refers to the most recent calendar year—ideally 2018—but it is the result of financing decisions taken earlier in the response. Progress in the 10 Road Map actions reflects changes between October 2017 to September 2019. As such, progress on one indicator in one year does not necessarily show immediately in another, higher-level indicator, as such progress may require a survey to be measured, the result of which may only be available years later.

## Introduction to country summaries

This annex provides summaries of the country status and progress in primary HIV prevention programmes in the 28 countries participating in the Global HIV Prevention Coalition. The information in these country summaries was gathered for country posters presented at the High-Level Meeting of the Global HIV Prevention Coalition in Nairobi in November 2019.

Country summaries in this annex contain information on all levels of the HIV prevention programme results chain, including impact on HIV incidence, programme outcomes for different HIV prevention methods, coverage of programmes, enablers and structural factors. They also contain critical actions to strengthen systems for prevention as expressed in the 10 Road Map actions. The choice of indicators was informed by what is most important to measure and what data should be and are realistically available in most countries through the Global AIDS Monitoring system (38).

## HIV incidence and prevalence

Trends in new HIV infections are based on UNAIDS 2019 estimates and are presented in the form of line graphs against the 2020 target of a 75% reduction in new infections. The reduction in new HIV infections between 2010 and 2018 is also expressed as a percentage. By 2018, countries should have achieved a 60% reduction against 2010 levels.

The reduction in new infections among young people is also shown as a percentage. If available, trend data on HIV prevalence among young people—including young key populations—are included as a proxy for trends in new HIV infections. It is important to note 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 also include information on HIV prevention outcomes, which are mostly presented in the form of column charts.

- Data on condom use among young women and adults with nonregular partners are based on population-based surveys, such as Demographic and Health Surveys (DHS).
- Data on condom use and the use of safe injecting equipment among key populations are based on integrated biological and behavioural surveillance (IBBS). Data on condom use among clients of sex worker are mostly from DHS.
- Data on VMMC are from programme records. The cumulative number of VMMCs conducted between 2016 and 2018 is measured against the estimated total number of VMMCs required between 2016 and 2020, according to the UNAIDS Fast-Track model (which assumes 90% uptake among boys and men aged 10–29 years).
- Data on PrEP are based on programme records and provide the number of people who ever used PrEP in the past 12 months.

Most available survey information is from before 2018; hence, there is not yet sufficient information on changes over time since the Coalition became operational in 2018 (it was launched in late 2017).

## HIV prevention programme coverage

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,



coverage is measured geographically in terms of the percentage of high-incidence locations with dedicated programmes for this population. A more precise indicator to measure coverage is under development.

- For prevention programmes among key populations, coverage is defined as the percentage of people who accessed two HIV prevention interventions in the past three months. This information is based on the number of people reached according to programme records versus the total estimated population size of the key population. In some countries, this information is also based on population-based surveys.
- 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 VMMCs conducted against the annual target derived from the UNAIDS Fast-Track model.
- For PrEP, a composite preparedness score is included that combines progress in terms of regulatory approval, national guidelines and target-setting, and the estimated number of people on PrEP relative to the epidemic size.

Programme coverage data are not strictly comparable between countries, because countries use different methodologies for population size estimates and different approaches for defining and measuring coverage. Furthermore, large data gaps persist for programme coverage, particularly among key populations.

## 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 a country. When interpreting the scores, the following points need to be considered:

- Scores are expressed on a scale of 0–10, based on programmatic coverage and outcome information (as described above). If coverage or outcome information are unavailable, the score indicates “insufficient data.” This suggests the need to improve strategic information, such as by conducting more systematic population size estimates, monitoring condom availability or better measuring the number of persons 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 method, the score will be 2, but if 80% use it, the score will be 8. For some indicators that require higher adherence (like condom use among sex workers or use of safe injecting equipment), the scale starts at 50%, meaning that 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 score. For example, 44% programme coverage and 57% use of a method results in a composite score of 5.
- For prevention programmes among adolescent girls and young women, the score includes the percentage of priority locations covered with programmes, the level of condom use among young women aged 15 to 24, 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 nonregular partners among women and men aged 15 to 49.
- For VMMC, the score is based on progress against both annual VMMC targets and cumulative 2020 VMMC targets.
- For PrEP, the score is based on the composite preparedness score described above.
- Scores in the 2017, 2018 and 2019 versions of the scorecard are not directly comparable: some indicator definitions have changed, particularly for PrEP and VMMC.

A more detailed description of the methods applied to develop the scores is provided in the *Scorecards and country posters in the Global HIV Prevention Coalition* publication, which can be found on the Global HIV Prevention Coalition website (39).

## Status of 10 Road Map actions and enablers

Country summaries also contain information on progress made in the 10 Road Map actions and in addressing structural factors and social enablers that are relevant to HIV prevention.

A summary is provided of the status of the 10 Road Map actions at baseline in 2017 and as of September 2019. The baseline represents the status of implementing the 2016 Political Declaration on Ending AIDS at the start of the Coalition in 2017, while the change in these indicators over time reflects the progress of implementing the Road Map commitments. The baseline scores do not indicate whether the country had any targets in 2016–2017; rather, they indicate whether the country had targets that were aligned with the 2016 Political Declaration on Ending AIDS and the relevant pillars of prevention agreed under the Coalition. The status of the 10 actions in 2019 was determined by responses to an online survey.








Selected structural indicators were included in the country summaries for this 2019 report. This includes completion of lower secondary education among girls, intimate partner violence, women's decision-making on their own health care, avoidance of health care uptake by key populations due to stigma and discrimination, and the inclusion of HIV prevention in sexual and reproductive health and rights strategies (from the SRHR and HIV Linkages Index) (40).



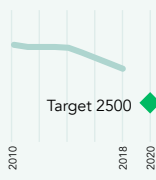
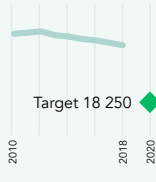
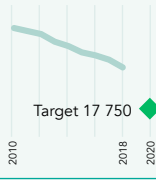
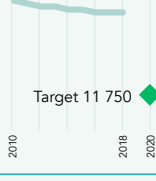
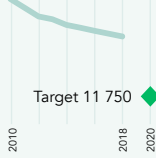
**Table2: HIV prevention score card: Summary of country progress on prevention programme coverage and outcomes, 2019**

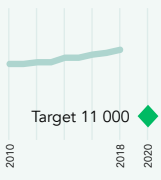

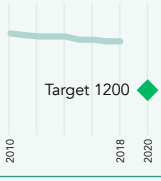

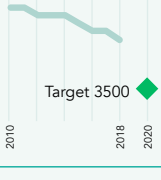
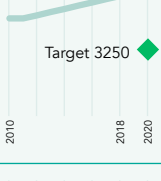

	New adult HIV infections (2010-18, 2020 target; thousands)	Scores						
		AGYW & MPs	Sex workers	MSM	PWID	Condoms	VMMC	PrEP
Angola		3	5			3		0
Botswana		5	6	7			5	5
Cameroon		6	5	5		4		2
Cote d'Ivoire		7	8	6		3		5
DR Congo		4			0	2		4
Ethiopia		2				5	10	0
Ghana		3	6	6		2		0
Kenya		7	7			6	6	10
Lesotho		8	6	4			8	7
Malawi		3	6	5			6	3
Mozambique		4	4			2	4	5
Namibia		4	6				8	4
Nigeria		4	6	4	0	5		0
South Africa		5	6	7	2	8	7	6

**Legend**

	Very good		Good		Medium		Low
	Very low		Insufficient data		Not applicable		

Scores are based on specific indicators and provide initial insights, not a full assessment.  
New infection trends and scores reflect different time periods and cannot be directly linked.

	New adult HIV infections (2010-18, 2020 target; thousands)	Scores						
		AGYW & MPs	Sex workers	MSM	PWID	Condoms	VMMC	PrEP
eSwatini	 Target 2500	7		4	3	8	4	9
Tanzania	 Target 18 250	3		2	4	4	10	6
Uganda	 Target 17 750	3			1	7	7	10
Zambia	 Target 11 750	3	5			5	9	10
Zimbabwe	 Target 11 750	4	7			8	6	8

	New adult HIV infections (2010-18, 2020 target; thousands)	Scores			
		Sex workers	MSM	PWID	PrEP
Brazil	 Target 11 000	5	5		10
Indonesia	 Target 15 000	4	5	5	0
Iran	 Target 1200	2		5	4
Mexico	 Target 2750			2	5
Myanmar	 Target 3500			7	0
Pakistan	 Target 3250	0	1	1	3
Ukraine	 Target 3500	7	5	8	3

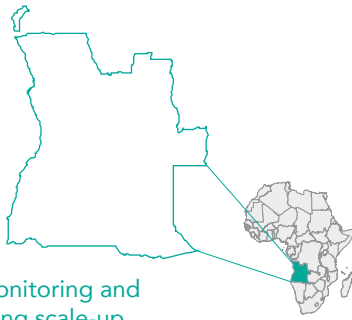
# THE STATE OF HIV PREVENTION IN ANGOLA 2019

New HIV infections increased by

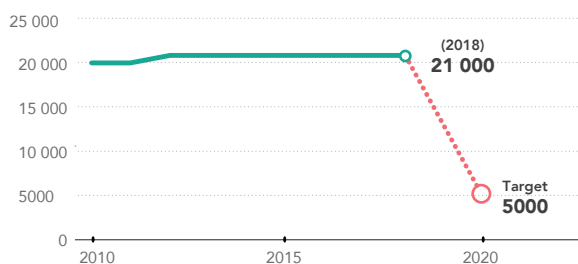
7%

among adults, so the country is far from achieving the 2020 targets.

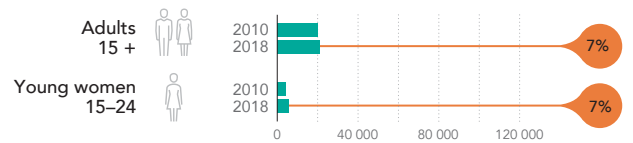
Human resources, monitoring and evaluation, and funding scale-up are needed, as is greater commitment to prevention from other stakeholders.



## New HIV infections among adults aged 15+

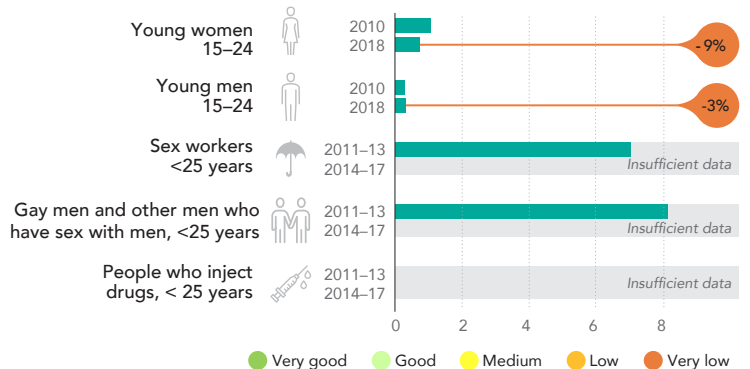


## New HIV infections

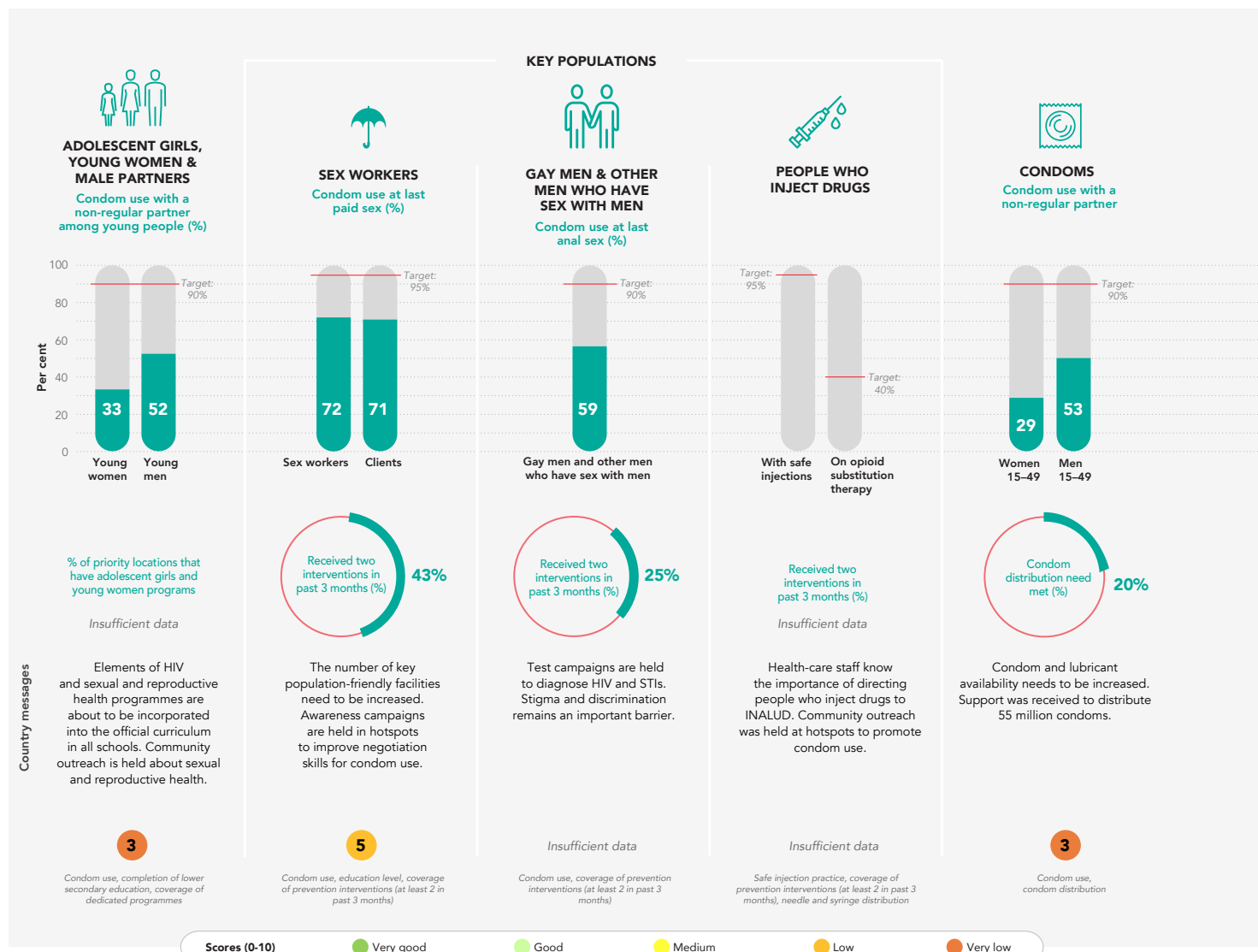


TARGET -75%

## HIV prevalence among young people (%)

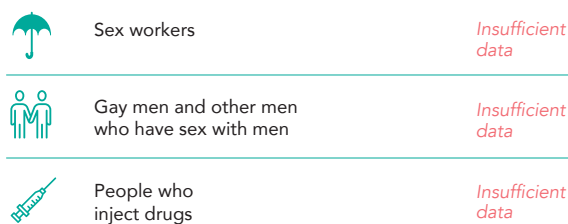


Very good Good Medium Low Very low

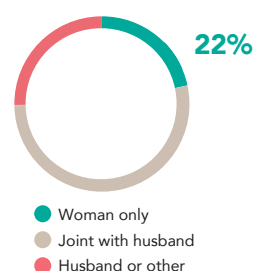


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)

Insufficient data



























### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)






### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



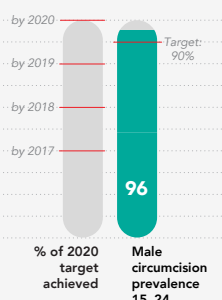
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment		
2 - Prevention targets		
3 - Prevention strategy		
4 - Policy reform		
5a - Key populations size estimates		
5b - Defined key populations package		
5c - Adolescent Girls and Young Women size estimates		
5d - Adolescent Girls and Young Women package		
6 - Capacity & technical assistance plan		
7 - Social contracting		
8 - Financial gap analysis		
9 - Strengthen monitoring		
10 - Performance review		

 Done
  Partially done
  Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Annual voluntary medical male circumcision target achieved (%)

Not applicable

Sixteen out of 18 provinces had >90% of males circumcised. Angola is committed to improving voluntary medical male circumcision in the remaining two provinces.

Not applicable

Progress against global and annual country voluntary medical male circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

0

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months

Composite pre-exposure prophylaxis preparedness score (0-10)

0

It is hoped that Pre-exposure Prophylaxis implementation will start in the future.

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

15

People Living with HIV virally suppressed

Source: Country Estimate



## NEXT STEPS:

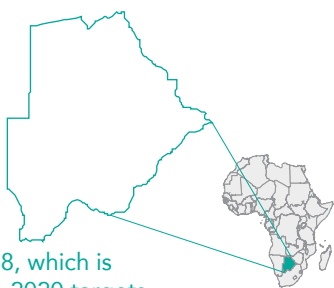
- > Advocate scaling up the financing of prevention.
- > Advocate for key populations services for prevention.
- > Develop provincial plans for prevention packages.
- > Develop national packages for key populations.
- > Develop an HIV prevention programme for young women using a location-population approach.
- > Update the leaders and focal points of civil society organizations on prevention packages.
- > Monitor prevention progress of provincial strategic plans.

# THE STATE OF HIV PREVENTION IN BOTSWANA 2019

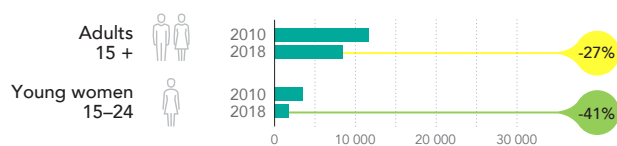
New HIV infections among adults declined by

## 27%

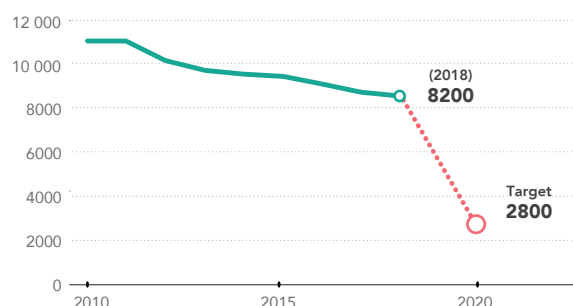
between 2010 and 2018, which is too slow to achieve the 2020 targets. Programme scale-up is needed.



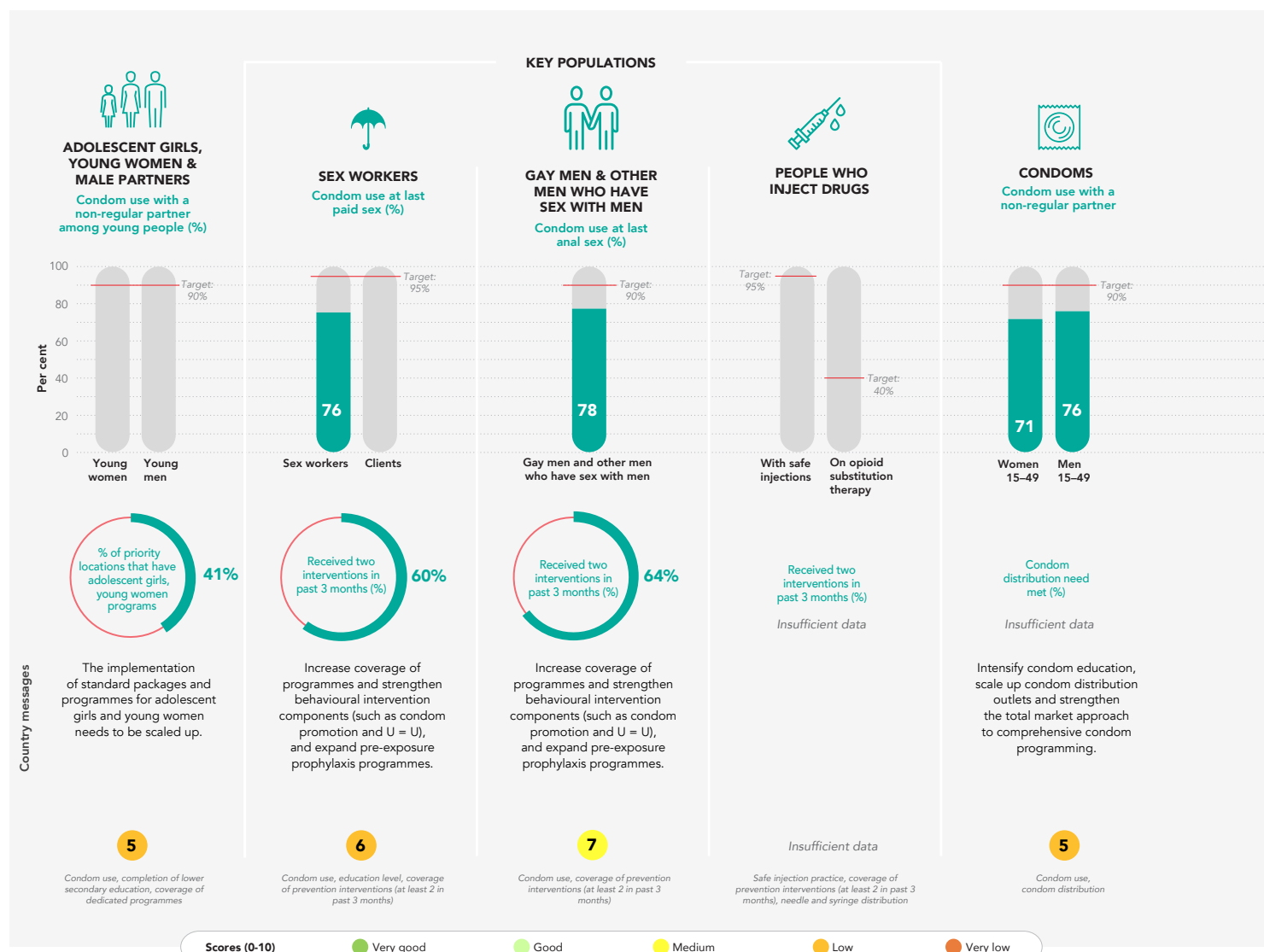
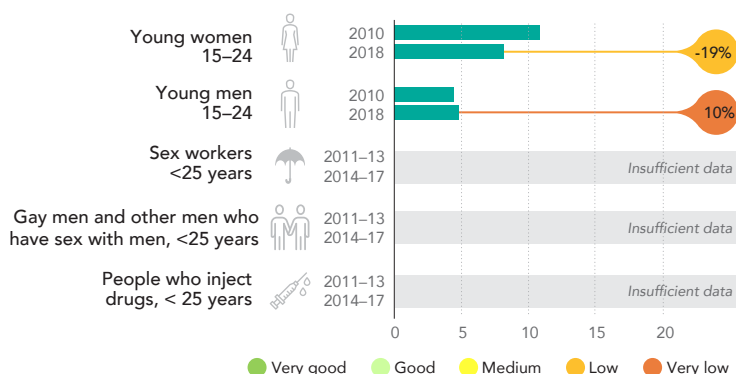
## New HIV infections



## New HIV infections among adults aged 15+



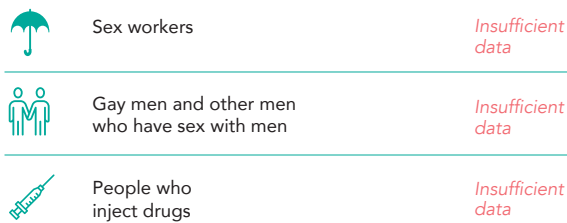
## HIV prevalence among young people (%)





## Enablers & systems

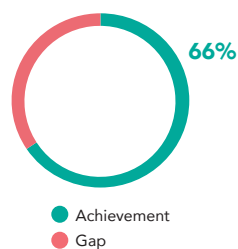
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



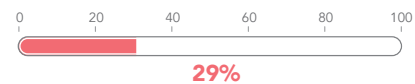
### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)

Insufficient data

### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



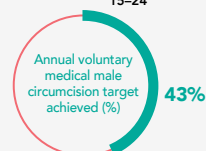
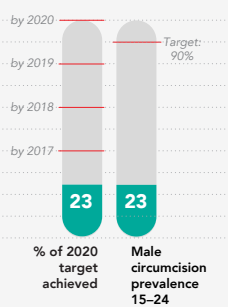
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Partially done
4 - Policy reform	Done	Done
5a - Key populations size estimates	Done	Partially done
5b - Defined key populations package	Done	Partially done
5c - Adolescent Girls and Young Women size estimates	Done	Done
5d - Adolescent Girls and Young Women package	Done	Partially done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Done
10 - Performance review	Done	Done

● Done ● Partially done ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Explore effective demand creation activities to reach the intended groups. Scale up early infant male circumcision.

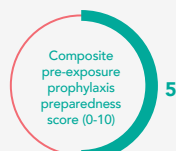
5

Progress against global and annual country voluntary medical male circumcision target

### PRE-EXPOSURE PROPHYLAXIS

298

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



Expand Pre-exposure Prophylaxis programmes for key populations.

5

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

### ANTIRETROVIRAL TREATMENT

81

People Living with HIV virally suppressed



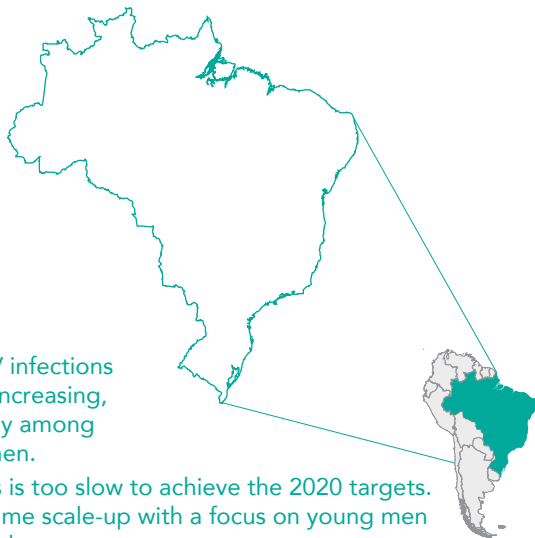
## NEXT STEPS:

- > Finalize the National Operational Plan, including the necessary actions to scale up programmes for the five pillars of prevention.
- > Conduct the 5th Botswana AIDS Impact Survey (BAIS V).
- > Conduct a People Living with HIV Stigma Index survey.
- > Finalize the National Monitoring and Evaluation Plan.

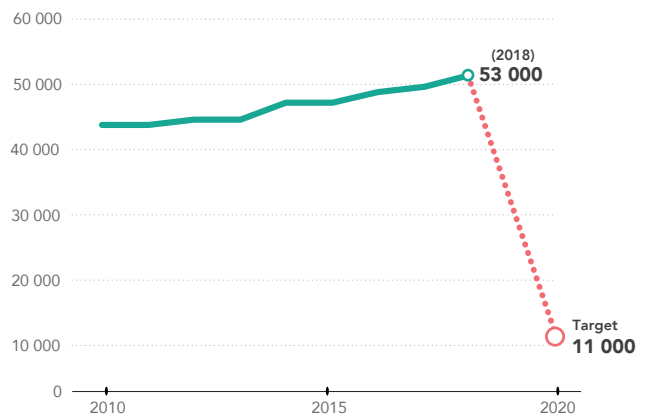
# THE STATE OF HIV PREVENTION IN BRAZIL 2019

New HIV infections are still increasing, especially among young men.

Progress is too slow to achieve the 2020 targets. Programme scale-up with a focus on young men is needed.

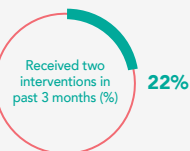
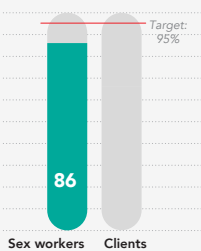


## New HIV infections among



### KEY POPULATIONS

**SEX WORKERS**  
Condom use at last paid sex (%)

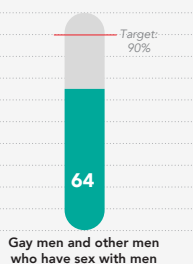


Sex workers still face barriers to accessing pre-exposure prophylaxis and post-exposure prophylaxis. Improved communication strategies were identified as a key element to scaling up access.

5

Condom use, education level, coverage of prevention interventions (at least 2 in past 3 months)

**GAY MEN & OTHER MEN WHO HAVE SEX WITH MEN**  
Condom use at last anal sex (%)



Gay men and other men who have sex with men are affected by discrimination and homophobia, resulting in barriers to their access to comprehensive care for HIV and other STIs.

5

Condom use, coverage of prevention interventions (at least 2 in past 3 months)

### ARV-BASED INTERVENTION

**PRE-EXPOSURE PROPHYLAXIS**

**12 587**  
Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months

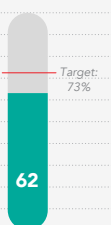


In 2017, Brazil began to offer pre-exposure prophylaxis free of charge through its unified health system, reaffirming its commitment to the provision of all strategies of HIV combination prevention. By December 2018, 6088 people had started pre-exposure prophylaxis. The country's goal was to double that number by the end of 2019; this had already been achieved in August 2019 (12 587 on pre-exposure prophylaxis at that time).

10

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

**ANTIRETROVIRAL TREATMENT**



People Living with HIV virally suppressed

Scores (0-10)

Very good

Good

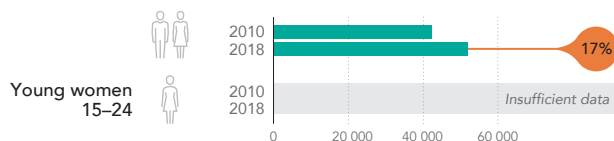
Medium

Low

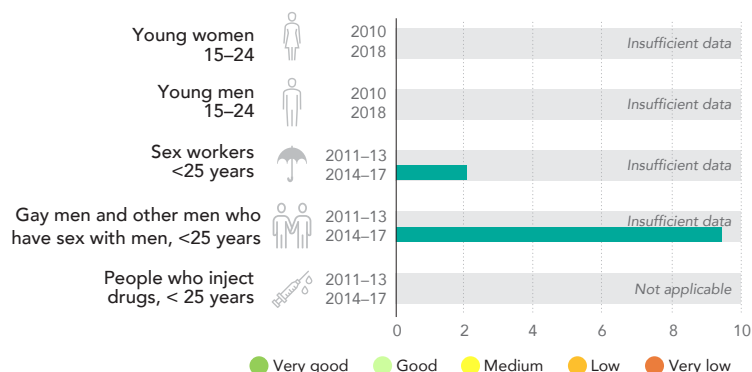
Very low

TARGET -75%

## New HIV infections

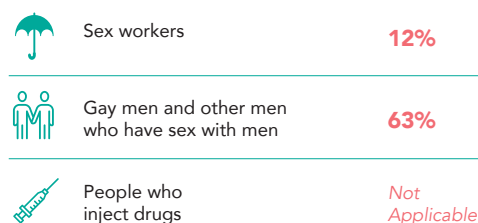


## HIV prevalence among young people (%)



## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)

Insufficient data

## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Not done	Done
2 - Prevention targets	Not done	Done
3 - Prevention strategy	Not done	Done
4 - Policy reform	Not done	Partially done
5a - Key populations size estimates	Partially done	Partially done
5b - Defined key populations package	Not done	Partially done
5c - Adolescent Girls and Young Women size estimates	Not done	Not done
5d - Adolescent Girls and Young Women package	Not done	Not done
6 - Capacity & technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - Financial gap analysis	Not done	Not done
9 - Strengthen monitoring	Not done	Done
10 - Performance review	Not done	Not done

Legend: Done (green), Partially done (yellow), Not done (red).

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)

Insufficient data



## NEXT STEPS:

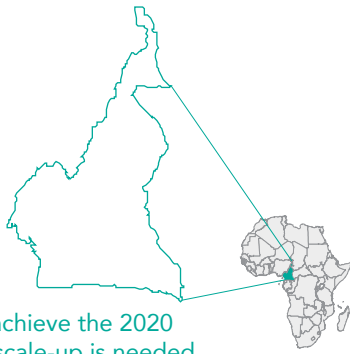
- Implement the national policy on self-testing (the pilot is happening in 2019).
- Develop national prevention packages tailored for each key population, especially younger age groups.
- Scale up pre-exposure prophylaxis.
- Expand diagnosis, especially among those who face major barriers to health service access and timely antiretroviral therapy.

# THE STATE OF HIV PREVENTION IN CAMEROON 2019

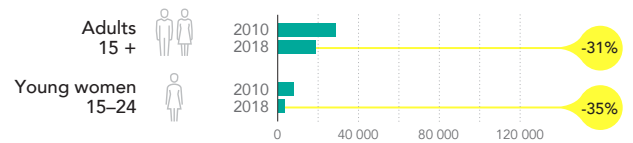
New HIV infections among adults declined by

## 31%

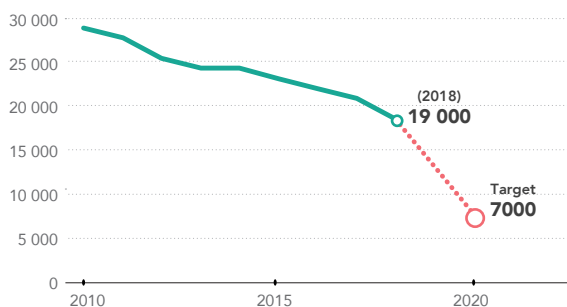
which is too slow to achieve the 2020 targets. Programme scale-up is needed.



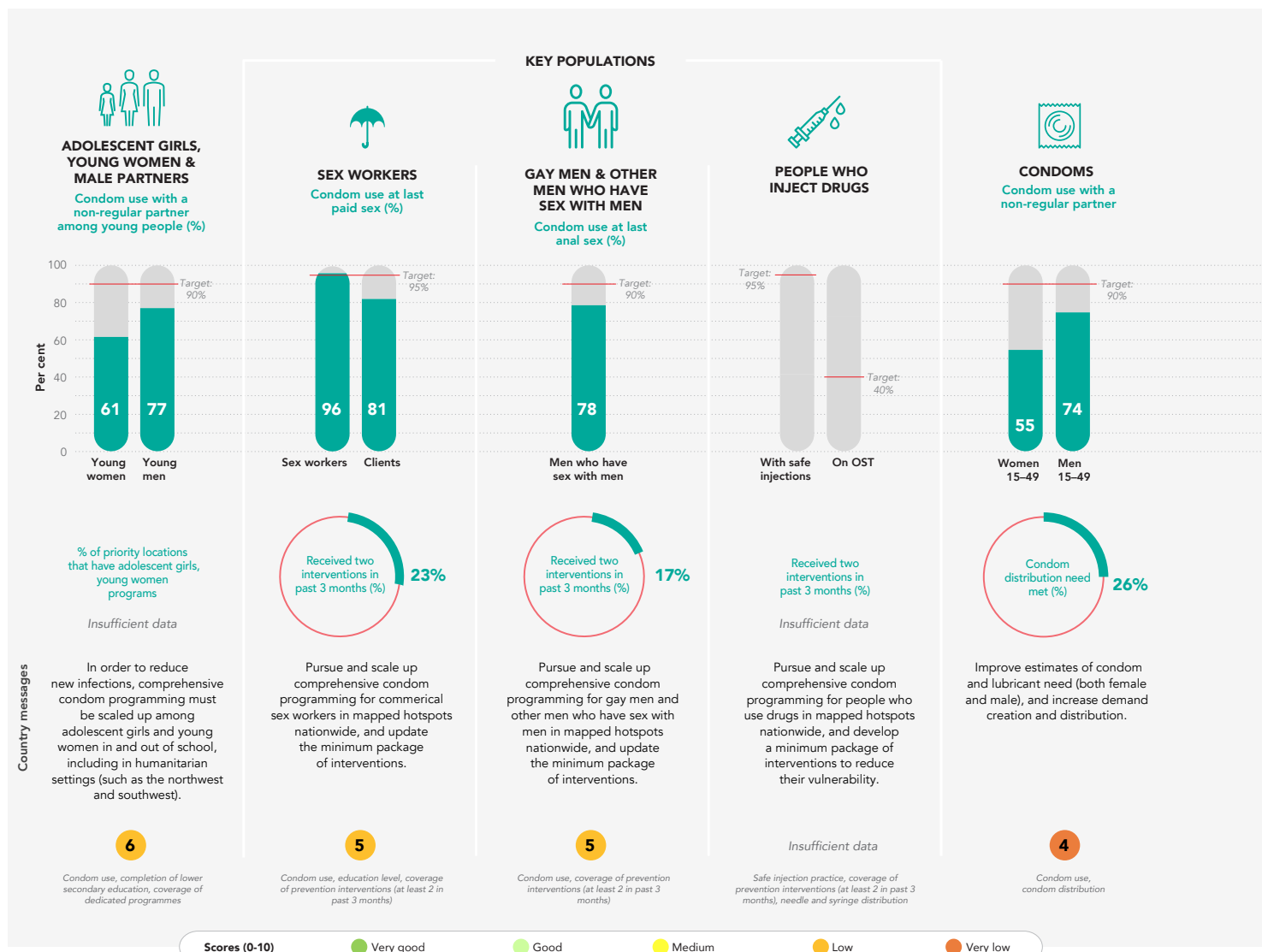
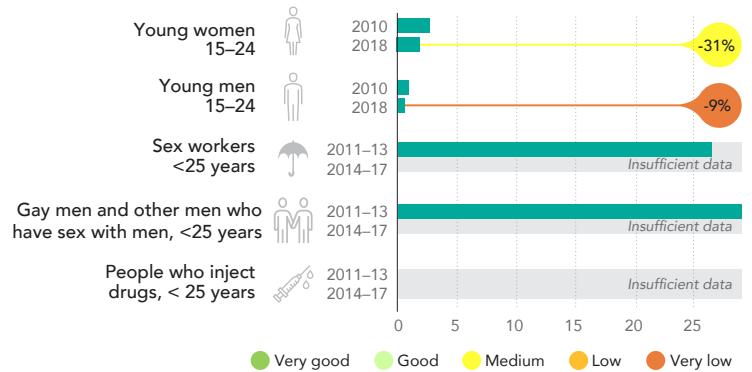
## New HIV infections



## New HIV infections among adults aged 15+

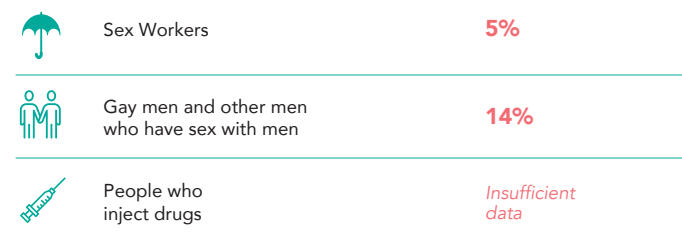


## HIV prevalence among young people (%)

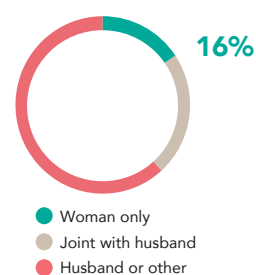


## Enablers & systems

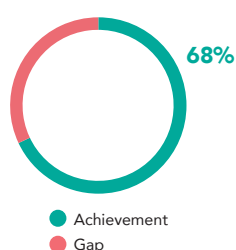
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



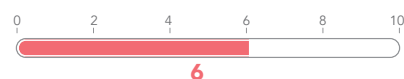
### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)

Insufficient data

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



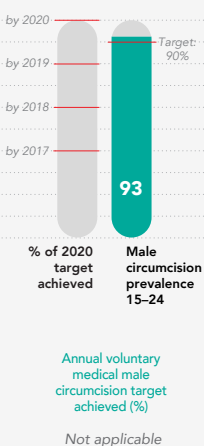
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">■</span>	<span style="color: green;">■</span>
2 - Prevention targets	<span style="color: green;">■</span>	<span style="color: green;">■</span>
3 - Prevention strategy	<span style="color: green;">■</span>	<span style="color: green;">■</span>
4 - Policy reform	<span style="color: green;">■</span>	<span style="color: yellow;">■</span>
5a - Key populations size estimates	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5b - Defined key populations package	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5c - Adolescent Girls and Young Women size estimates	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5d - Adolescent Girls and Young Women package	<span style="color: green;">■</span>	<span style="color: green;">■</span>
6 - Capacity & technical assistance plan	<span style="color: green;">■</span>	<span style="color: green;">■</span>
7 - Social contracting	<span style="color: green;">■</span>	<span style="color: green;">■</span>
8 - Financial gap analysis	<span style="color: green;">■</span>	<span style="color: green;">■</span>
9 - Strengthen monitoring	<span style="color: green;">■</span>	<span style="color: green;">■</span>
10 - Performance review	<span style="color: green;">■</span>	<span style="color: yellow;">■</span>

● Done
 ● Partially done
 ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



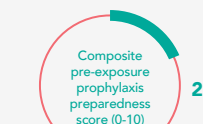
Progress against global and annual country voluntary medical male circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

0

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



Evaluate the pre-exposure prophylaxis pilot phase and scale it up nationwide.

2

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

33

People Living with HIV virally suppressed

Country estimate



### NEXT STEPS:

- > Develop a national operational plan on prevention.
- > Organize the national prevention financing dialogue.
- > Strengthen prevention interventions and targets for the 2020-2022 Global Fund funding request.
- > Develop a five-year action plan for scaling up programmes to reduce human rights-related barriers to HIV and TB services.
- > Scale up prevention programmes for adolescent girls and young women and key populations.

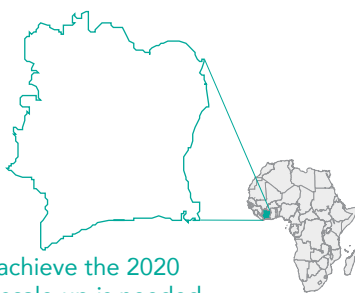


# THE STATE OF HIV PREVENTION CÔTE D'IVOIRE 2019

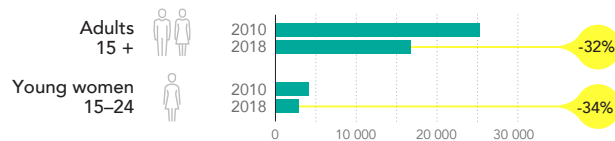
New HIV infections declined by

## 27%

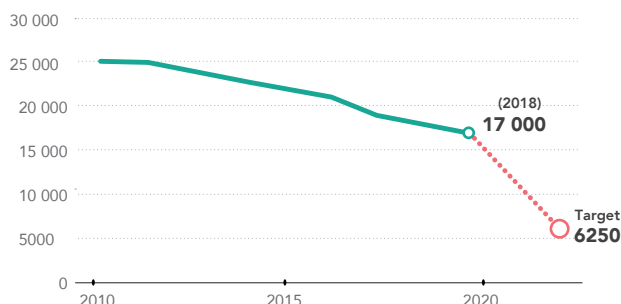
which is too slow to achieve the 2020 targets. Programme scale-up is needed.



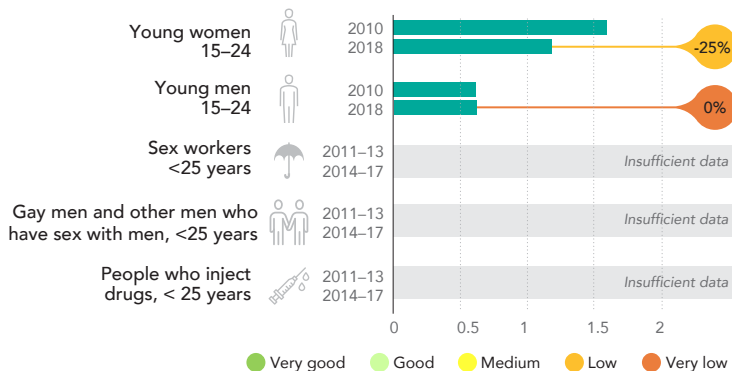
## New HIV infections



## New HIV infections among adults aged 15+

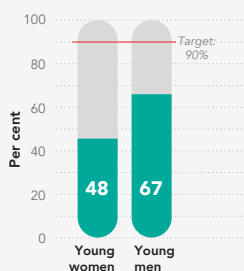


## HIV prevalence among young people (%)



### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

Condom use with a non-regular partner among young people (%)



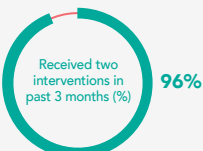
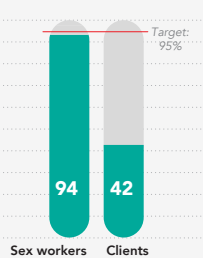
Continue scaling up combined prevention programmes for adolescent girls and young women in all priority districts.

7

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

### SEX WORKERS

Condom use at last paid sex (%)



There is high coverage among sex workers, but that assessment is based on survey data.

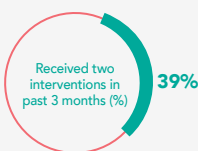
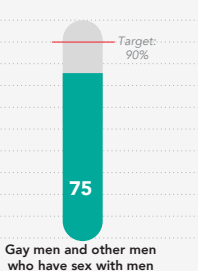
8

Condom use, education level, coverage of prevention interventions (at least 2 in past 3 months)

### KEY POPULATIONS

### GAY MEN & OTHER MEN WHO HAVE SEX WITH MEN

Condom use at last anal sex (%)

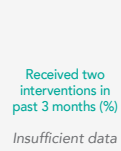
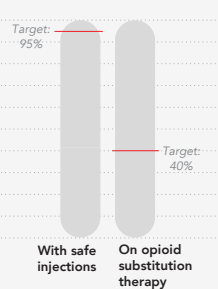


Outreach is still insufficient. Increased geographical coverage of interventions is needed.

6

Condom use, coverage of prevention interventions (at least 2 in past 3 months)

### PEOPLE WHO INJECT DRUGS



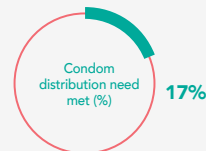
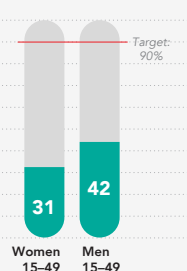
Côte d'Ivoire only has data for people who use drugs, not specific data on people who inject drugs. A survey is needed to create an accurate picture of this population.

Insufficient data

Safe injection practice, coverage of prevention interventions (at least 2 in past 3 months), needle and syringe distribution

### CONDOMS

Condom use with a non-regular partner



The country has a condom programming plan, but the results are insufficient. It is also important to include private sector data.

3

Condom use, condom distribution

Scores (0-10)

Very good

Good

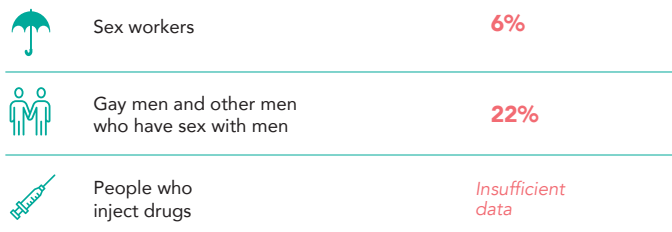
Medium

Low

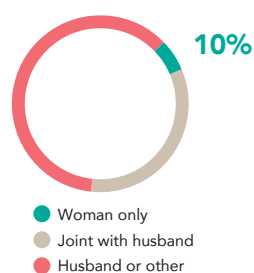
Very low

## Enablers & systems

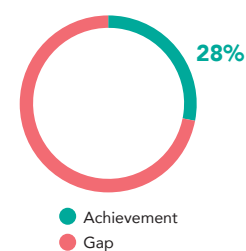
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



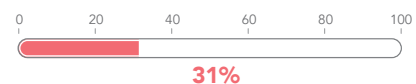
### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
2 - Prevention targets	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
3 - Prevention strategy	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
4 - Policy reform	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
5a - Key populations size estimates	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
5b - Defined key populations package	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
5c - Adolescent Girls and Young Women size estimates	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
5d - Adolescent Girls and Young Women package	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
6 - Capacity & technical assistance plan	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
7 - Social contracting	<span style="background-color: #76b82a;"> </span>	<span style="background-color: #76b82a;"> </span>
8 - Financial gap analysis	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
9 - Strengthen monitoring	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>
10 - Performance review	<span style="background-color: #f4a460;"> </span>	<span style="background-color: #76b82a;"> </span>

  Done
   Partially done
   Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision

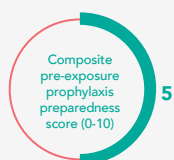


### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

100

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



Pre-exposure Prophylaxis has recently been endorsed by the Ministry of Health. Standard operating procedures are available and need to be operationalized at the national level.

5

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

76

People Living with HIV virally suppressed



### NEXT STEPS:

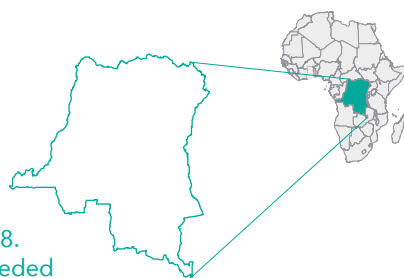
- > Evaluation of the minimum package of activities for adolescents and young people.
- > Scale up programmes for adolescents and young people, PrEP and HIV self-testing.
- > Strengthen technical assistance for the implementation of the Road Map.
- > Increase funding for prevention programmes, especially domestic financing.

# THE STATE OF HIV PREVENTION IN DR CONGO 2019

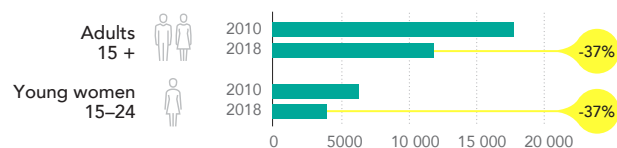
There was a 37% decrease in new HIV infections and a

## 62%

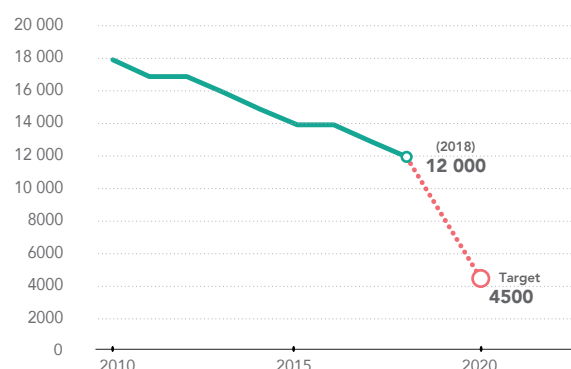
decrease in AIDS-related deaths between 2010 and 2018. Nevertheless, more work is needed to reduce new infections by 75% by 2020.



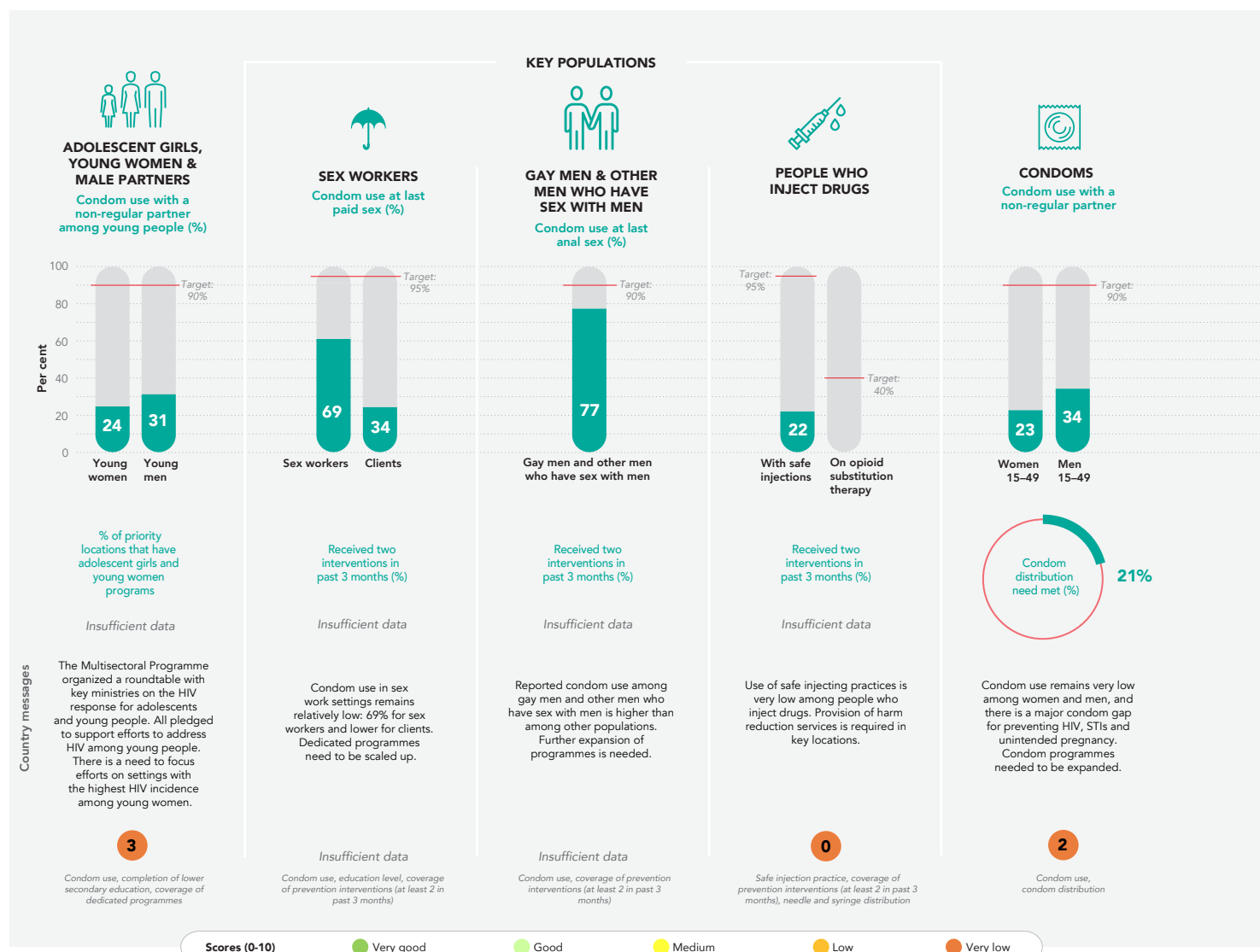
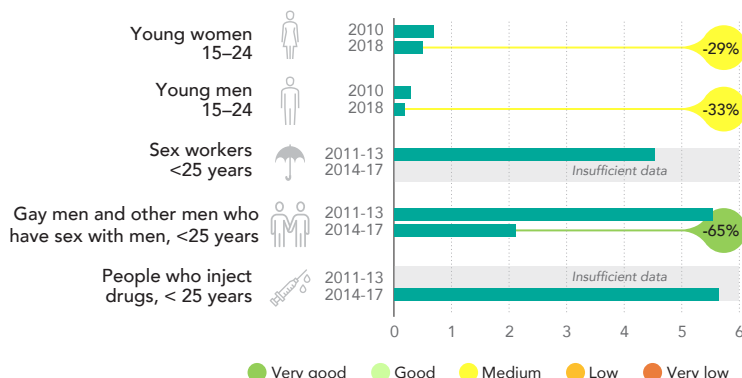
## New HIV infections



## New HIV infections among adults aged 15+

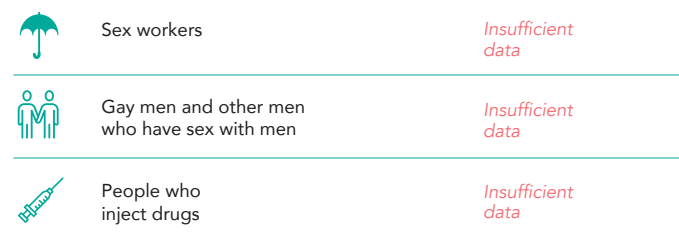


## HIV prevalence among young people (%)

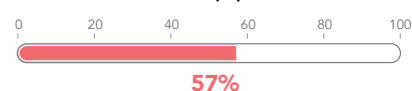


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



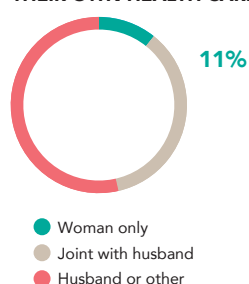
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



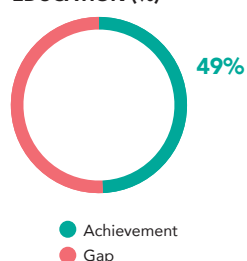
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



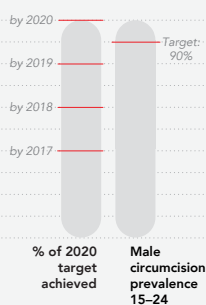
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">■</span>	<span style="color: green;">■</span>
2 - Prevention targets	<span style="color: green;">■</span>	<span style="color: green;">■</span>
3 - Prevention strategy	<span style="color: green;">■</span>	<span style="color: green;">■</span>
4 - Policy reform	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5a - Key populations size estimates	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5b - Defined key populations package	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
5c - Adolescent girls and young women size estimates	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
5d - Adolescent girls and young women package	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
6 - Capacity & technical assistance plan	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
7 - Social contracting	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
8 - Financial gap analysis	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
9 - Strengthen monitoring	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
10 - Performance review	<span style="color: orange;">■</span>	<span style="color: green;">■</span>

● Done    ● Partially done    ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Annual voluntary medical male circumcision target achieved (%)

Insufficient data

No data available

Insufficient data

Progress against global and annual country voluntary medical male circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

**356**  
Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



The number of people on antiretroviral therapy has increased nearly sixfold, from 43 800 in 2010 to 257 000 in 2018. PEPFAR has launched pilot projects for PrEP in intervention provinces. The National AIDS Control Programme, with the support of the Global Fund and UNAIDS, is conducting preparatory work for self-testing and PrEP in some pilot provinces before scaling up with a focus on key populations.

4

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

**8**  
People Living with HIV virally suppressed



### NEXT STEPS:

- > Accelerate progress towards targets through the development of the national strategic plan for 2020-2023, the Global Fund Concept Note and PEPFAR's COP for 2020.
- > Address the programming gap for key populations in terms of prevention, testing and treatment.
- > Strengthen condom programming with a focus on young people and other populations and locations with higher HIV incidence.

# THE STATE OF HIV PREVENTION IN ESWATINI 2019

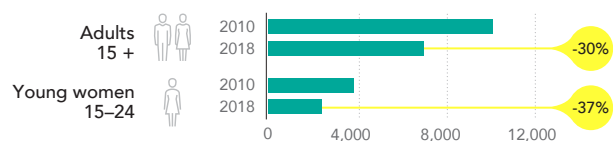
New HIV infections among adults declined by

## 30%

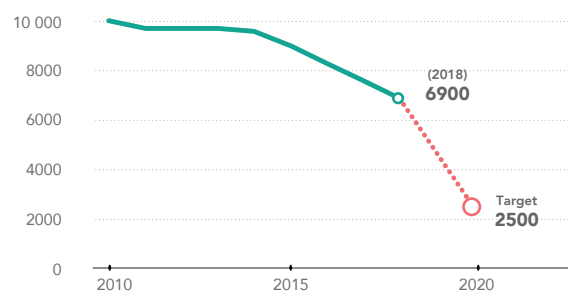
which is too slow to achieve the 2020 targets. Programme scale-up is needed.



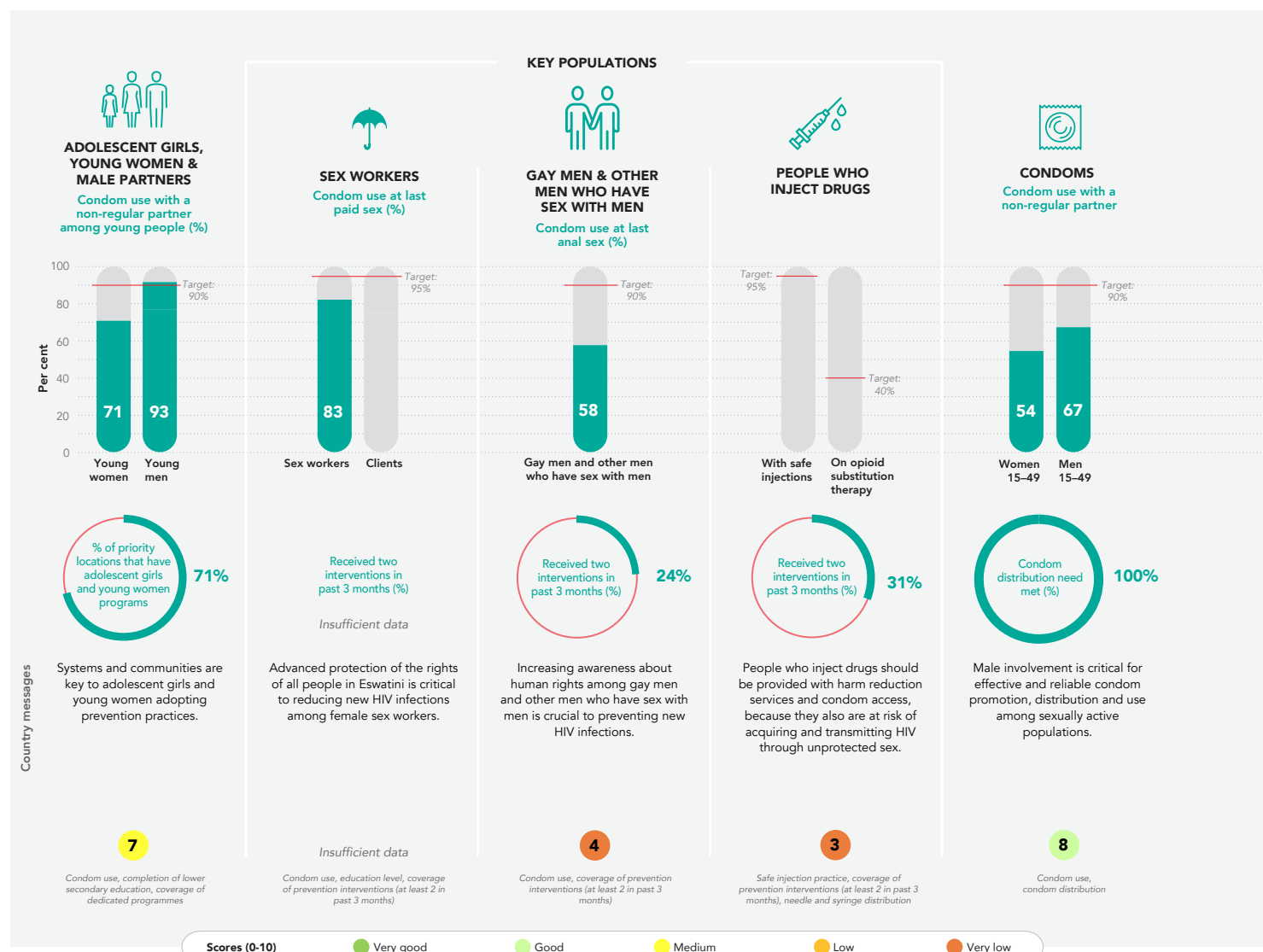
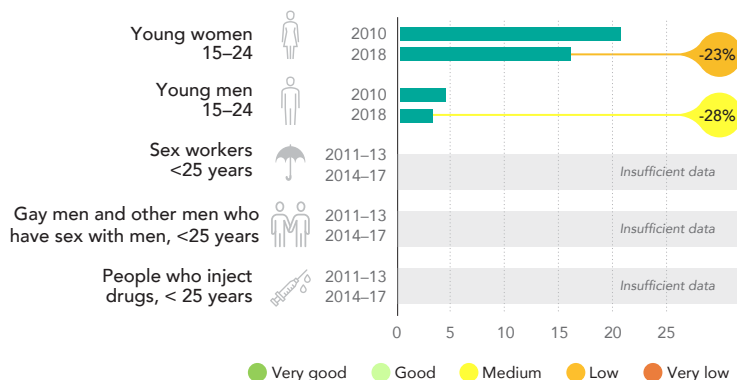
## New HIV infections



## New HIV infections among adults aged 15+






## HIV prevalence among young people (%)





## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)

	Sex workers	21
	Gay men and other men who have sex with men	35
	People who inject drugs	Insufficient data

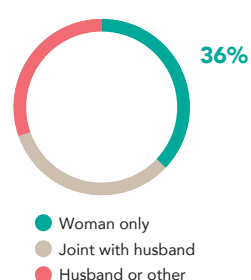
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



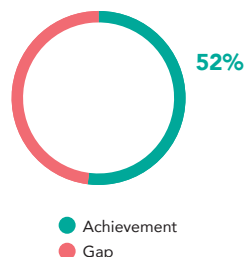
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)





























### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)






### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



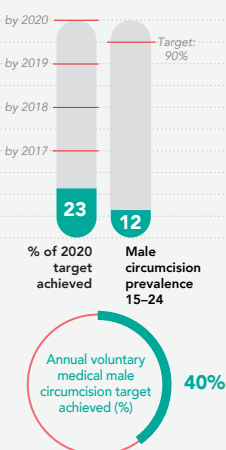
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment		
2 - Prevention targets		
3 - Prevention strategy		
4 - Policy reform		
5a - Key populations size estimates		
5b - Defined key populations package		
5c - Adolescent girls and young women size estimates		
5d - Adolescent girls and young women package		
6 - Capacity & technical assistance plan		
7 - Social contracting		
8 - Financial gap analysis		
9 - Strengthen monitoring		
10 - Performance review		

 Done
  Partially done
  Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



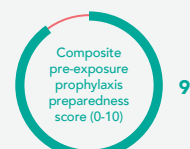
Accelerating the integration of VMMC into other prevention services is critical to meeting targets in Eswatini.

4

Progress against global and annual country voluntary medical male circumcision target

### PRE-EXPOSURE PROPHYLAXIS

2176  
Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



Encouraging people who are HIV-negative and at substantive risk of HIV exposure to take and adhere to PrEP was adopted as an additional prevention strategy, which will be taken to scale.

9

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

### ARV-BASED INTERVENTION

### ANTIRETROVIRAL TREATMENT

81

People Living with HIV virally suppressed



## NEXT STEPS:

- > Mapping of civil society contracted by government.
- > Finalizing the national Risk Reduction Communication Modules.
- > Scaling up focused HIV prevention, treatment and stigma reduction services for key populations to reach 95-95-95 targets and prevention targets by 2022.
- > Expanding HIV prevention programmes to reach all key population groups.
- > Conducting size estimates of key population groups (particularly female sex workers and gay men and other men who have sex with men).

# THE STATE OF HIV PREVENTION IN ETHIOPIA 2019

New HIV infections among adults declined by

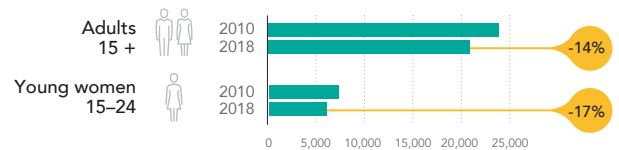
# 14%

which is too slow to achieve 2020 targets. Programme scale-up is needed.

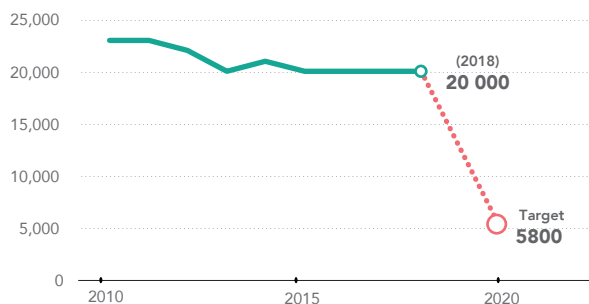


## New HIV infections

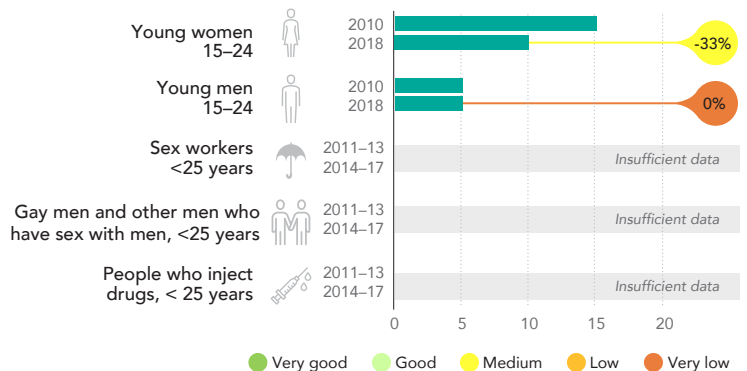
TARGET -75%



## New HIV infections among adults aged 15+

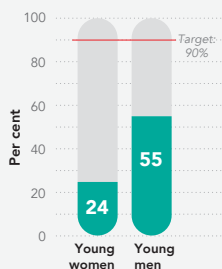


## HIV prevalence among young people (%)



Very good Good Medium Low Very low

**ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS**  
Condom use with a non-regular partner among young people (%)



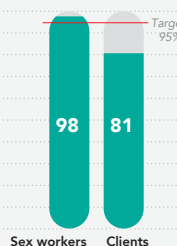
% of priority locations that have adolescent girls and young women programs  
Insufficient data

The programme requires focus, quality and scale. There is no minimum service package, and guidelines and social and behaviour change communication tools for this group are lacking.

2

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

**SEX WORKERS**  
Condom use at last paid sex (%)



Received two interventions in past 3 months (%)  
Insufficient data

Dedicated services for female sex workers are required, as are key population-friendly public facilities. Quality and scale are important factors of success, and strategic information on key populations needs to be updated. The key population programme is donor-driven.

Insufficient data

Condom use, education level, coverage of prevention interventions (at least 2 in past 3 months)

## KEY POPULATIONS

**GAY MEN & OTHER MEN WHO HAVE SEX WITH MEN**  
Condom use at last anal sex (%)



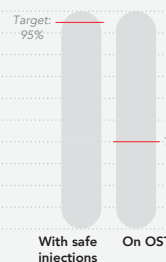
Received two interventions in past 3 months (%)  
Insufficient data

No data available.

Insufficient data

Condom use, coverage of prevention interventions (at least 2 in past 3 months)

**PEOPLE WHO INJECT DRUGS**  
Condom use with a non-regular partner



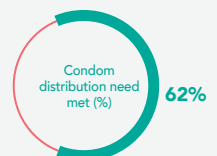
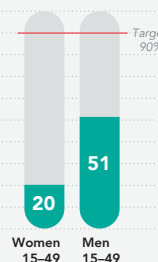
Received two interventions in past 3 months (%)  
Insufficient data

No data available.

Insufficient data

Safe injection practice, coverage of prevention interventions (at least 2 in past 3 months), needle and syringe distribution

**CONDOMS**  
Condom use with a non-regular partner



The national condom strategy needs to be finalized and operationalized, and guidelines and standard operating procedures need to be developed.

5

Condom use, condom distribution

Scores (0-10)

Very good

Good

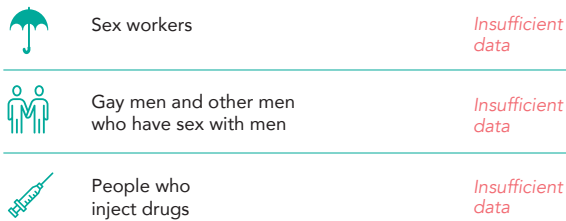
Medium

Low

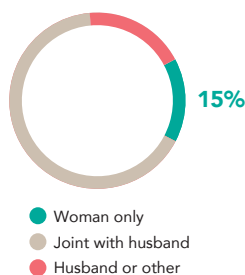
Very low

## Enablers & systems

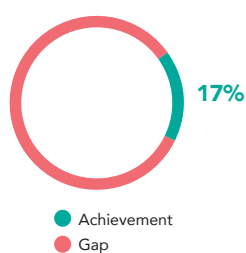
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



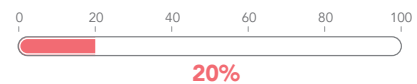
### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



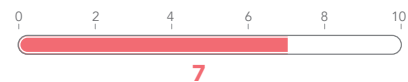
### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



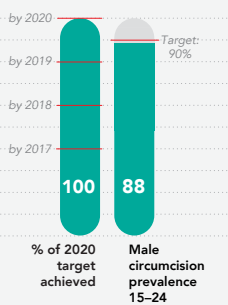
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Done	Partially done
5a - Key populations size estimates	Partially done	Partially done
5b - Defined key populations package	Done	Done
5c - Adolescent girls and young women size estimates	Done	Done
5d - Adolescent girls and young women package	Done	Done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Partially done
10 - Performance review	Done	Partially done

● Done
 ● Partially done
 ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



The integration of VMMC in primary health-care services is required, and more intensive community mobilization is required in the Gambela region.

10

Progress against global and annual country voluntary medical male circumcision target

### PRE-EXPOSURE PROPHYLAXIS

0

Number of people who used oral PrEP at least once during the past 12 months

0

Composite pre-exposure prophylaxis preparedness score (0-10)

It is important to make services accessible to key populations and to scale up the programme from the current pilot phase.

0

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

### ANTIRETROVIRAL TREATMENT

70

People Living with HIV virally suppressed

Source: Ethiopia Population-based HIV Impact Assessment



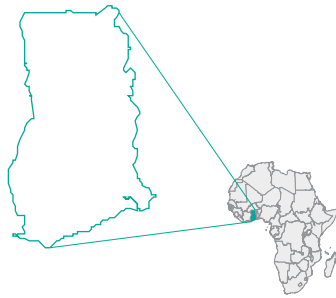
## NEXT STEPS:

- > Re-align national prevention structures to the pillars of the Prevention Road Map and develop organizational and systems-related capacities.
- > Develop national packages for adolescent girls and young women.
- > Scale up programmes for key populations.
- > Develop a national policy on social contracting.
- > Develop a robust PrEP programme based on results of ongoing pilot projects.

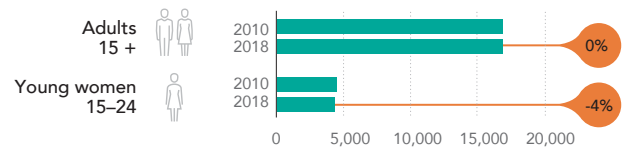
# THE STATE OF HIV PREVENTION IN GHANA 2019

New HIV infections have increased slightly.

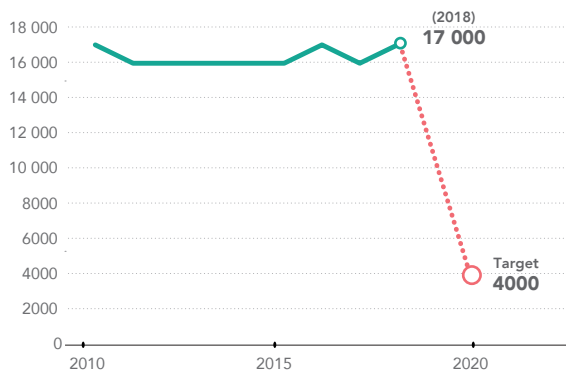
In order to achieve the 2020 targets, intensive and focused programme scale-up is required.



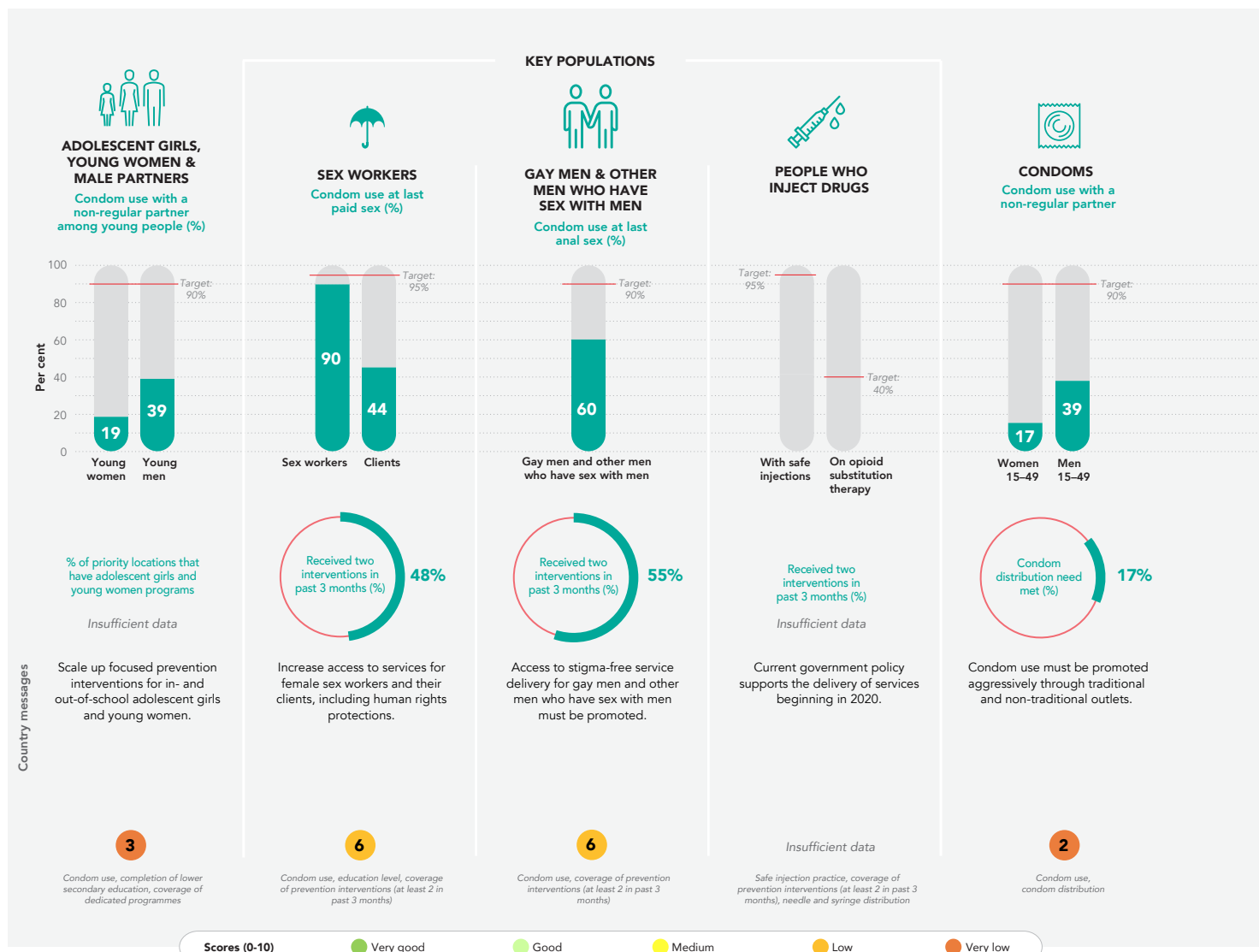
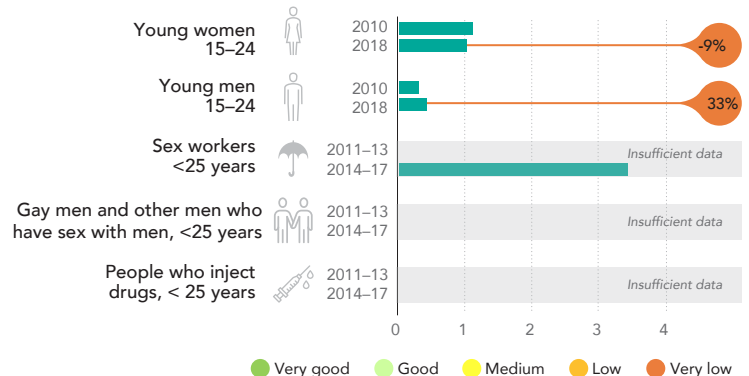
## New HIV infections



## New HIV infections among adults aged 15+

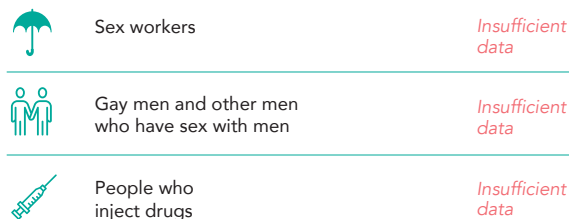


## HIV prevalence among young people (%)



## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



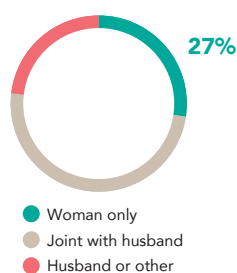
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



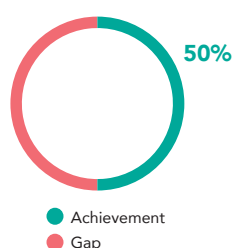
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



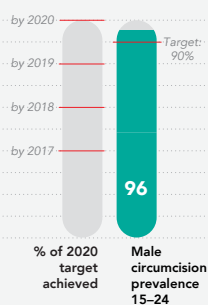
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">■</span>	<span style="color: green;">■</span>
2 - Prevention targets	<span style="color: green;">■</span>	<span style="color: green;">■</span>
3 - Prevention strategy	<span style="color: green;">■</span>	<span style="color: green;">■</span>
4 - Policy reform	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5a - Key populations size estimates	<span style="color: yellow;">■</span>	<span style="color: yellow;">■</span>
5b - Defined key populations package	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
5c - Adolescent girls and young women size estimates	<span style="color: grey;">■</span>	<span style="color: grey;">■</span>
5d - Adolescent girls and young women package	<span style="color: grey;">■</span>	<span style="color: grey;">■</span>
6 - Capacity & technical assistance plan	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
7 - Social contracting	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
8 - Financial gap analysis	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
9 - Strengthen monitoring	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
10 - Performance review	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>

● Done
 ● Partially done
 ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Annual voluntary medical male circumcision target achieved (%)

Insufficient data

Insufficient data

Progress against global and annual country voluntary medical male circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

0

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months

0

Composite pre-exposure prophylaxis preparedness score (0-10)

A policy on PrEP must be completed for implementation by 2020.

0

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

People Living with HIV virally suppressed



## NEXT STEPS:

- > Finalize development of PrEP policy and implementation.
- > Develop national packages for adolescent girls and young women.
- > Scale up condom distribution at facilities and community outlets.
- > Expand combination prevention for key populations.



# THE STATE OF HIV PREVENTION IN INDONESIA 2019

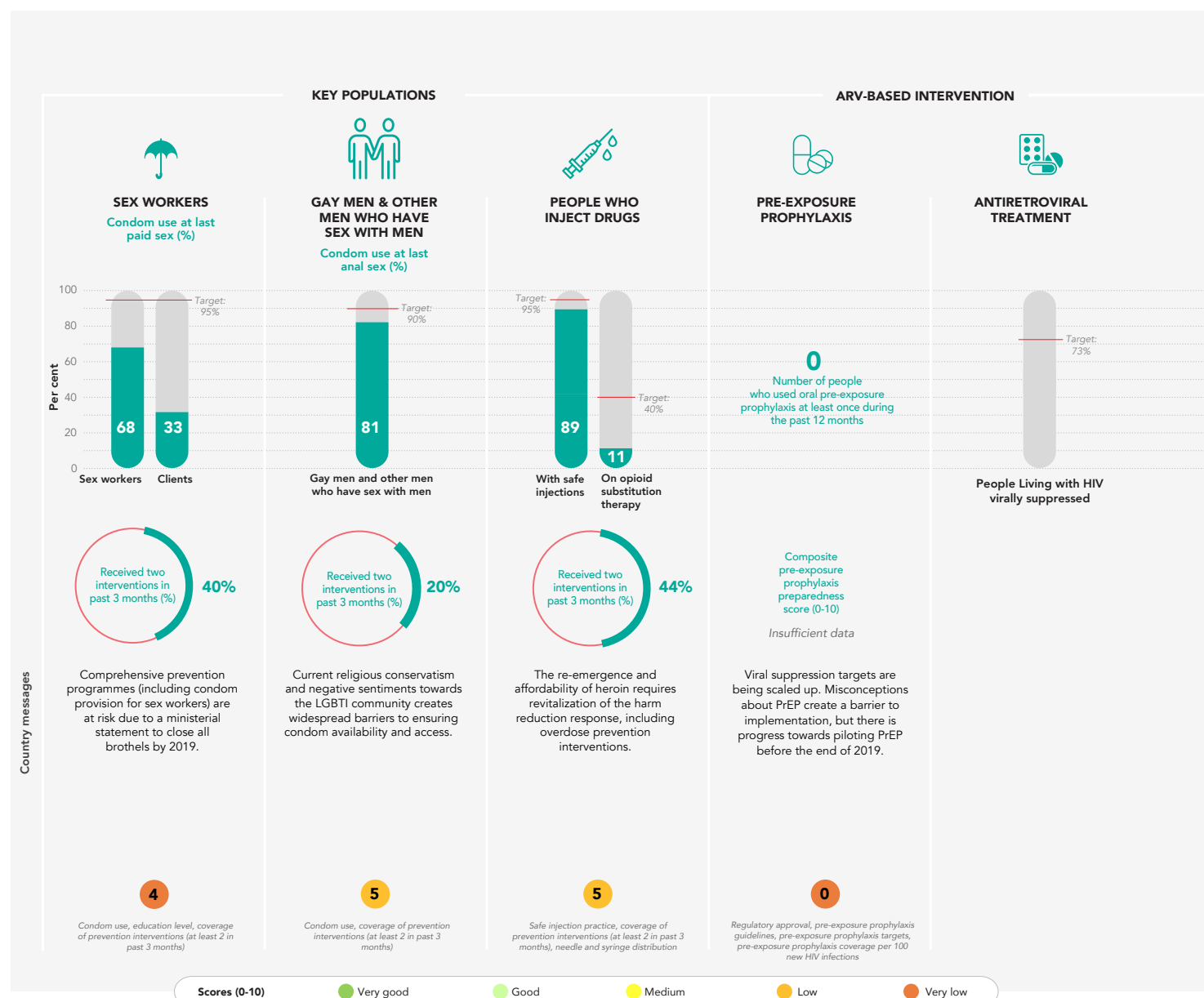
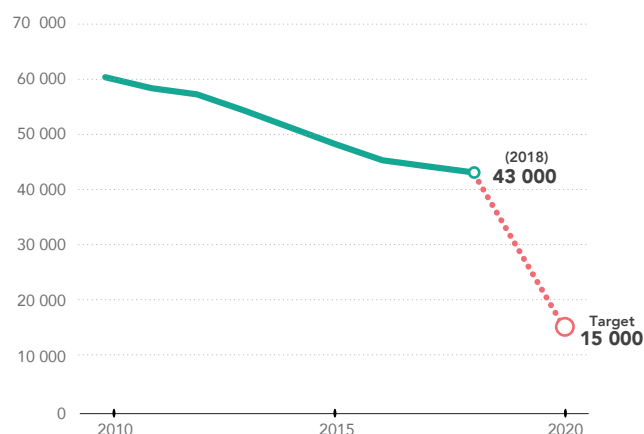


Prevention remains an absolute priority for Indonesia: new HIV infections among adults have declined by only

## 29%

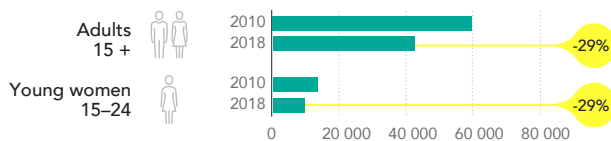
since 2010

## New HIV infections among adults aged 15+

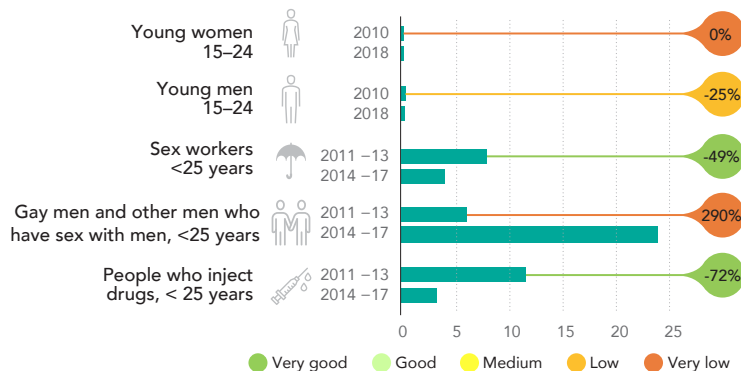


TARGET -75%

## New HIV infections

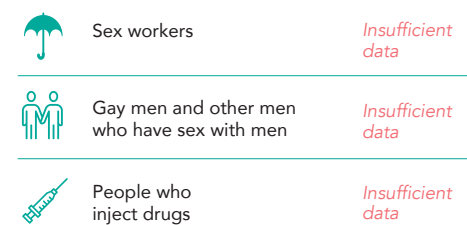


## HIV prevalence among young people (%)

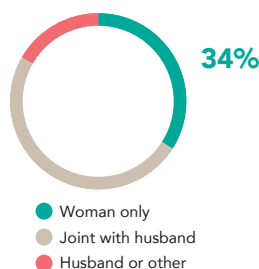


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Not done	Done
2 - Prevention targets	Not done	Partially done
3 - Prevention strategy	Not done	Done
4 - Policy reform	Not done	Partially done
5a - Key populations size estimates	Partially done	Partially done
5b - Defined key populations package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Not done
5d - Adolescent girls and young women size estimates	Not done	Not done
6 - Capacity & technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - Financial gap analysis	Not done	Not done
9 - Strengthen monitoring	Not done	Partially done
10 - Performance review	Not done	Done

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



## NEXT STEPS:

Coordinate the National Prevention Consultation Meeting and develop a national road map with combination prevention packages for specific key and priority populations.

Develop guidance documents and terms of reference for PrEP implementation research.

Facilitate a harm reduction rapid assessment and implement recommendations as part of the national HIV response.

Advocate for increased prevention focus and programmes in the upcoming Global Fund HIV grant (2021–2023).

# THE STATE OF HIV PREVENTION IN THE ISLAMIC REPUBLIC OF IRAN 2019

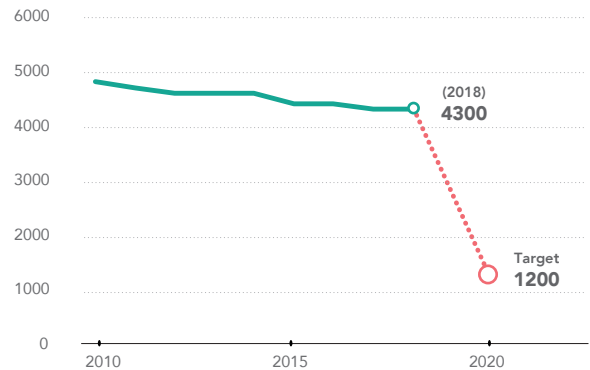


New HIV infections among adults have decreased by

# 11%

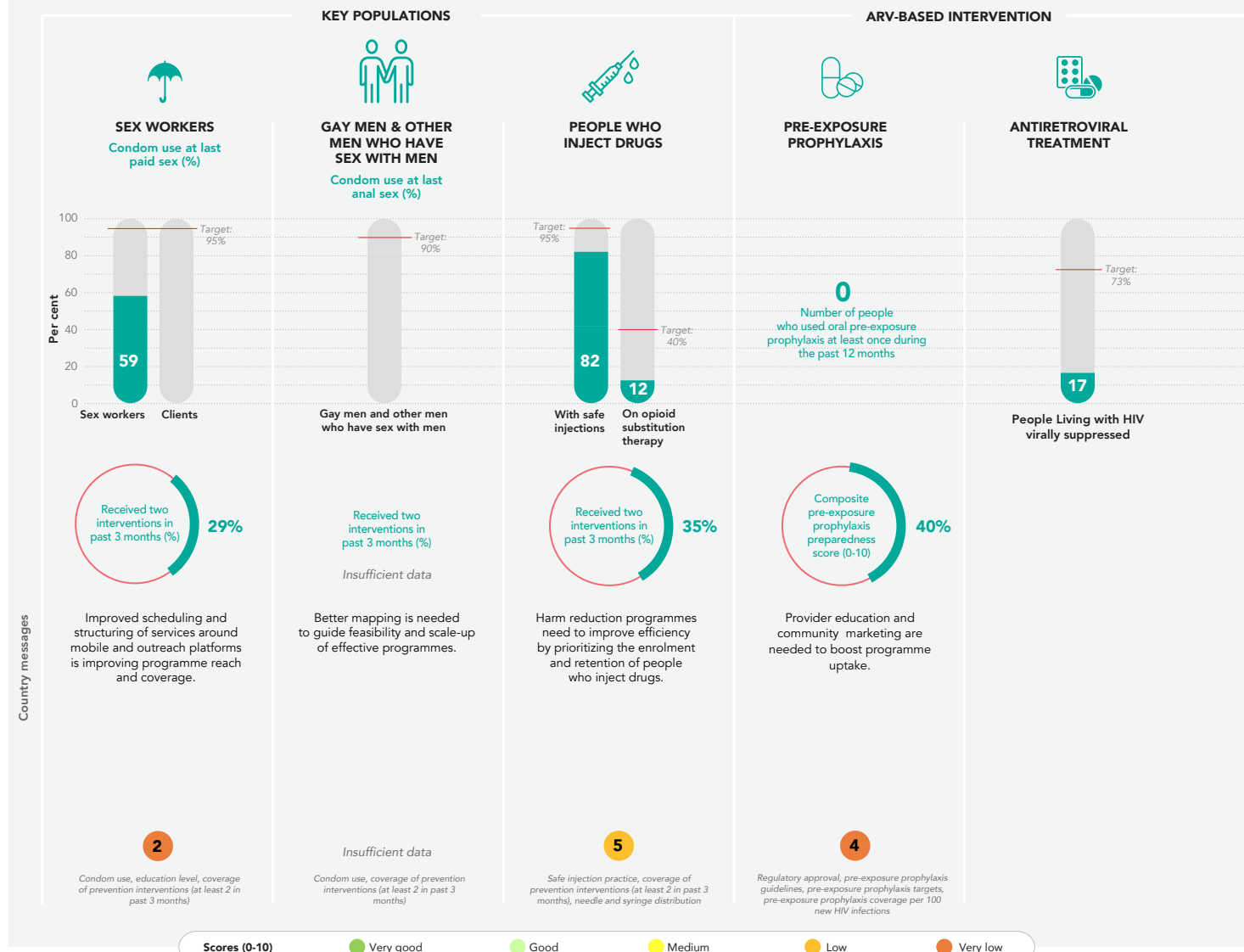
since 2010, which is too slow to achieve the 2020 targets. Rapid programme scale-up is needed.

## New HIV infections among adults aged 15+



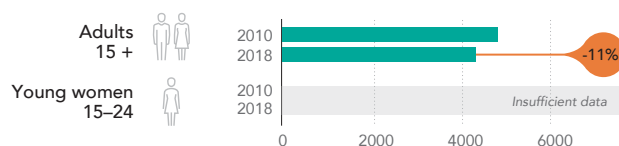
### KEY POPULATIONS

### ARV-BASED INTERVENTION

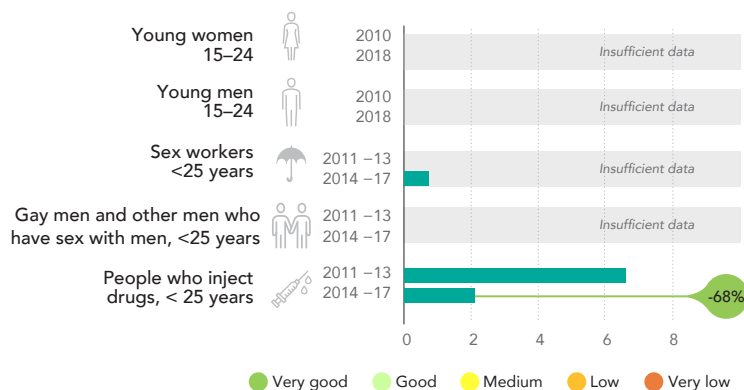


TARGET -75%

## New HIV infections

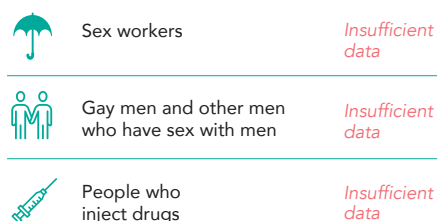


## HIV prevalence among young people (%)

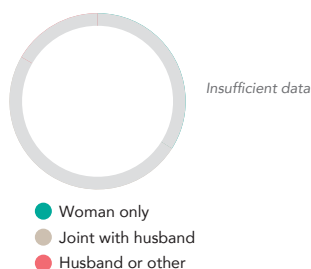


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Partially done
3 - Prevention strategy	Done	Partially done
4 - Policy reform	Done	Partially done
5a - Key populations size estimates	Done	Done
5b - Defined key populations package	Done	Partially done
5c - Adolescent girls and young women size estimates	Done	Done
5d - Adolescent girls and young women package	Done	Done
6 - Capacity & technical assistance plan	Done	Partially done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Partially done
10 - Performance review	Done	Done



## NEXT STEPS:

Develop and validate a full set of national prevention targets, update key population information and incorporate both into the 5th National Strategic Plan (2020-24).

Develop national packages for HIV prevention among transgender populations and most-at-risk men.

Scale up services for most-at-risk women and their partners.

Introduce provider education and community marketing to boost PrEP uptake.

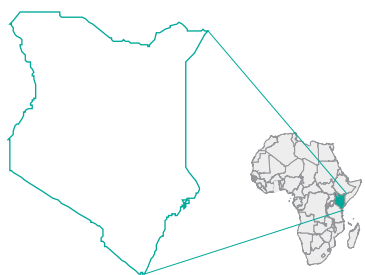
Scale up the harm reduction management information system and conduct evaluations to improve efficiency.

# THE STATE OF HIV PREVENTION IN KENYA 2019

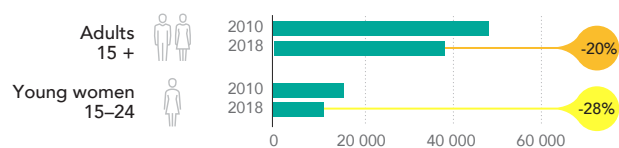
New HIV infections among adults declined by

## 20%

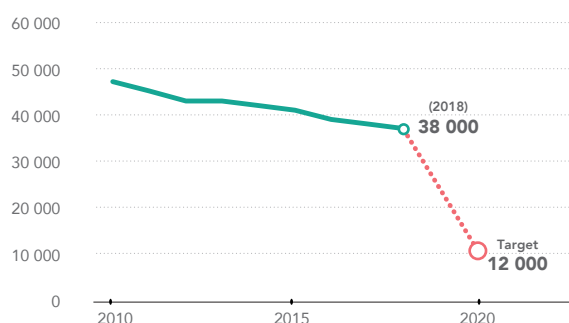
Acceleration is needed to achieve the 2020 targets.



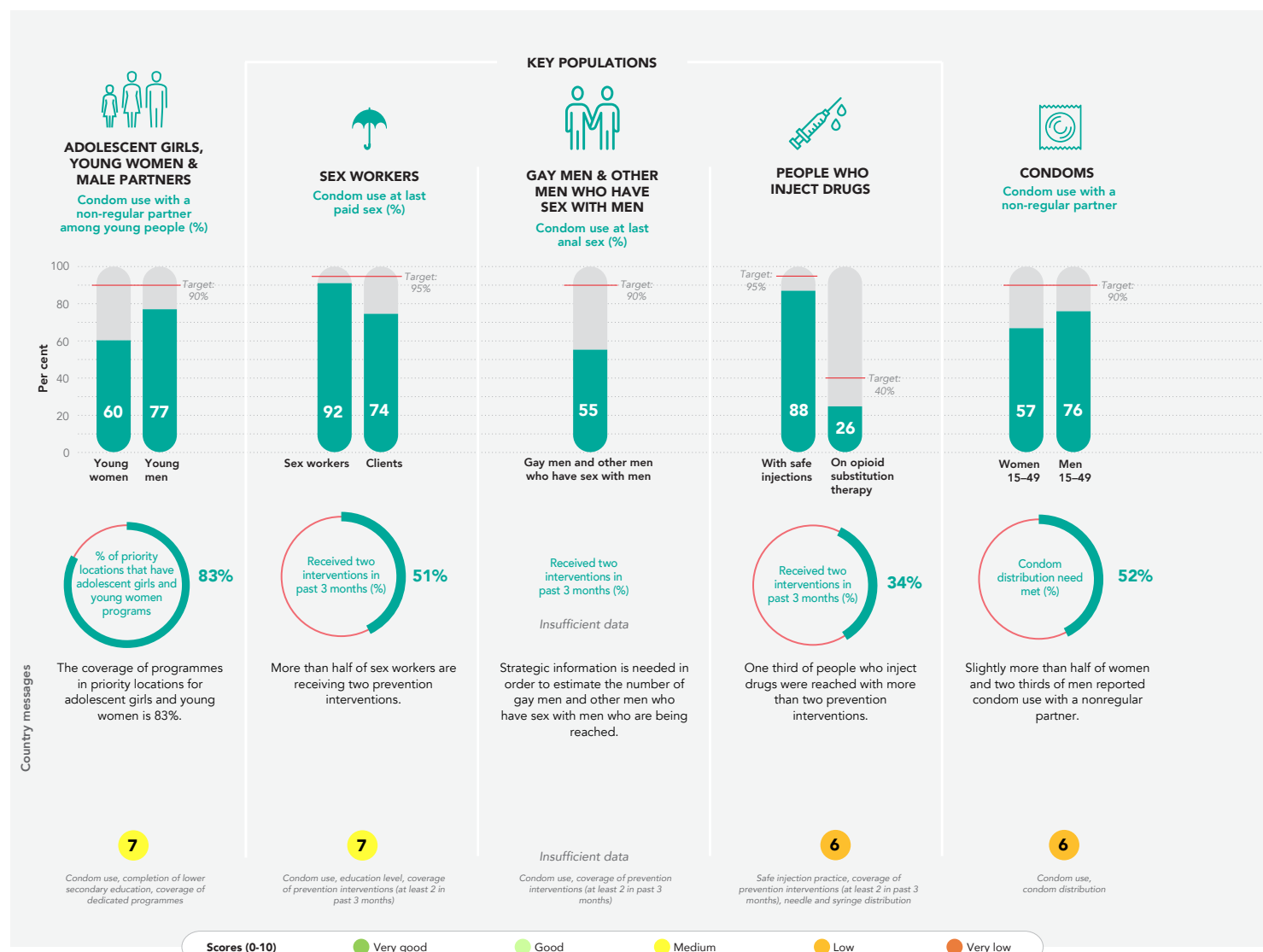
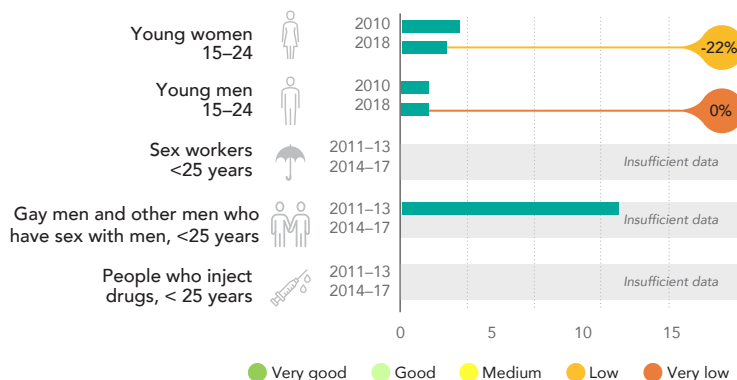
## New HIV infections



## New HIV infections among adults aged 15+



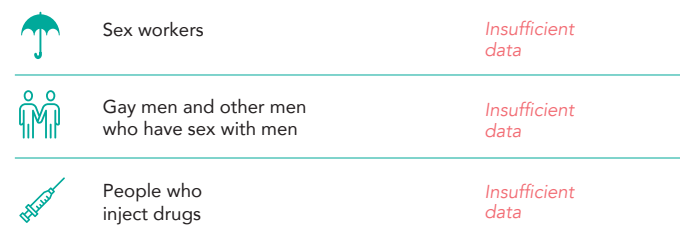
## HIV prevalence among young people (%)



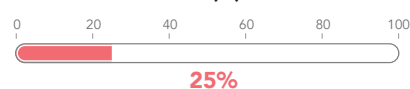


## Enablers & systems

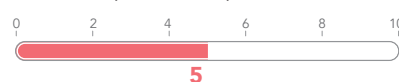
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



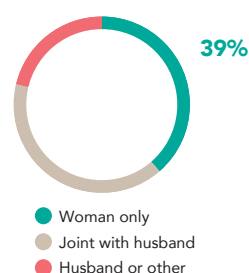
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



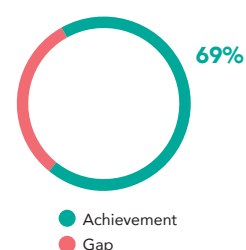
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



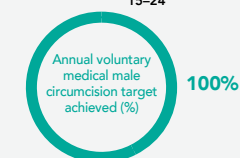
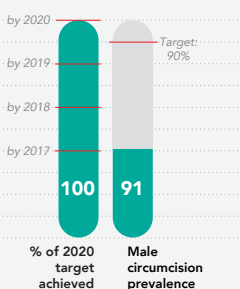
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Partially done	Partially done
3 - Prevention strategy	Done	Done
4 - Policy reform	Done	Done
5a - Key populations size estimates	Partially done	Done
5b - Defined key populations package	Done	Done
5c - Adolescent girls and young women size estimates	Done	Done
5d - Adolescent girls and young women package	Done	Done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Done
10 - Performance review	Done	Done

● Done
 ● Partially done
 ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



The target has been surpassed. As a next step, the focus will be on broadening the health impact for men beyond VMMC through male engagement.

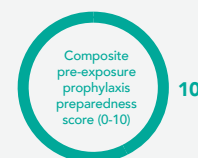
10

Progress against global and annual country voluntary medical male circumcision target

### PRE-EXPOSURE PROPHYLAXIS

30 000

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months

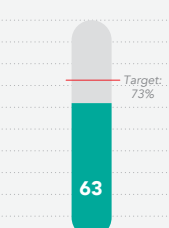


Experience is being gained as PrEP is scaled up.

10

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

### ANTIRETROVIRAL TREATMENT



Source: Country estimate



## NEXT STEPS:

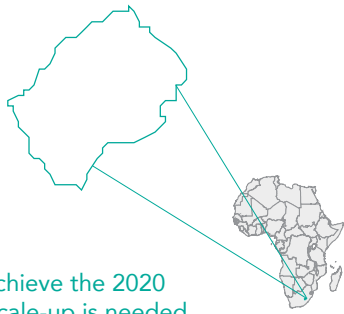
- > Increase financing for HIV prevention.
- > Scale up HIV combination prevention interventions (location- and population-based).
- > Strengthen community systems for HIV prevention implementation.

# THE STATE OF HIV PREVENTION IN LESOTHO 2019

New HIV infections among adults declined by

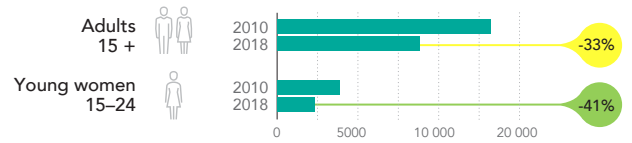
## 33%

which is too slow to achieve the 2020 targets. Programme scale-up is needed.

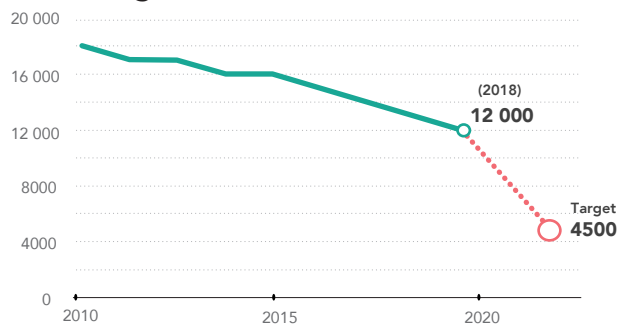


## New HIV infections

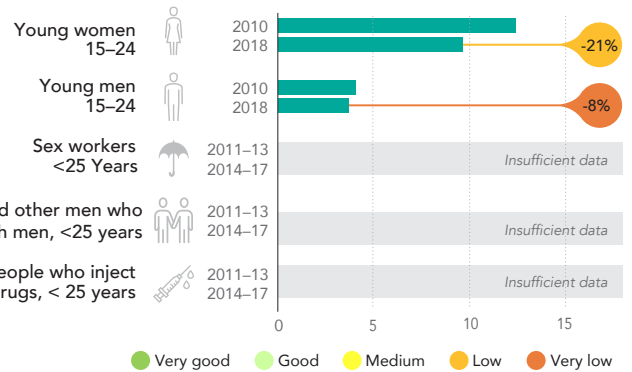
TARGET -75%



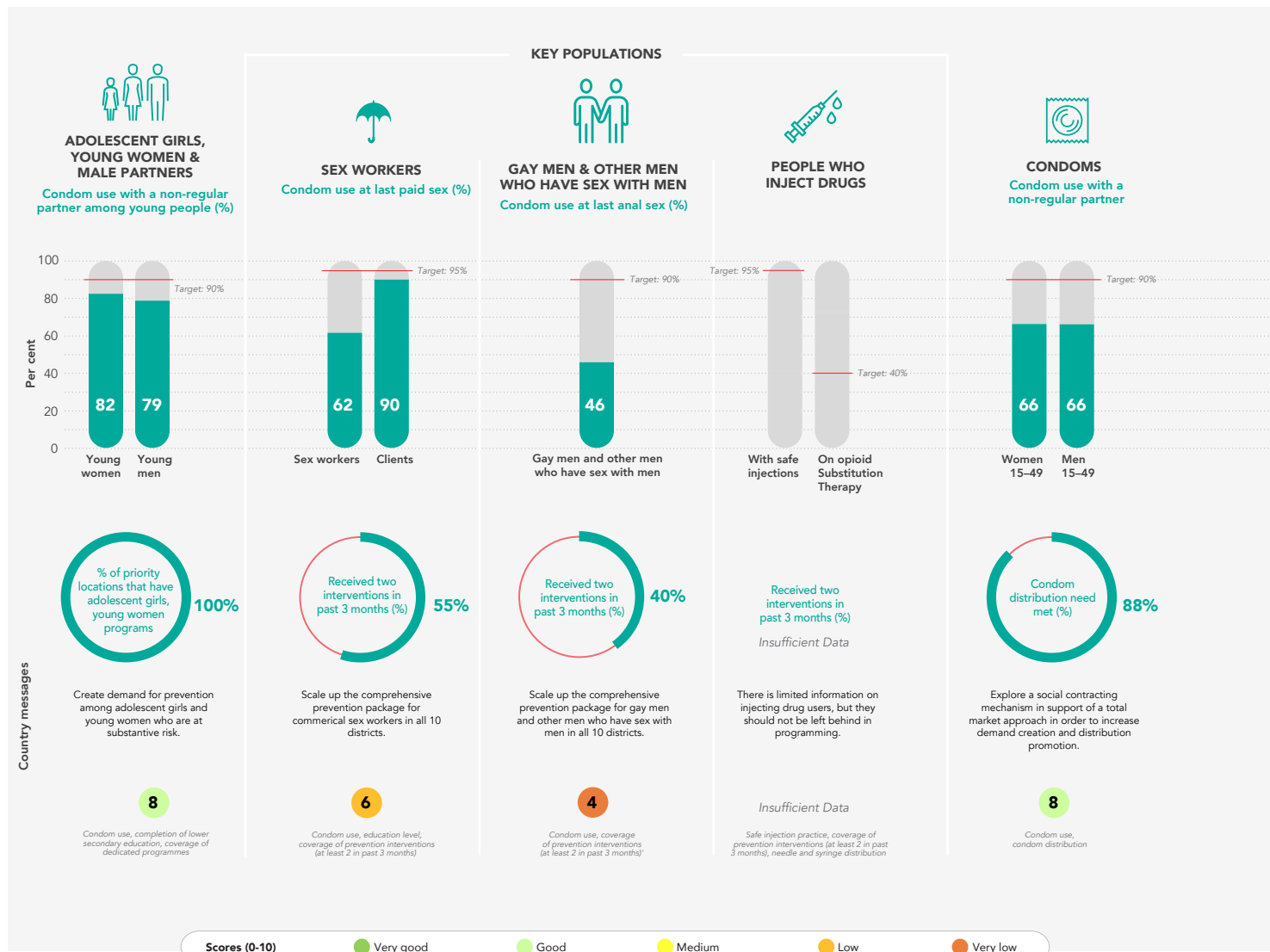
## New HIV infections among Adults aged 15+



## HIV prevalence among young people (%)

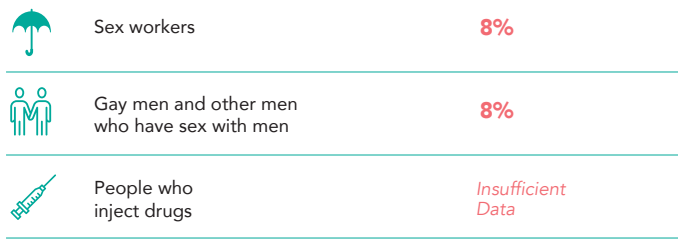


Very good Good Medium Low Very low

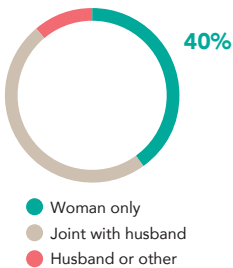


# Enablers & systems

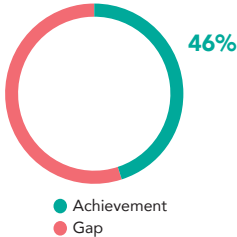
## AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



## MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



## GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



## WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



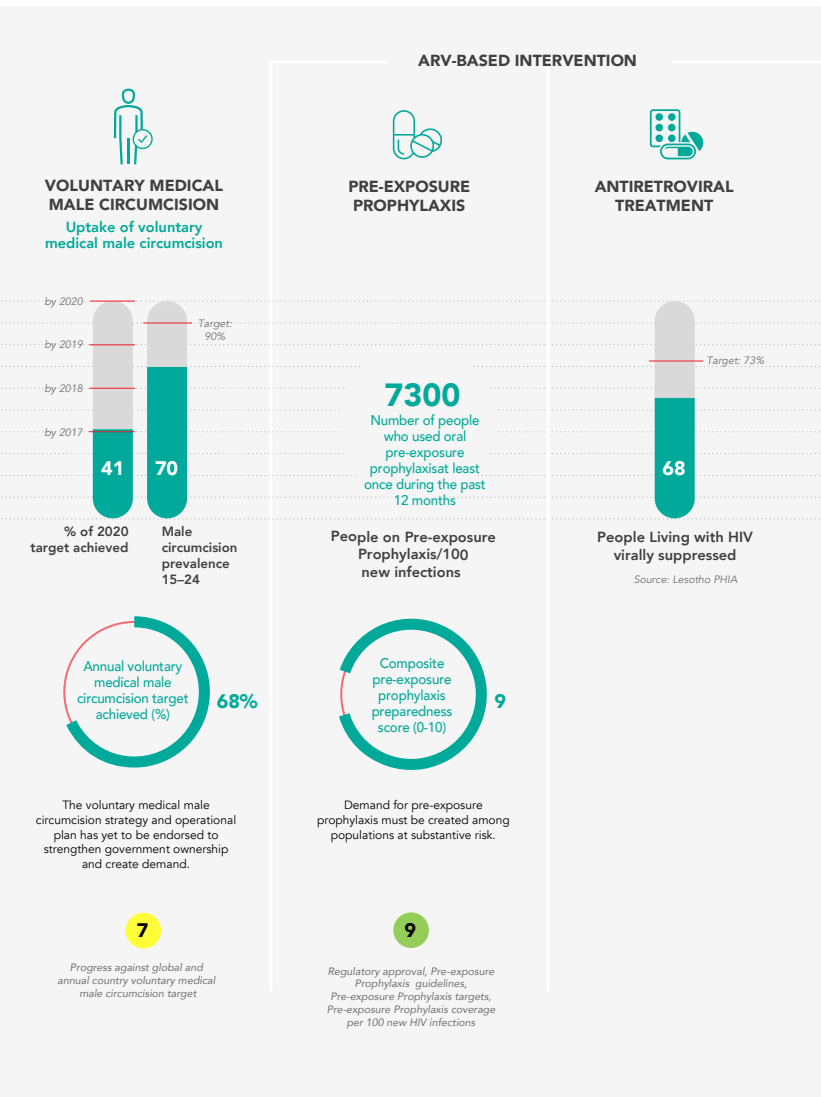
## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



## Status of 10 Road map actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Done	Partially done
5a - Key populations size estimates	Done	Partially done
5b - Defined key populations package	Done	Done
5c - Adolescent Girls and Young Women size estimates	Done	Done
5d - Adolescent Girls and Young Women package	Done	Done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Partially done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Done
10 - Performance review	Done	Done

Done
Partially done
Not done



### NEXT STEPS:

- > Develop a social and behaviour change communication strategy for adolescent girls and young people.
- > Scale up combination prevention packages for key populations.
- > Expand coverage of the five prevention pillars.

# THE STATE OF HIV PREVENTION IN MALAWI 2019

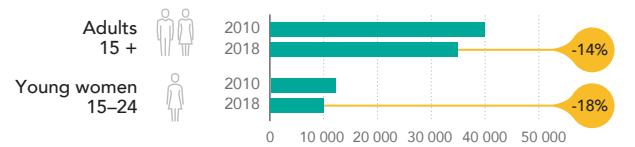
New HIV infections declined by

## 14%

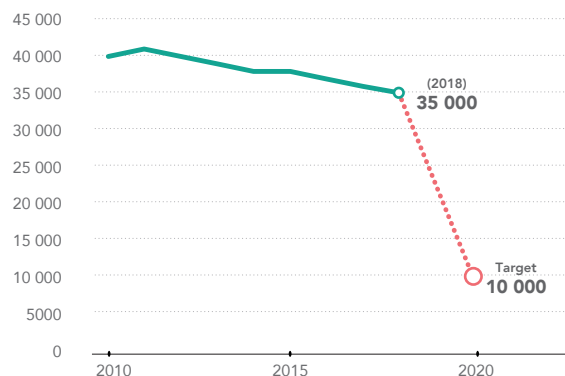
which is too slow to achieve the 2020 targets. Integrated programme scale-up is needed.



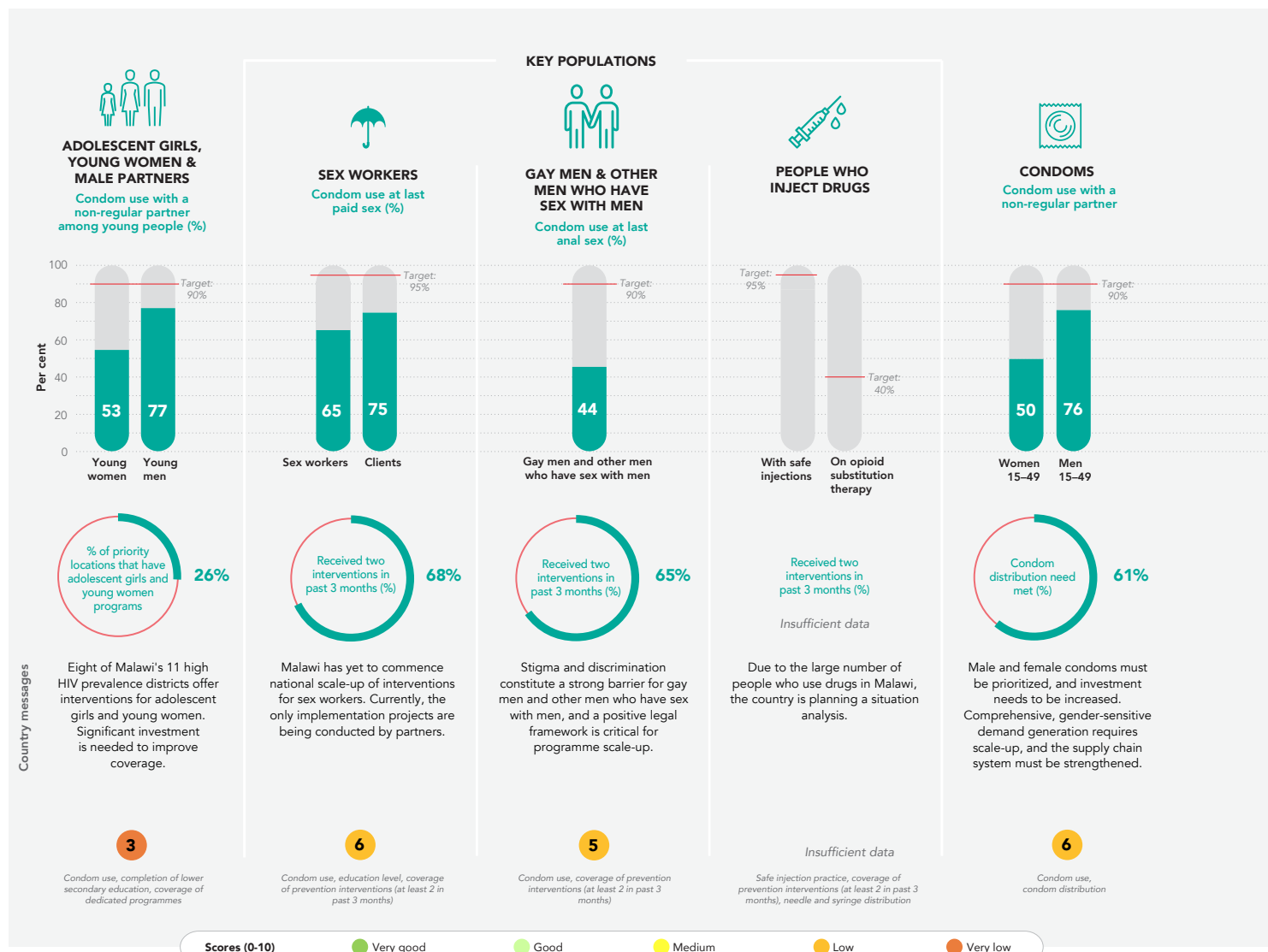
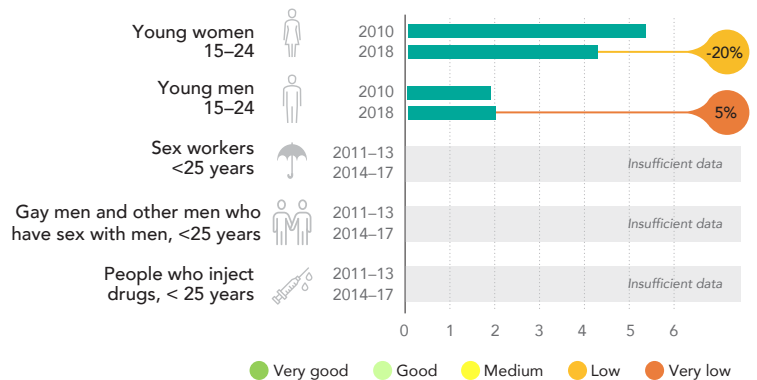
## New HIV infections



## New HIV infections among adults aged 15+

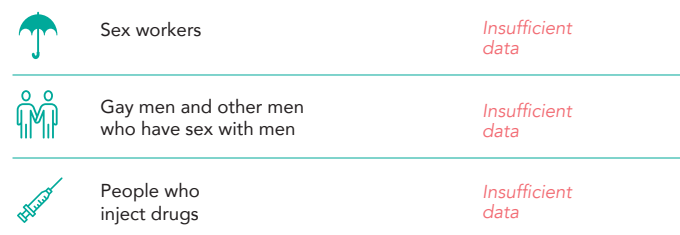


## HIV prevalence among young people (%)

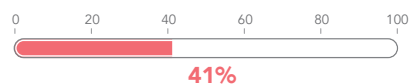


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



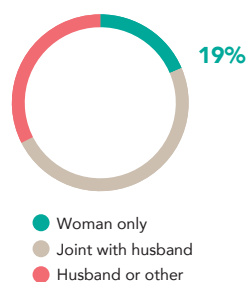
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



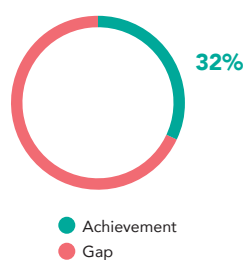
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



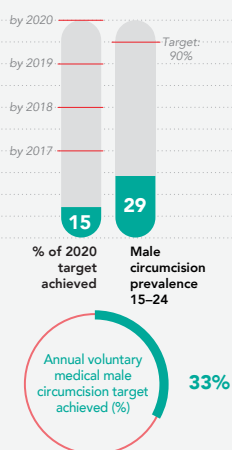
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">■</span>	<span style="color: green;">■</span>
2 - Prevention targets	<span style="color: green;">■</span>	<span style="color: green;">■</span>
3 - Prevention strategy	<span style="color: green;">■</span>	<span style="color: green;">■</span>
4 - Policy reform	<span style="color: yellow;">■</span>	<span style="color: yellow;">■</span>
5a - Key populations size estimates	<span style="color: yellow;">■</span>	<span style="color: yellow;">■</span>
5b - Defined key populations package	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5c - Adolescent girls and young women size estimates	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
5d - Adolescent girls and young women package	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
6 - Capacity & technical assistance plan	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
7 - Social contracting	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
8 - Financial gap analysis	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
9 - Strengthen monitoring	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
10 - Performance review	<span style="color: orange;">■</span>	<span style="color: green;">■</span>

● Done    ● Partially done    ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



VMMC is still implemented as a project, not a programme. It is imperative that VMMC is institutionalized in the public health system, although human resource limitations pose a challenge.

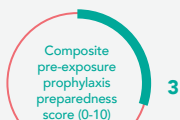
3

Progress against global and annual country voluntary medical male circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

300  
Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



The country just concluded the pilot phase for PrEP, and it has yet to transition to a national programme.

3

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

69

People Living with HIV virally suppressed



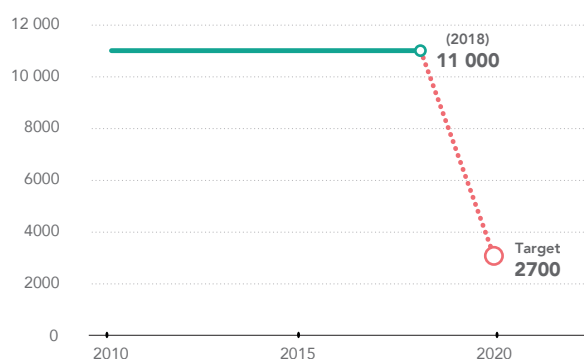
### NEXT STEPS:

- > Develop a consolidated capacity-building and technical assistance plan.
- > Convene national social contracting dialogue sessions.
- > Convene a national symposium on HIV prevention financing.

# THE STATE OF HIV PREVENTION IN MEXICO 2019



## New HIV infections among adults aged 15+



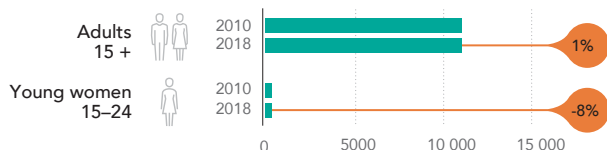
New HIV infections remain stable, and no progress has been made towards achieving the 2020 targets. Accelerating the national response for HIV prevention is needed.



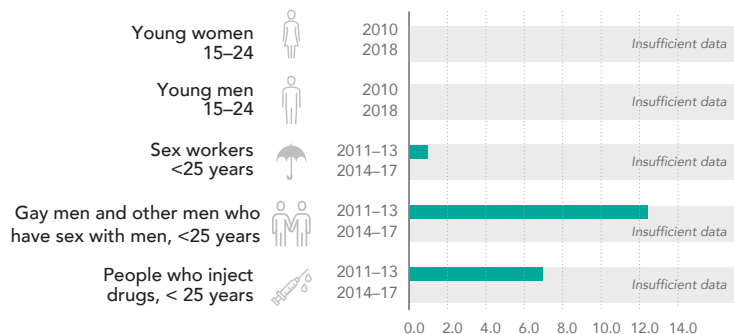


TARGET -75%

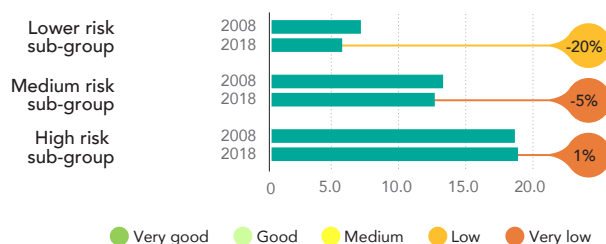
## New HIV infections



## HIV prevalence among young people (%)

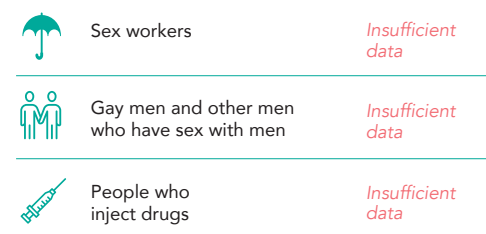


## HIV prevalence among men gay men and other men who have sex with men

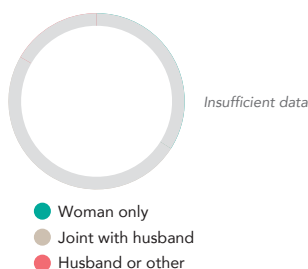


## Enablers & systems

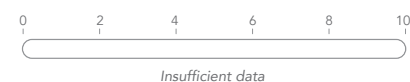
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Not done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Not done	Partially done
5a - Key populations size estimates	Partially done	Partially done
5b - Defined key populations package	Not done	Partially done
5c - Adolescent girls and young women size estimates	Partially done	Partially done
5d - Adolescent girls and young women package	Partially done	Partially done
6 - Capacity & technical assistance plan	Not done	Partially done
7 - Social contracting	Done	Partially done
8 - Financial gap analysis	Not done	Partially done
9 - Strengthen monitoring	Not done	Partially done
10 - Performance review	Not done	Done

Legend: Done (Green), Partially done (Yellow), Not done (Red)

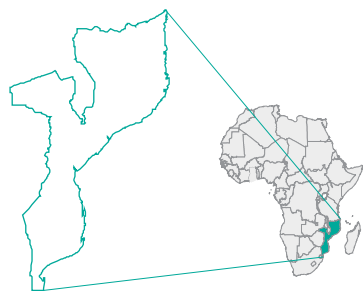


## NEXT STEPS:

- Develop national policy incorporating the 10-point action plan for accelerating HIV prevention.
- Develop national prevention packages for key populations, including harm reduction.
- Publish the Official Mexican Standard NOM-010-SSA2-1993 (the HIV Law) and update the National Prevention Guideline.
- Complete antiretroviral treatment optimization in the country.
- Scale up PrEP using evidence from the PrEP implementation projects.

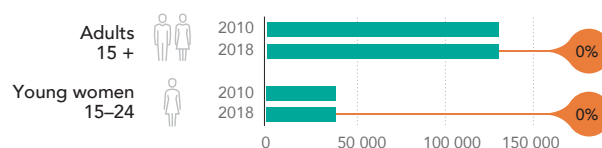
# THE STATE OF HIV PREVENTION IN MOZAMBIQUE 2019

New HIV infections have not declined and will not achieve the 2020 targets. Programme scale-up is needed.

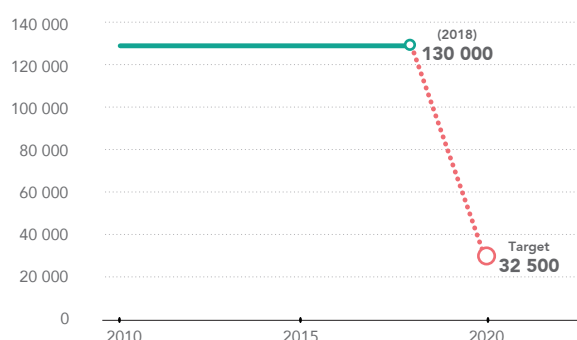


TARGET -75%

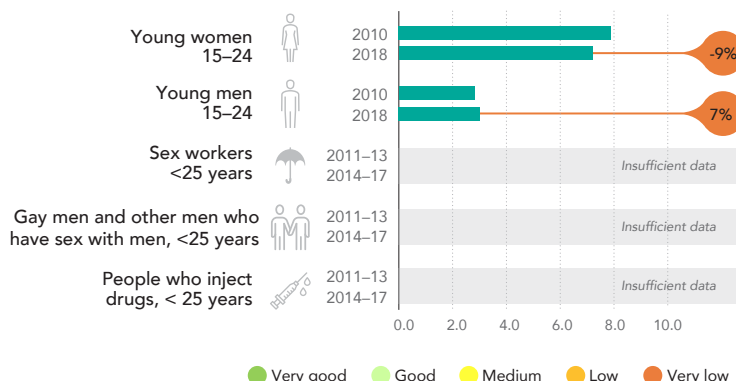
## New HIV infections



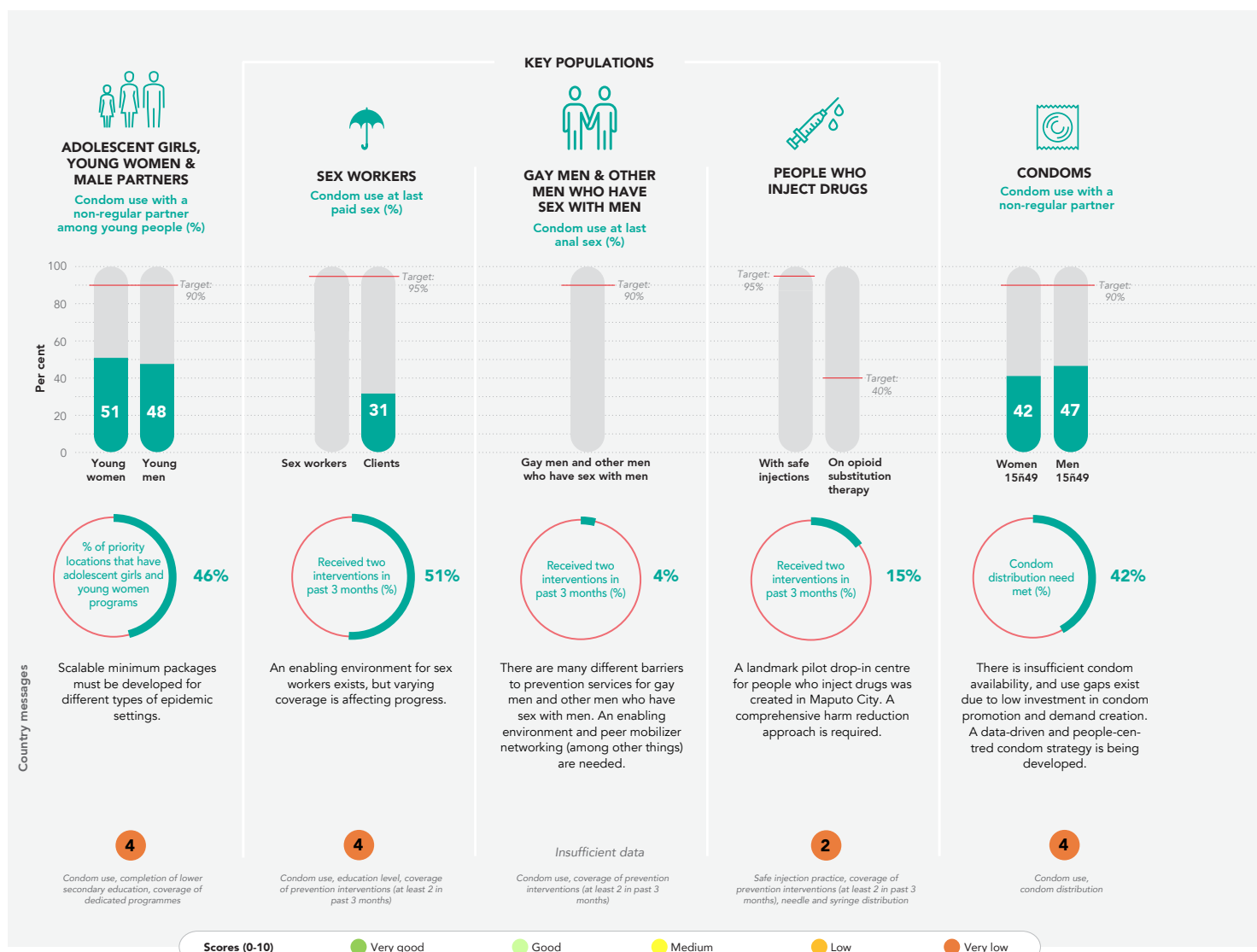
## New HIV infections among adults aged 15+



## HIV prevalence among young people (%)

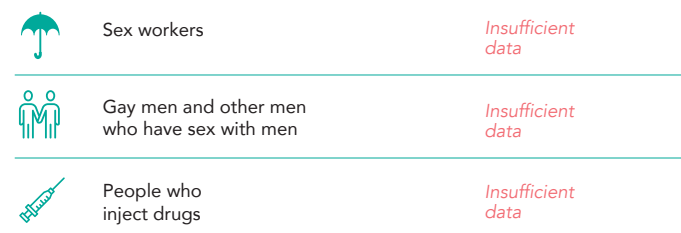


Very good Good Medium Low Very low

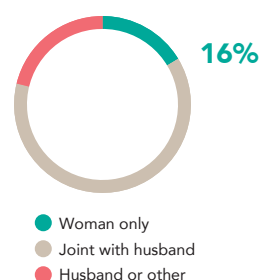


## Enablers & systems

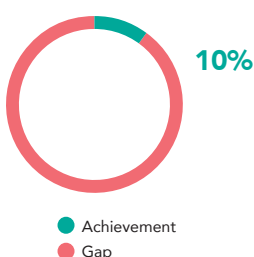
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



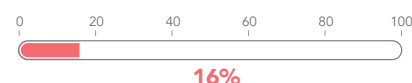
### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



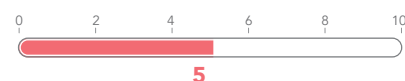
### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



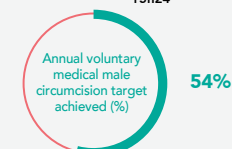
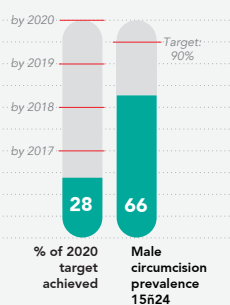
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">■</span>	<span style="color: green;">■</span>
2 - Prevention targets	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
3 - Prevention strategy	<span style="color: green;">■</span>	<span style="color: yellow;">■</span>
4 - Policy reform	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5a - Key populations size estimates	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5b - Defined key populations package	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
5c - Adolescent girls and young women size estimates	<span style="color: orange;">■</span>	<span style="color: green;">■</span>
5d - Adolescent girls and young women package	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
6 - Capacity & technical assistance plan	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
7 - Social contracting	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
8 - Financial gap analysis	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>
9 - Strengthen monitoring	<span style="color: orange;">■</span>	<span style="color: orange;">■</span>
10 - Performance review	<span style="color: orange;">■</span>	<span style="color: yellow;">■</span>

● Done
 ● Partially done
 ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Rapid expansion and focus for VMMC saturation is yielding results. The emphasis is on more integrated demand generation options.

5

Progress against global and annual country voluntary medical male circumcision target

### PRE-EXPOSURE PROPHYLAXIS

2000  
Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



PrEP is currently undergoing phased implementation that is focused on individuals at very high risk. Expanded delivery and adherence deserve attention in order to ensure the effectiveness of the PrEP programme.

3

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

### ANTIRETROVIRAL TREATMENT

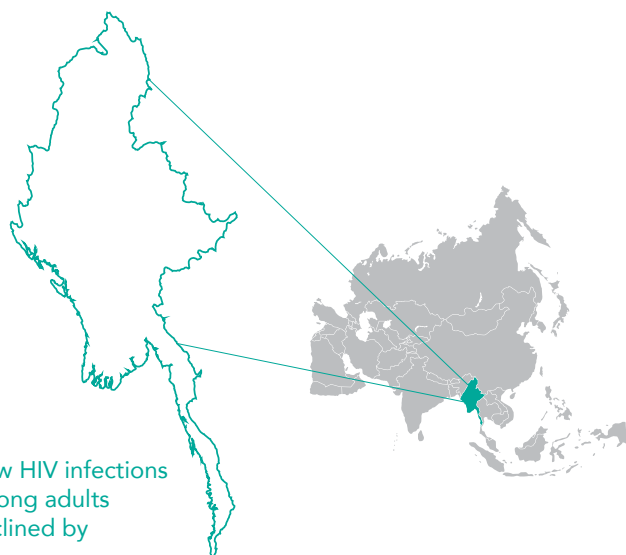
People Living with HIV virally suppressed



## NEXT STEPS:

- > Develop a policy on PrEP provision.
- > Develop national packages for combination prevention services.
- > Scale up prevention activities, including condom access and promotion.
- > Expand services for adolescent girls and young women.
- > Address critical enablers such as stigma and discrimination, human rights, social behaviour change and community engagement.

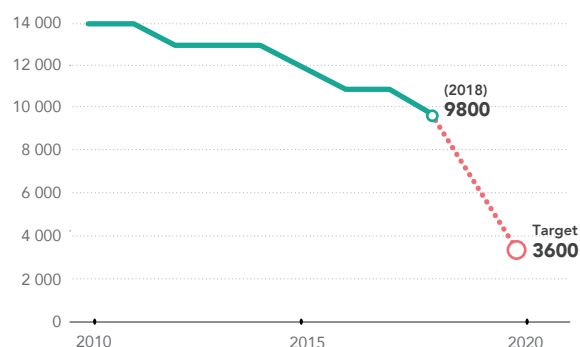
# THE STATE OF HIV PREVENTION IN MYANMAR 2019



## 31%

Programme scale up is needed to achieve the 75% reduction target.

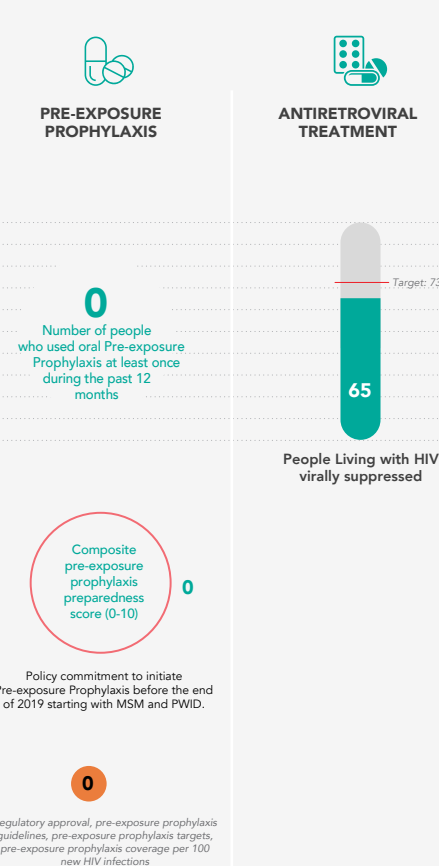
## New HIV infections among adults aged 15+



### KEY POPULATIONS



### ARV-BASED INTERVENTION



Scores (0-10)

Very good

Good

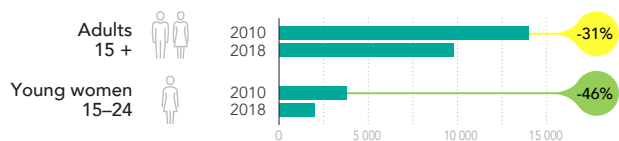
Medium

Low

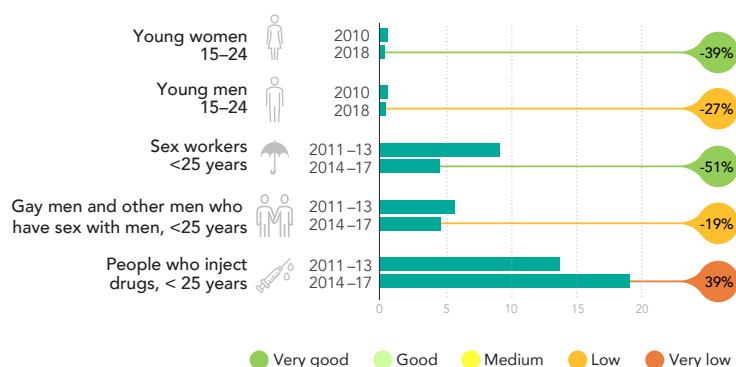
Very low

Very low

## New HIV infections

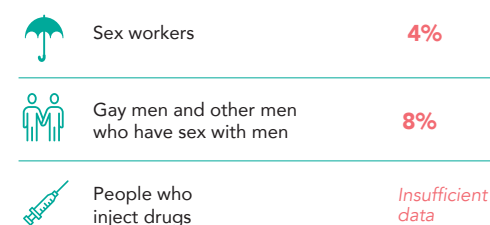


## HIV prevalence among young people (%)

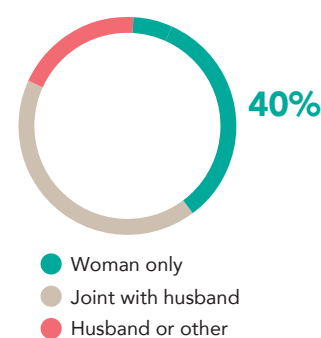


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Not done	Done
2 - Prevention targets	Not done	Done
3 - Prevention strategy	Not done	Done
4 - Policy reform	Not done	Partially done
5a - Key populations size estimates	Not done	Partially done
5b - Defined key populations package	Not done	Partially done
5c - Adolescent Girls and Young Women size estimates	Not done	Not done
5d - Adolescent Girls and Young Women package	Not done	Not done
6 - Capacity & technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - Financial gap analysis	Not done	Done
9 - Strengthen monitoring	Not done	Partially done
10 - Performance review	Not done	Done

Legend: Done (Green), Partially done (Yellow), Not done (Orange)

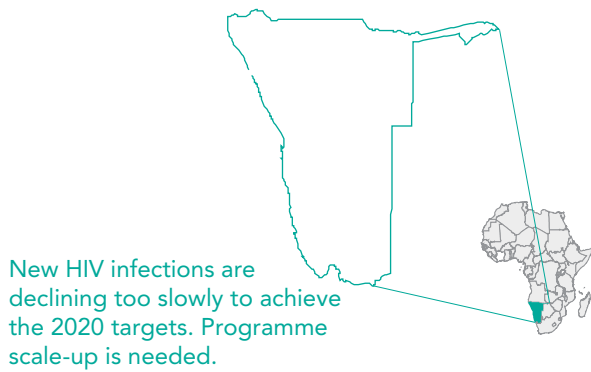
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



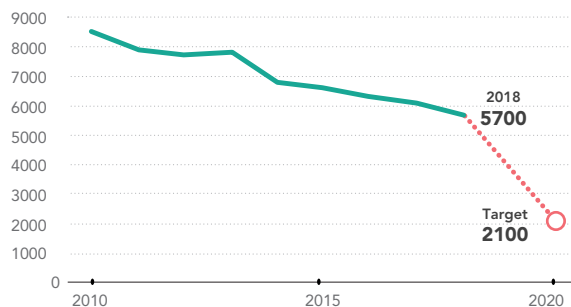
## NEXT STEPS:

- > Development of the new National Strategic Plan on HIV and AIDS (2021-2025) is underway
- > Reform punitive laws (ongoing) to ensure public health and rights-based approaches
- > Identify public-private funding opportunities for HIV prevention
- > Reach the target of 30% voluntary community-led services, and strengthen representation and key population network support
- > Scale up innovative service delivery models including enhanced outreach, PrEP, and social media across the continuum of prevention and treatment

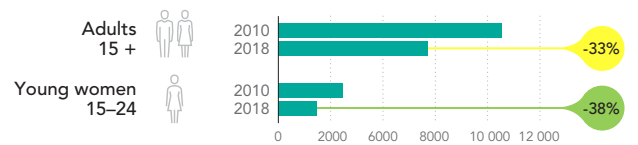
# THE STATE OF HIV PREVENTION IN NAMIBIA 2019



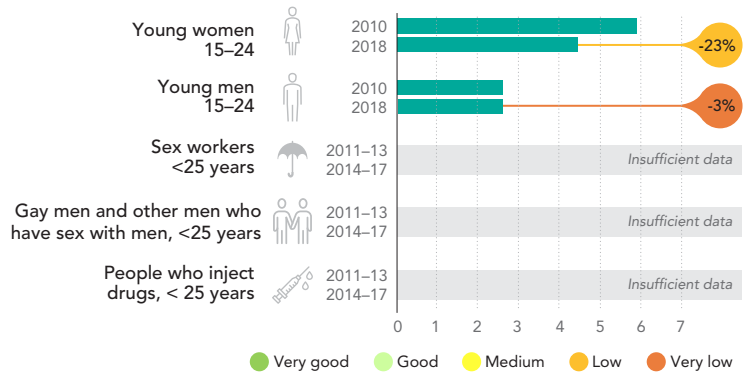
## New HIV infections among adults aged 15+



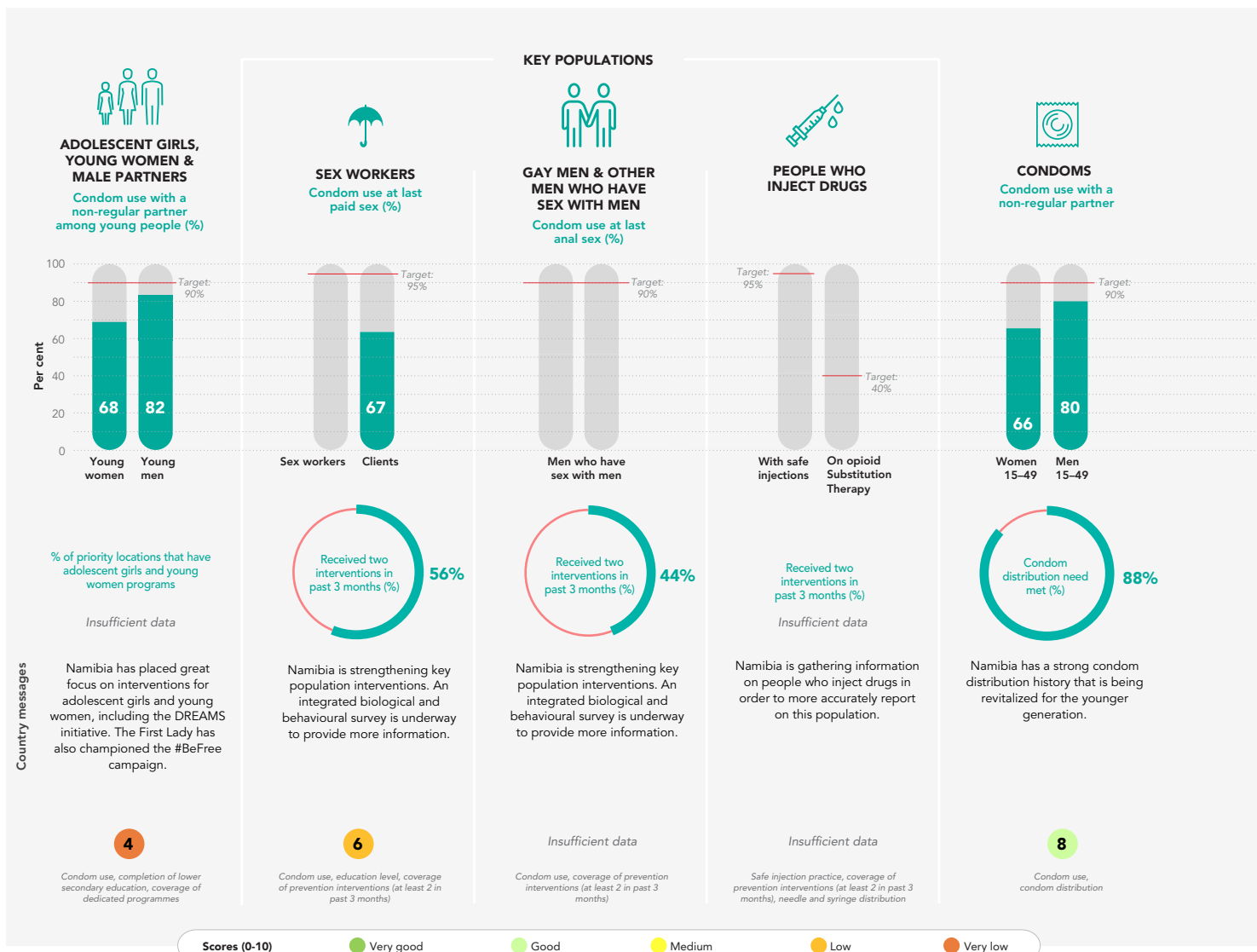
## New HIV infections



## HIV prevalence among young people (%)



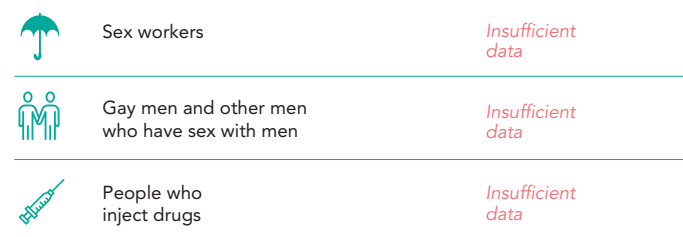
Very good Good Medium Low Very low



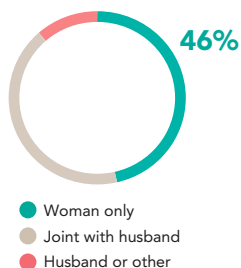


## Enablers & systems

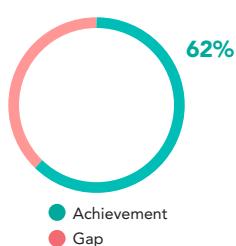
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



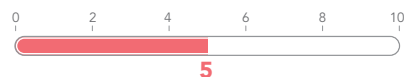
### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)





























### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



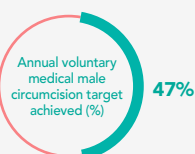
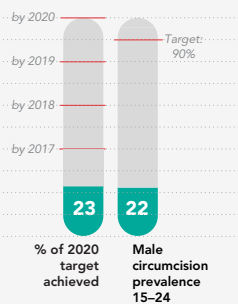
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment		
2 - Prevention targets		
3 - Prevention strategy		
4 - Policy reform		
5a - Key populations size estimates		
5b - Defined key populations package		
5c - Adolescent Girls and Young Women size estimates		
5d - Adolescent Girls and Young Women package		
6 - Capacity & technical assistance plan		
7 - Social contracting		
8 - Financial gap analysis		
9 - Strengthen monitoring		
10 - Performance review		

 Done  Partially done  Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Namibia has prioritized Voluntary Medical Male Circumcision along with the other combination prevention pillars in the national strategic framework.

4

Progress against global and annual country Voluntary Medical Male Circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

5600  
Number of people who used oral Pre-exposure prophylaxis at least once during the past 12 months



Namibia is on its way to achieving the 95-95-95 targets.

10

Regulatory approval, Pre-exposure guidelines, Pre-exposure targets, Pre-exposure coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

87

People Living with HIV virally suppressed



## NEXT STEPS:

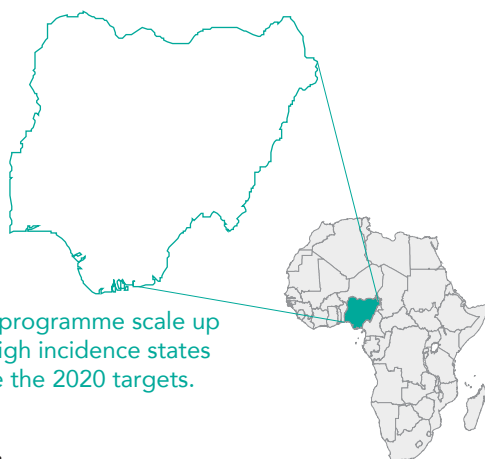
- > Conduct a national strategic framework midterm review to reassess progress and gaps.
- > Address data needs for key populations and adolescent disaggregations.
- > Explore sustainability mechanisms, such as social contracting.
- > Refine efforts to prevent mother-to-child transmission in order to achieve validation for the elimination of mother-to-child transmission.

# THE STATE OF HIV PREVENTION IN NIGERIA 2019

New HIV infections among adults rose slightly by

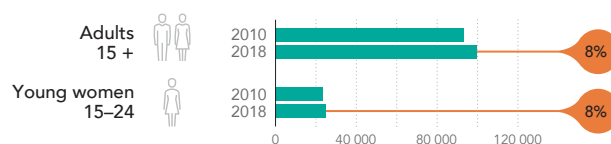
## 8%

Focusing prevention programme scale up in high-burden and high incidence states is required to achieve the 2020 targets.

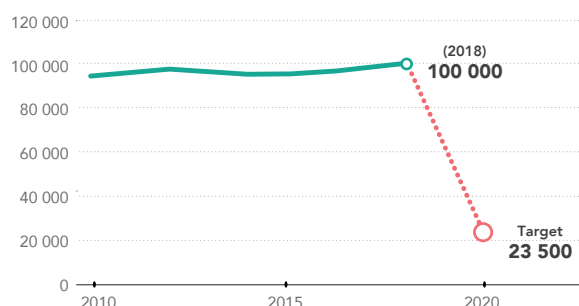


## New HIV infections

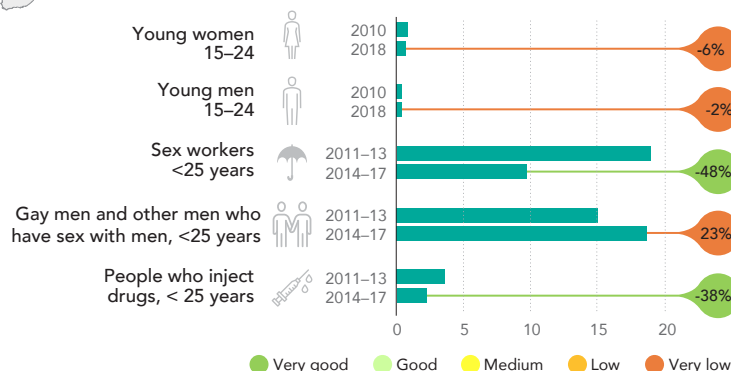
TARGET -75%



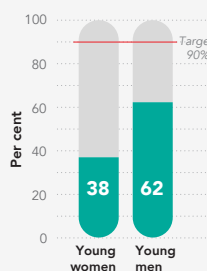
## New HIV infections among adults aged 15+



## HIV prevalence among young people (%)



**ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS**  
Condom use with a non-regular partner among young people (%)



% of priority locations that have adolescent girls and young women programs

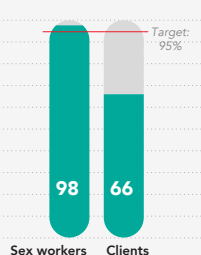
Insufficient data

HIV prevention programmes are integrated into existing sexual and reproductive health projects for women and girls, but data are insufficient. The NAHIS incidence data analysis will enable the prioritization of high-incidence states for strategic interventions.

Insufficient data

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

**SEX WORKERS**  
Condom use at last paid sex (%)



Received two interventions in past 3 months (%)

44%

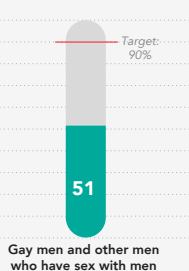
A considerable percentage of transactional sex acts are still unprotected. Coverage of programmes for key populations needs to be scaled up in all states and the Federal Capital Territory; size estimations need to be conducted in 19 states and the Federal Capital Territory.

6

Condom use, education level, coverage of prevention interventions (at least 2 in past 3 months)

## KEY POPULATIONS

**GAY MEN & OTHER MEN WHO HAVE SEX WITH MEN**  
Condom use at last anal sex (%)



Received two interventions in past 3 months (%)

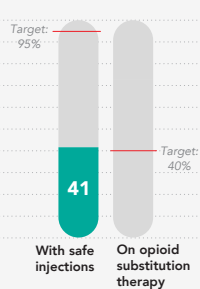
25%

Condom and lubricant programming for gay men and other men who have sex with men needs to be strengthened. The implementation of the total market approach to condom and lubricant programming should be expanded.

4

Condom use, coverage of prevention interventions (at least 2 in past 3 months)

**PEOPLE WHO INJECT DRUGS**



Received two interventions in past 3 months (%)

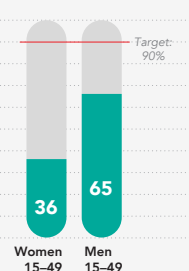
Insufficient data

Harm reduction programmes have begun and need to be scaled up. The non-health sector reporting system needs to be strengthened.

0

Safe injection practice, coverage of prevention interventions (at least 2 in past 3 months), needle and syringe distribution

**CONDOMS**  
Condom use with a non-regular partner



Condom distribution need met (%)

55%

Data collection on condom and lubricant programming from the private sector is limited, and condom distribution data are underreported. Condom and lubricant programming in high-incidence priority states should be strengthened.

5

Condom use, condom distribution

Scores (0-10)

Very good

Good

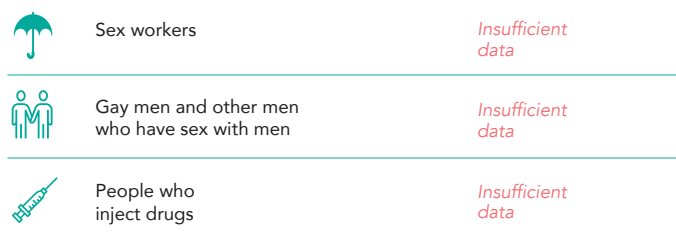
Medium

Low

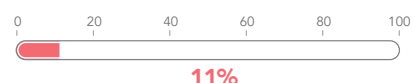
Very low

## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



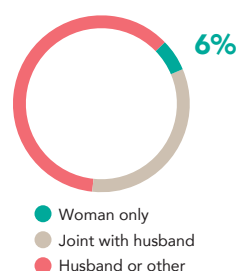
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



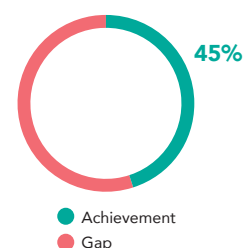
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



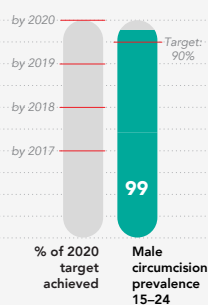
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">■</span>	<span style="color: green;">■</span>
2 - Prevention targets	<span style="color: green;">■</span>	<span style="color: green;">■</span>
3 - Prevention strategy	<span style="color: green;">■</span>	<span style="color: green;">■</span>
4 - Policy reform	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5a - Key populations size estimates	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5b - Defined key populations package	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5c - Adolescent Girls and Young Women size estimates	<span style="color: green;">■</span>	<span style="color: green;">■</span>
5d - Adolescent Girls and Young Women package	<span style="color: green;">■</span>	<span style="color: green;">■</span>
6 - Capacity & technical assistance plan	<span style="color: green;">■</span>	<span style="color: green;">■</span>
7 - Social contracting	<span style="color: green;">■</span>	<span style="color: green;">■</span>
8 - Financial gap analysis	<span style="color: green;">■</span>	<span style="color: green;">■</span>
9 - Strengthen monitoring	<span style="color: green;">■</span>	<span style="color: green;">■</span>
10 - Performance review	<span style="color: green;">■</span>	<span style="color: green;">■</span>

● Done
 ● Partially done
 ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision



Annual voluntary medical male circumcision target achieved (%)

Not applicable

Not applicable

Progress against global and annual country voluntary medical male circumcision target

### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

118

Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months

Composite pre-exposure prophylaxis preparedness score (0-10)

0

Pre-exposure Prophylaxis is currently not implemented in public health facilities, but there is evidence of over-the-counter purchases.

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT

42

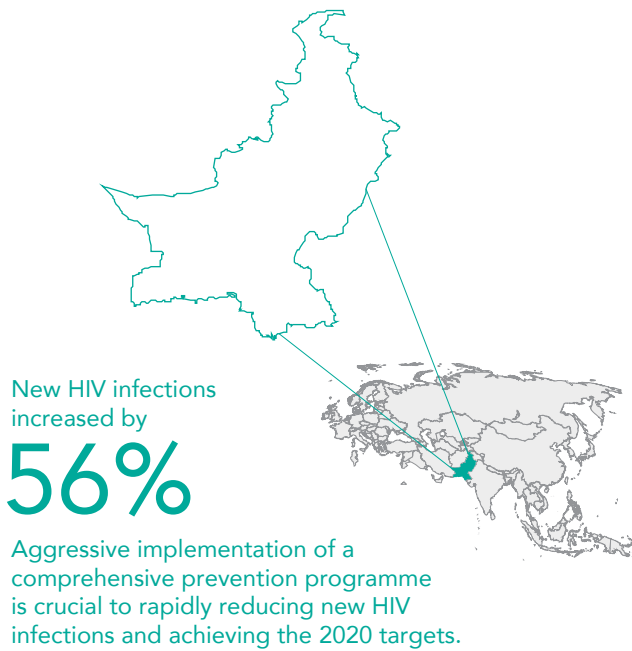
People Living with HIV virally suppressed



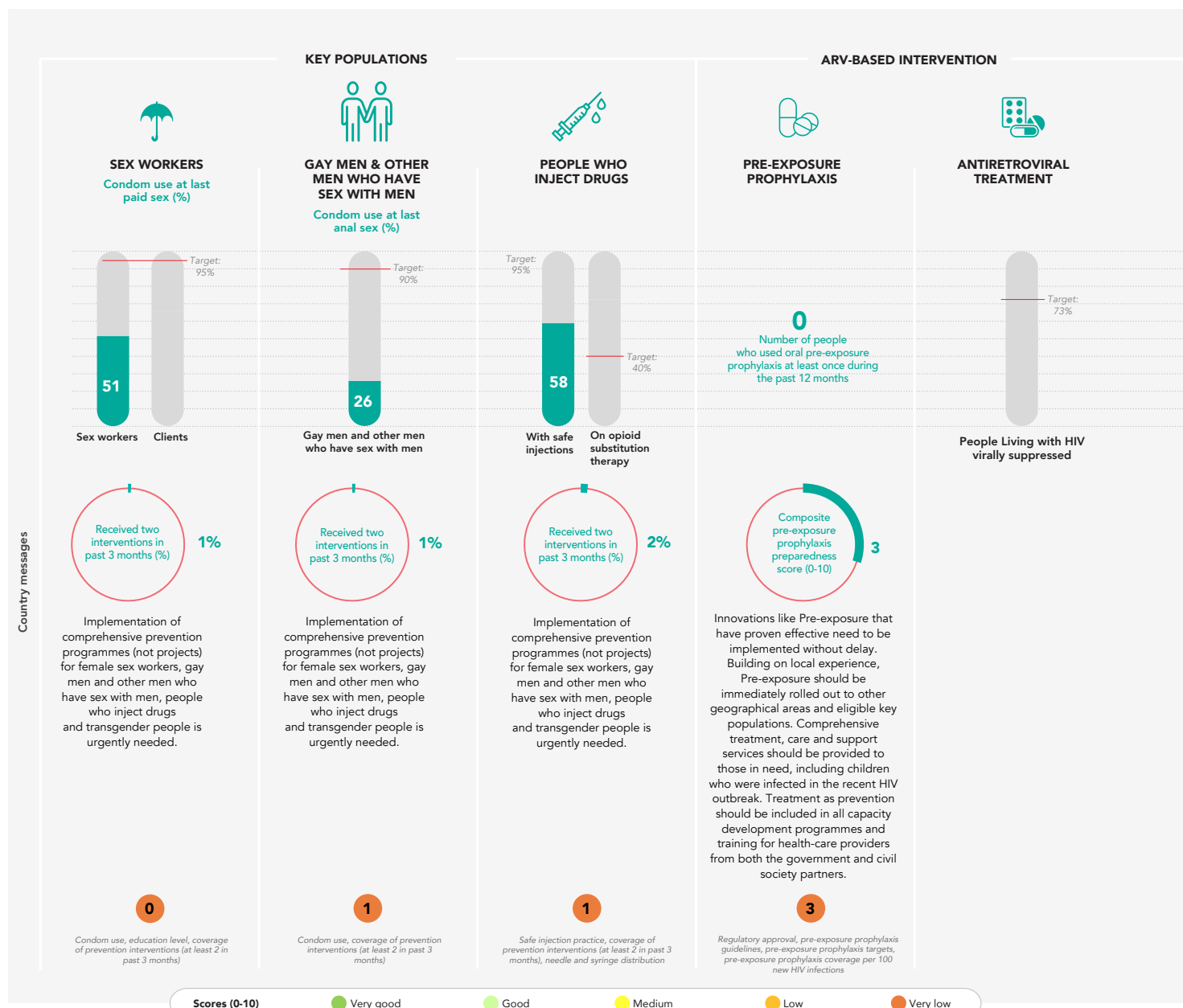
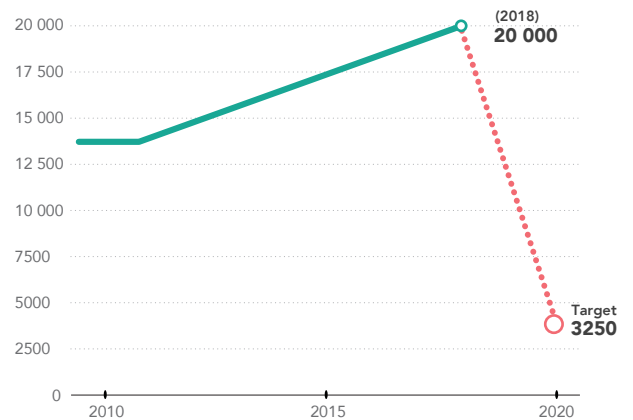
## NEXT STEPS:

- > Review and update the prevention data management system.
- > Develop subnational prevention targets and operational plans in priority states.
- > Build capacity of subnational program officers for coordinating prevention programmes, data management and resource mobilization.
- > Develop prevention packages and scale up programs for adolescent girls and young women in priority states.

# THE STATE OF HIV PREVENTION IN PAKISTAN 2019

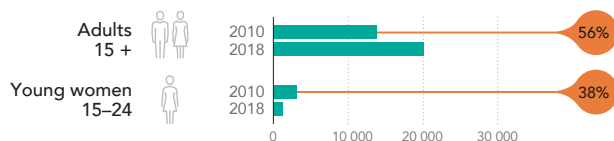


## New HIV infections among adults aged 15+

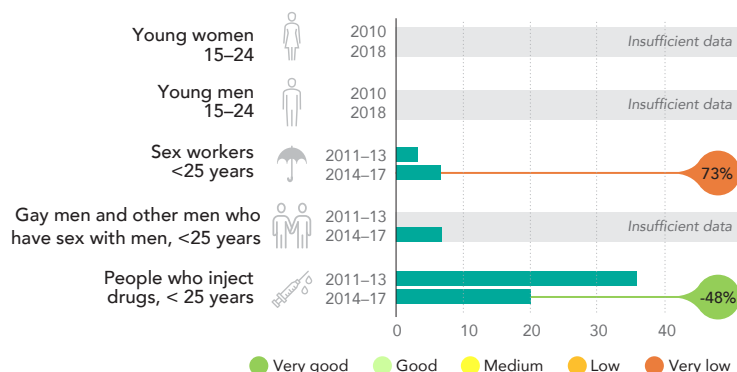


TARGET -75%

## New HIV infections

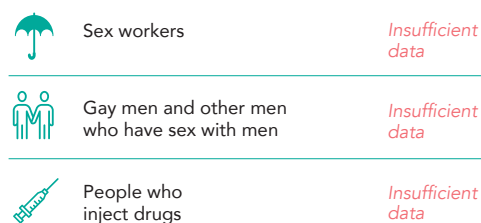


## HIV prevalence among young people (%)

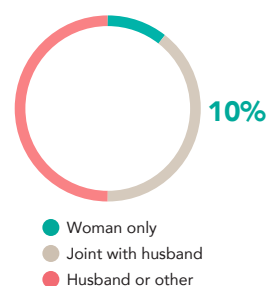


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Done	Partially done
5a - Key populations size estimates	Partially done	Done
5b - Defined key populations package	Done	Partially done
5c - Adolescent Girls and Young Women size estimates	Partially done	Partially done
5d - Adolescent Girls and Young Women package	Partially done	Partially done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Partially done
10 - Performance review	Done	Done



## NEXT STEPS:

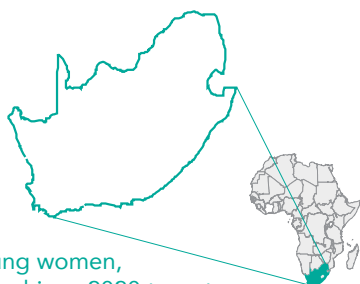
- > Address all implementation challenges for carrying out comprehensive prevention services for key populations.
- > Monitor the application of the National Guidelines for a Comprehensive HIV Prevention Program among key populations in Pakistan, and provide the necessary technical support to key implementors (where needed).
- > Initiate a financing dialogue with key officials of the provincial governments of Sindh and Punjab to mobilize provincial resources for prevention programmes for key populations.
- > Ensure the inclusion of a session on the value of treatment as prevention in all training for health-care providers.

# THE STATE OF HIV PREVENTION IN SOUTH AFRICA 2019

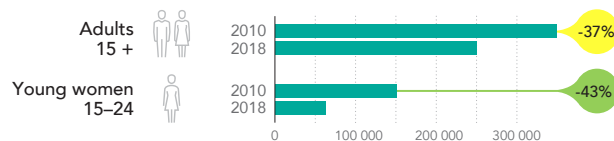
New HIV infections  
among adults  
declined by

## 39%

and 43% among young women,  
which is too slow to achieve 2020 targets.  
Programme scale-up is needed.

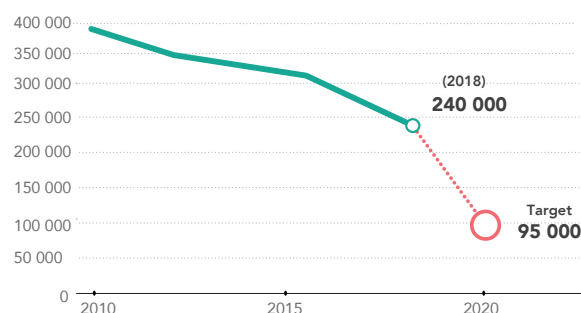


## New HIV infections



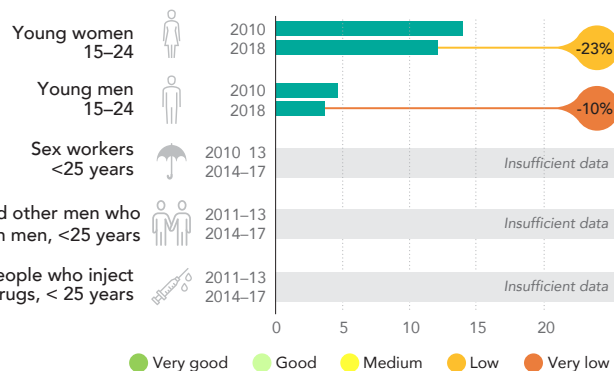
**TARGET** -75%

## New HIV infections among adults aged 15+

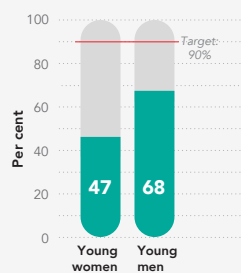


Data from the Thembsia model has been used for this country progress update

## HIV prevalence among young people (%)



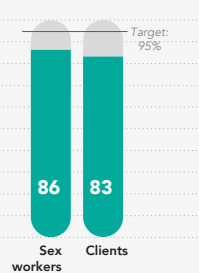
**ADOLESCENT GIRLS,  
YOUNG WOMEN &  
MALE PARTNERS**  
Condom use with a  
non-regular partner  
among young people (%)



% of priority  
locations that have  
adolescent girls and  
young women  
programs

**29%**

**SEX WORKERS**  
Condom use at last  
paid sex (%)

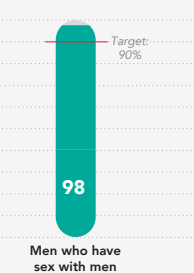


Received two  
interventions in  
past 3 months (%)

**45%**

## KEY POPULATIONS

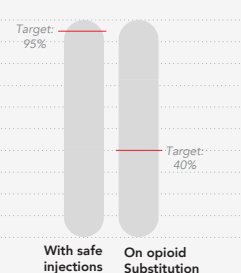
**GAY MEN & OTHER  
MEN WHO HAVE  
SEX WITH MEN**  
Condom use at last  
anal sex (%)



Received two  
interventions in  
past 3 months (%)

**33%**

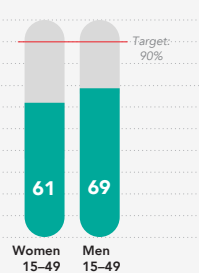
**PEOPLE WHO  
INJECT DRUGS**



Received two  
interventions in  
past 3 months (%)

**24%**

**CONDOMS**  
Condom use with a  
non-regular partner



Condom  
distribution need  
met (%)

**89%**

**Country messages**  
A renewed emphasis on scaling up the full She Conquers package of services to all districts in South Africa is needed, including for adolescent girls and young women who have been neglected. The coordination of programmes for this group also requires strengthening.

**5**

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

Programme coverage for sex workers is too low. A new sex worker plan that incorporates a peer-led approach to programming has been drafted. Criminalization of sex work continues to be a barrier to programme implementation.

**6**

Condom use, education level, coverage of prevention interventions (at least 2 in past 3 months)

PrEP uptake among this group has been positive, and new programmes that differentiate transgender women from gay men and other men who have sex with men are being embraced by both communities. The use of men's clinics and online media is being explored.

**7**

Condom use, coverage of prevention interventions (at least 2 in past 3 months)

Harm reduction programmes are small in scale, limited in their offerings and donor-funded. In some areas, political buy-in remains a challenge, resulting in programme closure. Champions for people who inject drugs are needed to bring programmes to the centre stage. The high cost of methadone is a barrier to scaling up opioid substitution therapy.

**2**

Safe injection practice, coverage of prevention interventions (at least 2 in past 3 months), needle and syringe distribution

South Africa is closing the male condom distribution gap, but condom use remained stagnant. Innovative strategies are required to increase need; these should be accompanied by comprehensive communication strategies.

**8**

Condom use, condom distribution

Scores (0-10)

Very good

Good

Medium

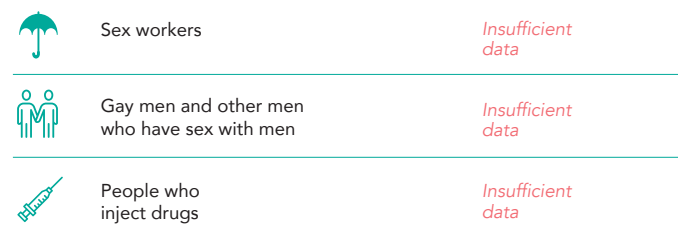
Low

Very low

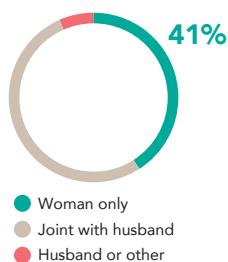


## Enablers & systems

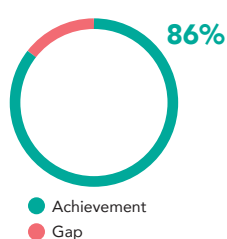
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



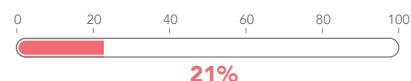
### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



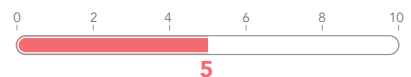
### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



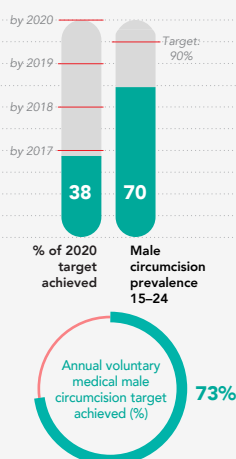
### Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Partially done	Done
5a - Key populations size estimates	Partially done	Done
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5d - Adolescent Girls and Young Women package	Done	Done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Done
10 - Performance review	Done	Done

● Done
 ● Partially done
 ● Not done

### UPTAKE OF VOLUNTARY MEDICAL CIRCUMCISION

Uptake of voluntary medical male circumcision



The voluntary medical male circumcision programme is shifting focus towards those aged 15-34 by developing a robust communication strategy that guides provinces and districts to achieve their targets. It is also implementing an online training hub.

7

Progress against global and annual country Voluntary Medical Male Circumcision target

### PRE-EXPOSURE PROPHYLAXIS

8100  
Number of people who used oral Pre-exposure prophylaxis at least once during the past 12 months



South Africa has commenced scaling up Pre-exposure implementation into public health facilities. There are plans to make Pre-exposure prophylaxis available more widely in most public primary health-care facilities over the next year

6

Regulatory approval, Pre-exposure guidelines, Pre-exposure targets, Pre-exposure coverage per 100 new HIV infections

### ANTIRETROVIRAL TREATMENT

54

People Living with HIV virally suppressed



### NEXT STEPS:

- > Update the Health Sector HIV Prevention strategy, National Sex Worker Policy and high transmission area (key population) plan.
- > Launch the new national condom strategy.
- > Develop national service packages for adolescent girls and young women and young men.
- > Disseminate the national VMMC communication strategy.
- > Scale up PrEP for adolescent girls and young women, their young male partners, key populations, and breastfeeding mothers who are at risk.
- > Identify champions for PWID and obtain political buy-in for harm reduction programmes.
- > Expand combination prevention service model for AGYW and young men and KP.

# THE STATE OF HIV PREVENTION IN THE UNITED REPUBLIC OF TANZANIA 2019

New HIV infections among adults declined by

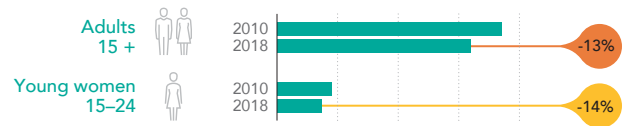
## 13%

which is too slow to achieve the 2020 targets. Programme scale-up is needed.

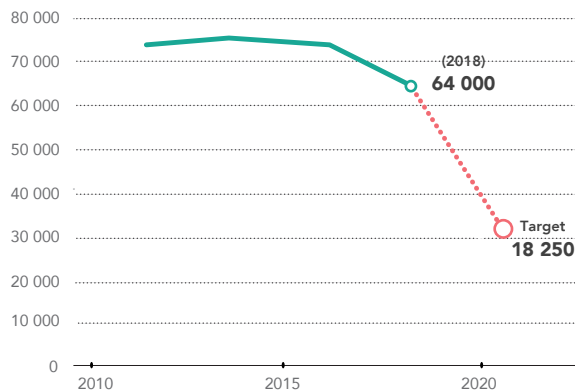


## New HIV infections

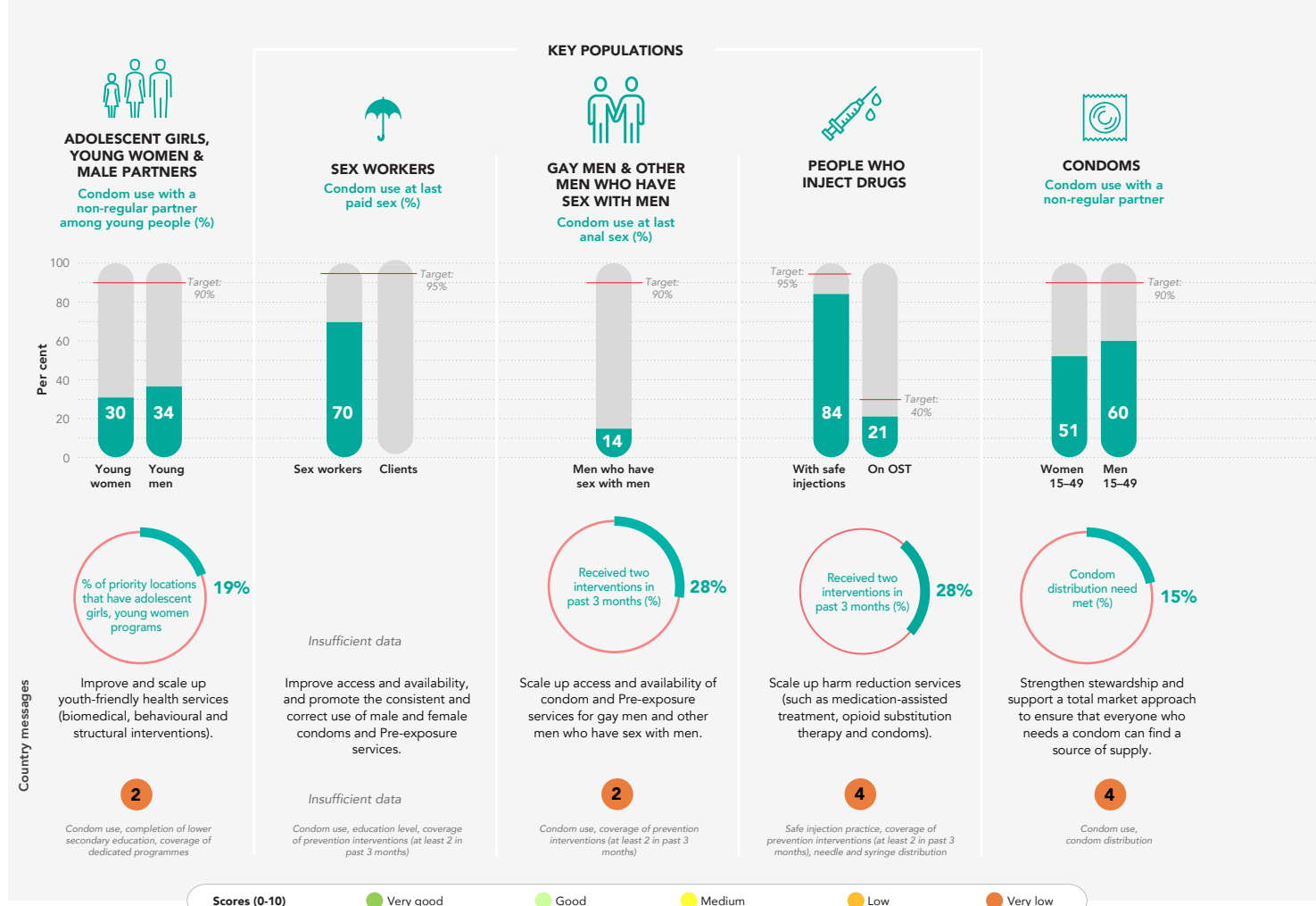
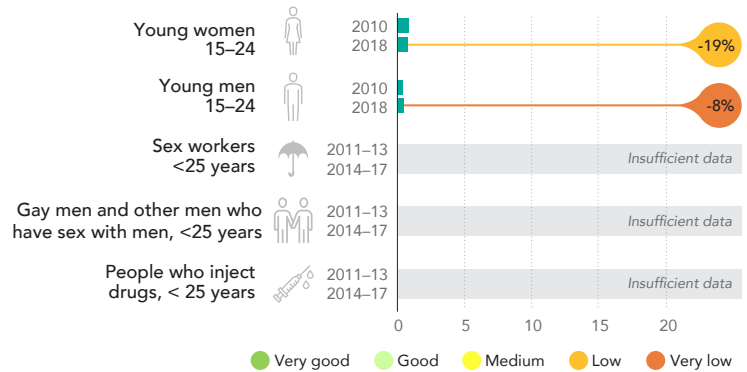
**TARGET** -75%



## New HIV infections among adults aged 15+

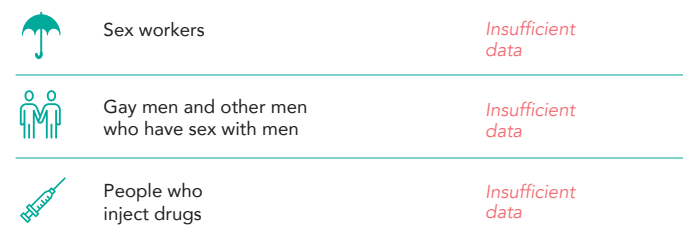


## HIV prevalence among young people (%)



## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



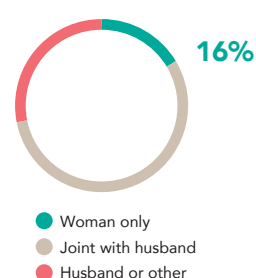
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



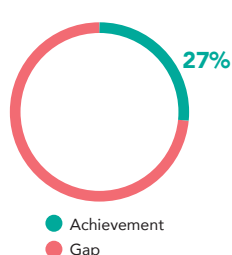
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



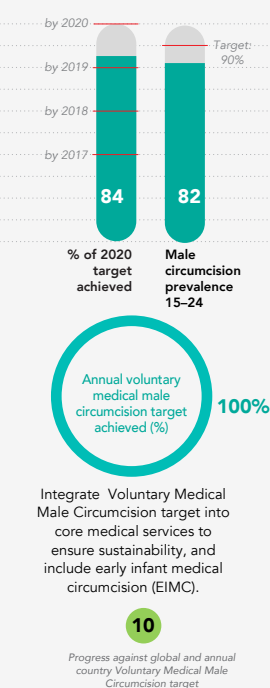
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	<span style="color: green;">●</span>	<span style="color: green;">●</span>
2 - Prevention targets	<span style="color: green;">●</span>	<span style="color: green;">●</span>
3 - Prevention strategy	<span style="color: green;">●</span>	<span style="color: green;">●</span>
4 - Policy reform	<span style="color: green;">●</span>	<span style="color: yellow;">●</span>
5a - Key populations size estimates	<span style="color: green;">●</span>	<span style="color: yellow;">●</span>
5b - Defined key populations package	<span style="color: green;">●</span>	<span style="color: green;">●</span>
5c - Adolescent Girls and Young Women size estimates	<span style="color: green;">●</span>	<span style="color: green;">●</span>
5d - Adolescent Girls and Young Women package	<span style="color: green;">●</span>	<span style="color: green;">●</span>
6 - Capacity & technical assistance plan	<span style="color: green;">●</span>	<span style="color: green;">●</span>
7 - Social contracting	<span style="color: green;">●</span>	<span style="color: green;">●</span>
8 - Financial gap analysis	<span style="color: green;">●</span>	<span style="color: green;">●</span>
9 - Strengthen monitoring	<span style="color: green;">●</span>	<span style="color: green;">●</span>
10 - Performance review	<span style="color: green;">●</span>	<span style="color: green;">●</span>

● Done    ● Partially done    ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

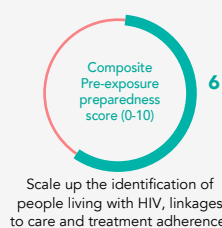
Uptake of voluntary medical male circumcision



### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

8000  
Number of people who used oral Pre-exposure at least once during the past 12 months



#### ANTIRETROVIRAL TREATMENT

62  
People Living with HIV virally suppressed

6

Regulatory approval, Pre-exposure guidelines, Pre-exposure targets, Pre-exposure coverage per 100 new HIV infections



### NEXT STEPS:

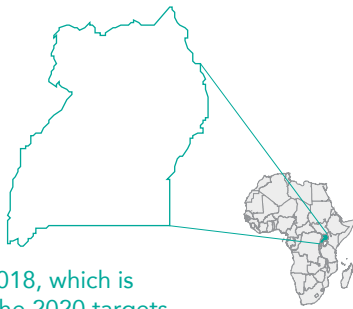
- > Engage, mobilize, advocate and promote the HIV primary prevention agenda at all levels as an essential component to achieve epidemic control.
- > Take immediate remedial action on low scoring components of the five prevention pillars and the 10-point Road Map.
- > Strengthen civil society organizations and public-private partnerships for HIV primary prevention.
- > Advocate for increased domestic financing for the HIV response.

# THE STATE OF HIV PREVENTION IN UGANDA 2019

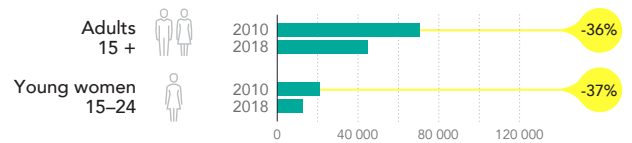
New HIV infections among adults declined by

## 36%

between 2010 and 2018, which is too slow to achieve the 2020 targets. Programme scale-up is needed.

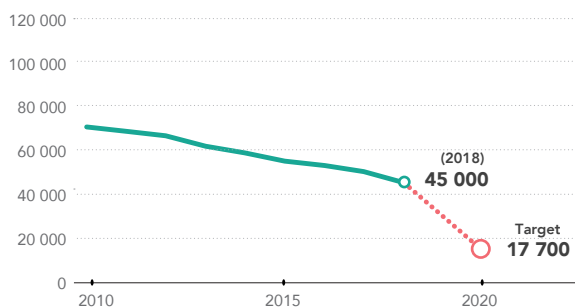


## New HIV infections

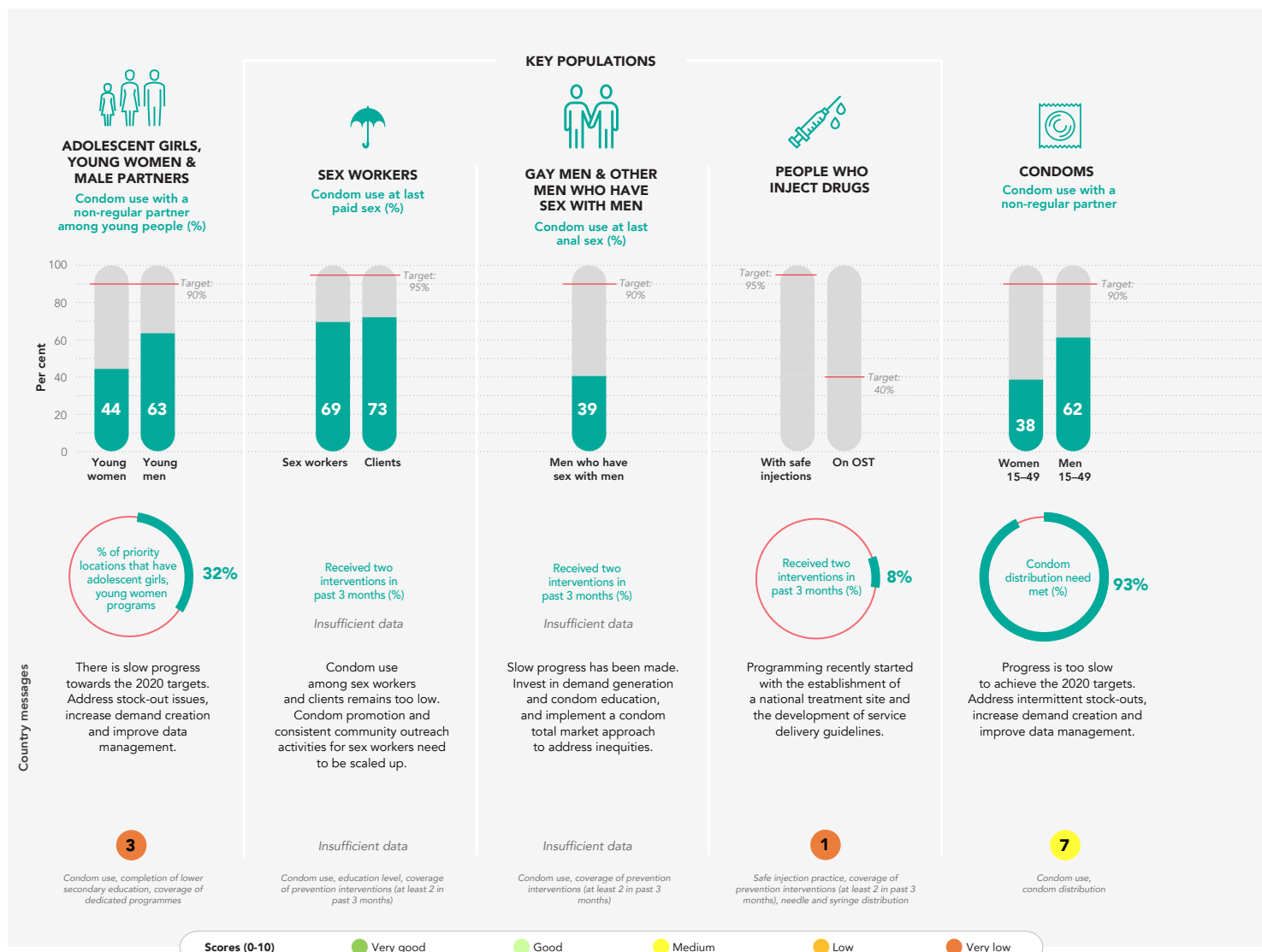
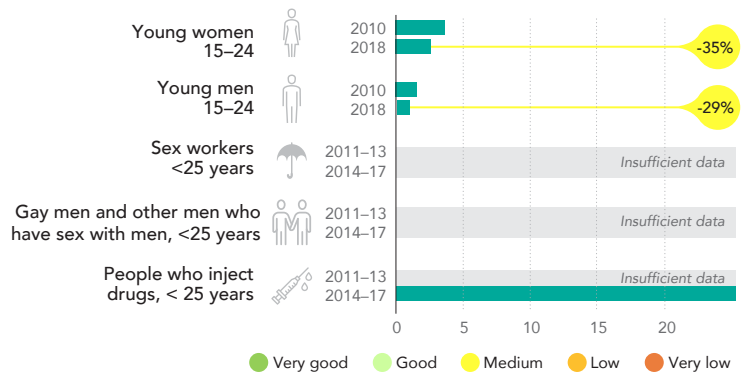


**TARGET** -75%

## New HIV infections among adults aged 15+

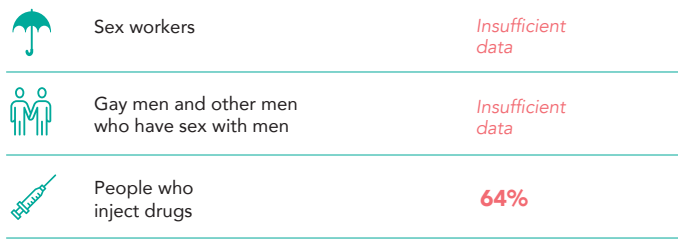


## HIV prevalence among young people (%)

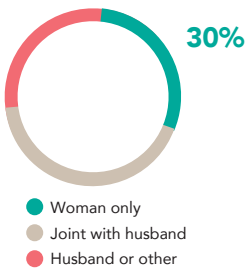


Enablers & systems

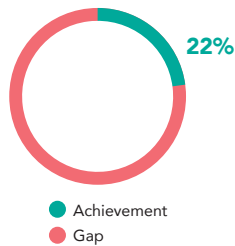
AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



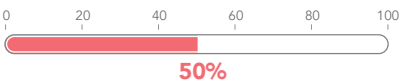
MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



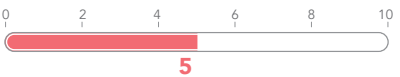
GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)

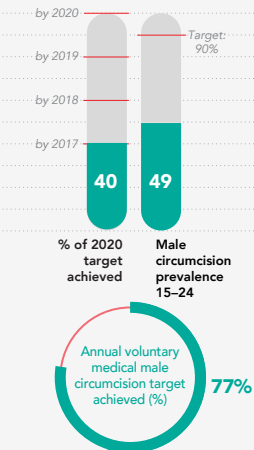


Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Done	Partially done
5a - Key populations size estimates	Done	Partially done
5b - Defined key populations package	Done	Partially done
5c - Adolescent Girls and Young Women size estimates	Done	Done
5d - Adolescent Girls and Young Women package	Done	Done
6 - Capacity & technical assistance plan	Done	Done
7 - Social contracting	Done	Done
8 - Financial gap analysis	Done	Done
9 - Strengthen monitoring	Done	Done
10 - Performance review	Done	Partially done

● Done    ● Partially done    ● Not done

VOLUNTARY MEDICAL MALE CIRCUMCISION  
Uptake of voluntary medical male circumcision



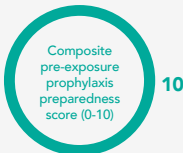
National targets need to be set that are aligned with global targets. Training for voluntary medical male circumcision teams and accreditation of health facilities must be scaled up.

7

Progress against global and annual country voluntary medical male circumcision target

PRE-EXPOSURE PROPHYLAXIS  
ANTIRETROVIRAL TREATMENT

10 779  
Number of people who used oral pre-exposure prophylaxis at least once during the past 12 months



Good progress has been made, but this should be sustained and accelerated.

10

Regulatory approval, pre-exposure prophylaxis guidelines, pre-exposure prophylaxis targets, pre-exposure prophylaxis coverage per 100 new HIV infections

64  
People Living with HIV virally suppressed

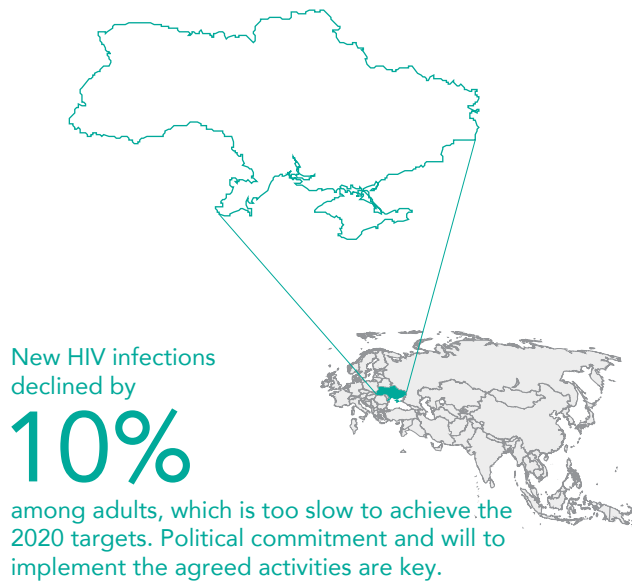
People Living with HIV virally suppressed



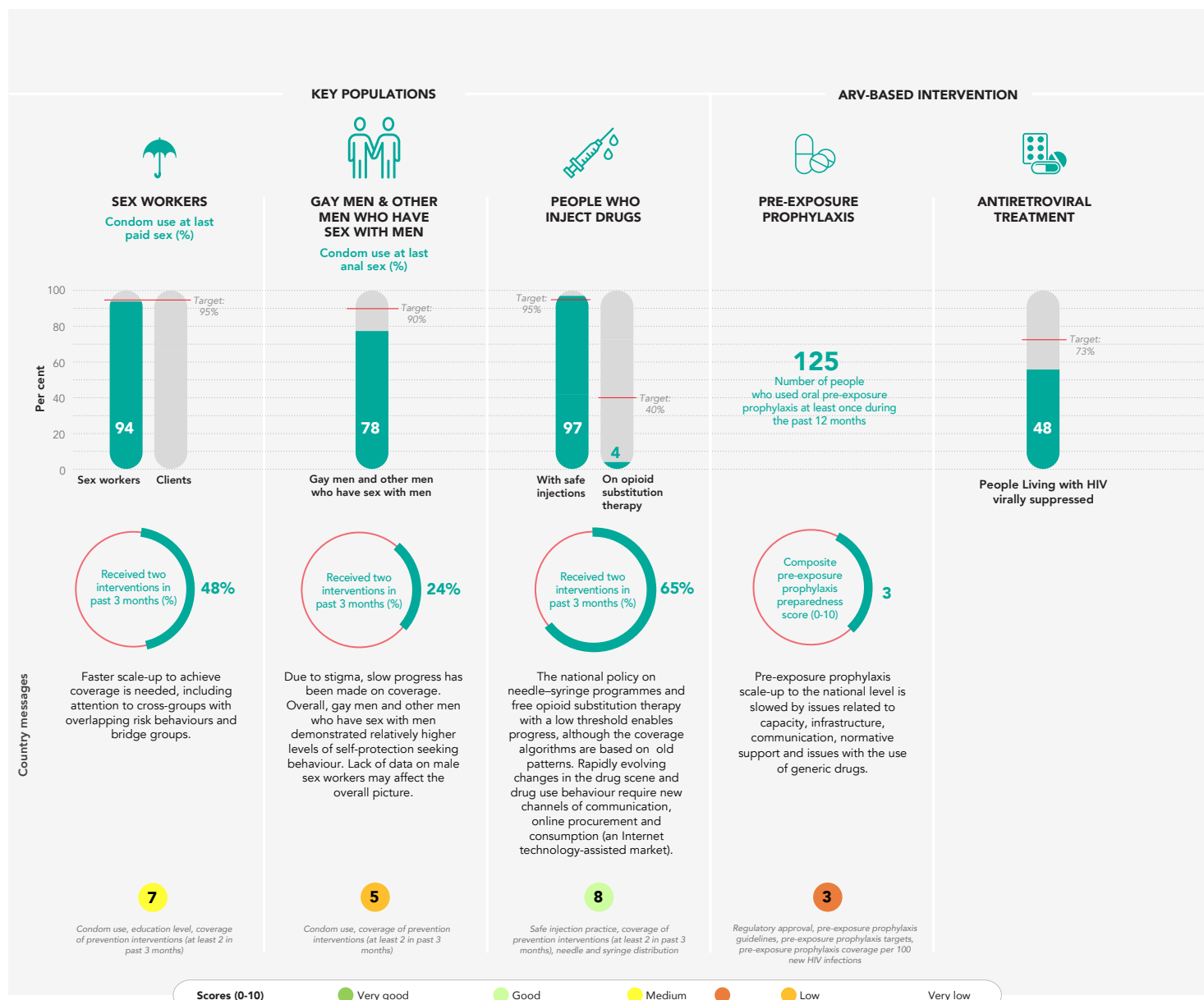
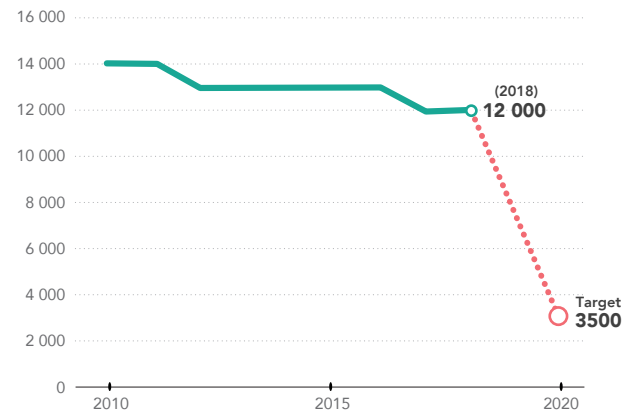
NEXT STEPS:

- > Finalize standard guidance on people who inject drugs.
- > Finalize development of packages for adolescent girls and young women and key populations.
- > Scale up service delivery for key populations and adolescent girls and young women, and increase voluntary medical male circumcision and treatment provision.
- > Scale up demand creation for HIV prevention services, especially condoms.

# THE STATE OF HIV PREVENTION IN UKRAINE 2019



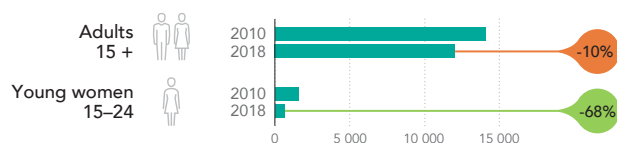
## New HIV infections among adults aged 15+



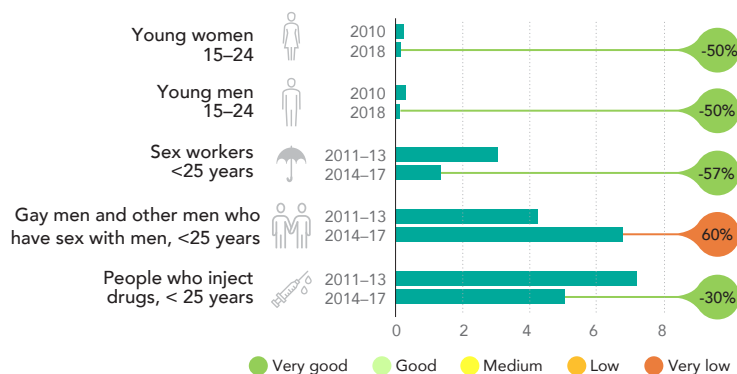


TARGET -75%

## New HIV infections

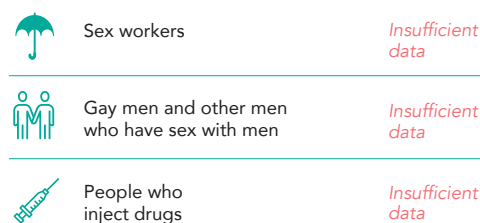


## HIV prevalence among young people (%)

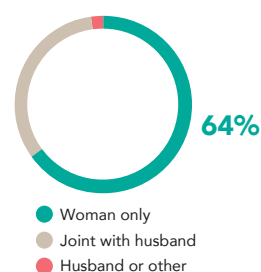


## Enablers & systems

### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment	Not done	Done
2 - Prevention targets	Done	Done
3 - Prevention strategy	Done	Done
4 - Policy reform	Not done	Not done
5a - Key populations size estimates	Not done	Done
5b - Defined key populations package	Not done	Partially done
5c - Adolescent Girls and Young Women size estimates	Not done	Not done
5d - Adolescent Girls and Young Women package	Not done	Not done
6 - Capacity & technical assistance plan	Not done	Not done
7 - Social contracting	Partially done	Done
8 - Financial gap analysis	Not done	Partially done
9 - Strengthen monitoring	Not done	Partially done
10 - Performance review	Not done	Not done

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



## NEXT STEPS:

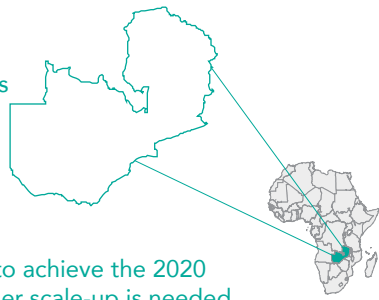
- > Advocate for approval of a new national strategy for HIV, tuberculosis and hepatitis.
- > Scale up antiretroviral therapy, opioid substitution therapy and PrEP.
- > Fast-Track-focused prevention programmes, including HIV testing and treatment among sex workers, gay men and other men who have sex with men, and people who inject drugs.

# THE STATE OF HIV PREVENTION IN ZAMBIA 2019

New HIV infections among adults declined by

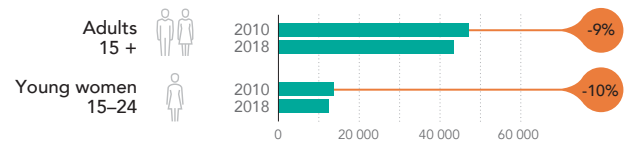
9%

Which is too slow to achieve the 2020 targets. Programmer scale-up is needed.

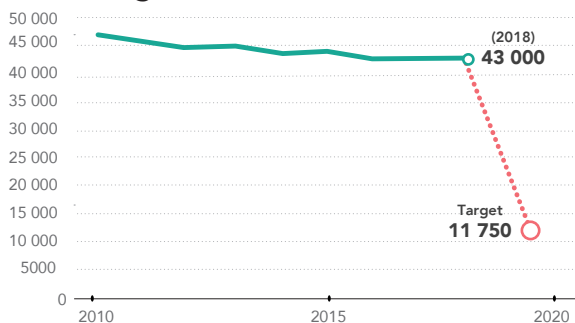


## New HIV infections

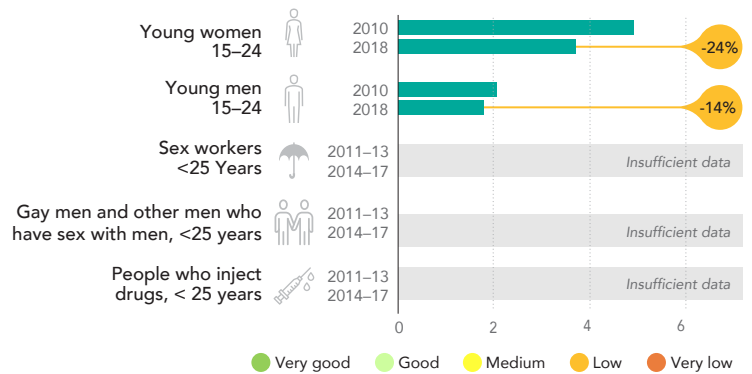
TARGET -75%



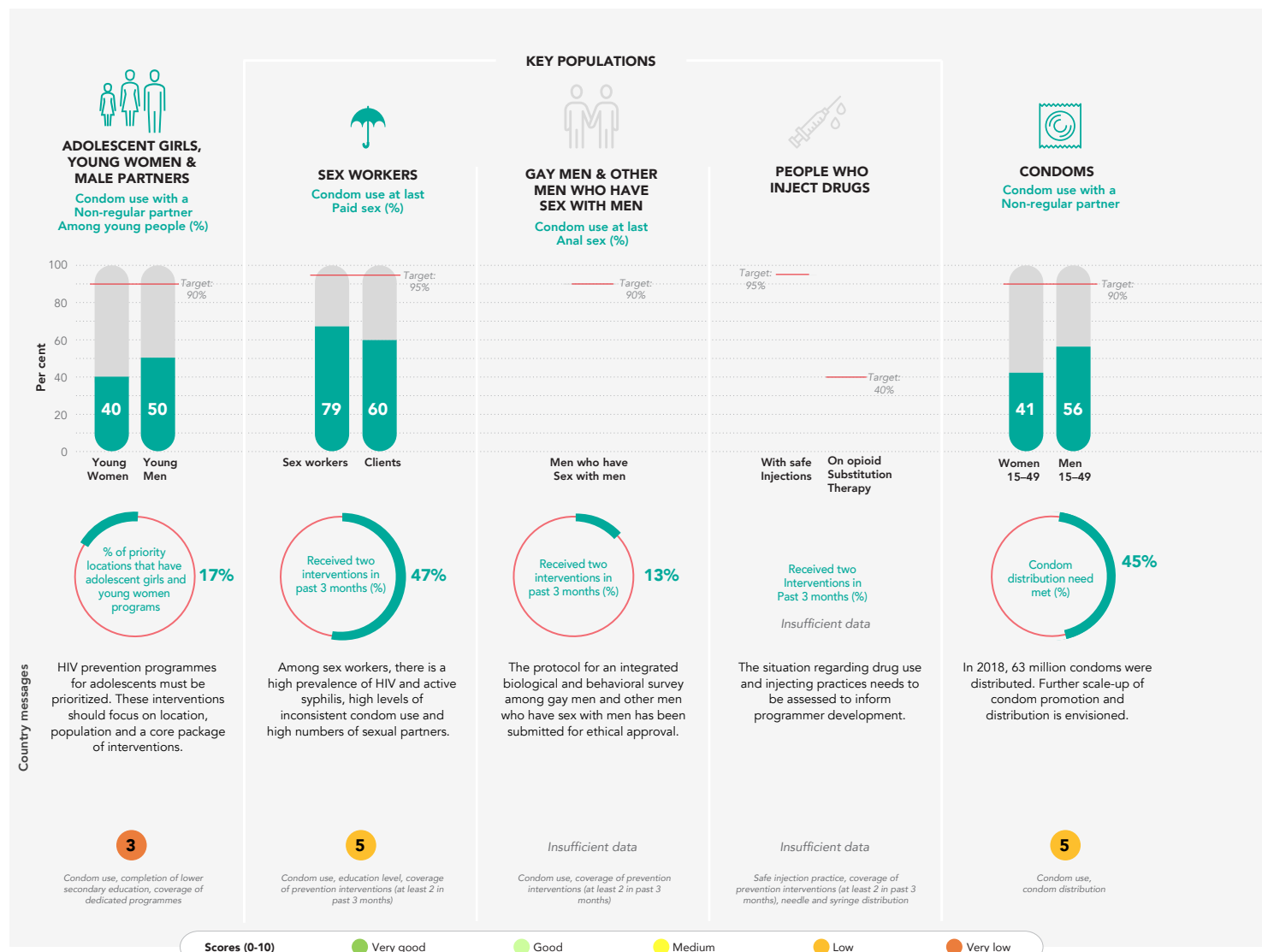
## New HIV infections among Adults aged 15+



## HIV prevalence among young people (%)






Very good Good Medium Low Very low

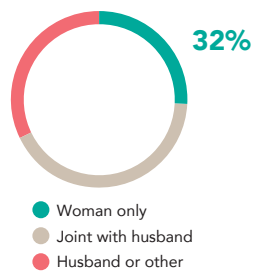


## Enablers & systems

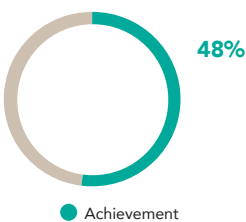
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)

	Sex workers	Insufficient Data
	Gay men and other men who have sex with men	Insufficient Data
	People who inject drugs	Insufficient Data

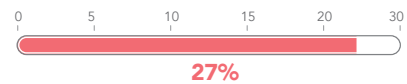
### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)





























### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)



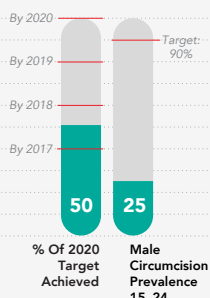
### Status of 10 Road map actions

	Baseline	2019
1 - Needs assessment		
2 - Prevention targets		
3 - Prevention strategy		
4 - Policy reform		
5 - Key populations size estimates		
5 - Defined key populations package		
5 - Adolescent Girls and Young Women size estimates		
5 - Adolescent Girls and Young Women package		
6 - Capacity & technical assistance plan		
7 - Social contracting		
8 - Financial gap analysis		
9 - Strengthen monitoring		
10 - Performance review		

 Done  Partially done  Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary Medical male circumcision



By 2018, over 2 million men had been medically circumcised in Zambia.

9

Progress against global and annual country voluntary medical male circumcision target

### PRE-EXPOSURE PROPHYLAXIS

8991

Number of people Who used oral Pre-exposure Prophylaxis At least once During the past 12 Months



By 2019, 8991 HIV-exposed individuals were enrolled on Pre-exposure Prophylaxis (compared to 356 in 2017). New Pre-exposure Prophylaxis initiates have significantly increased in the past year.

10

Regulatory approval, Pre-exposure Prophylaxis guidelines, Pre-exposure Prophylaxis targets, Pre-exposure Prophylaxis coverage per 100 new HIV infections

### ANTIRETROVIRAL TREATMENT

89

People Living with HIV Virally suppressed



### NEXT STEPS:

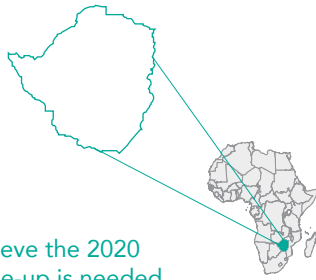
- > Undertake a prevention gap analysis (midterm review of the National AIDS Strategic Framework).
- > Conduct a strategic information and geospatial analysis of adolescent girls and young women to assess their vulnerabilities and identify high HIV incidence locations.
- > Develop a library of messages based on in-depth analysis of data on adolescent girls and young women.
- > Review sexual and reproductive health indicators and their inclusion in the situation room.
- > Develop subnational targets for Pre-exposure Prophylaxis, condoms and adolescent girls and young women.
- > Complete the condom strategy.
- > Strengthen the capacity of district AIDS coordinating entities on sexual and reproductive health programming.
- > Implement the integrated biological and behavioural survey for sex workers and gay men and other men who have sex with men in 2020.

# THE STATE OF HIV PREVENTION IN ZIMBABWE 2019

New HIV infections among adults declined by

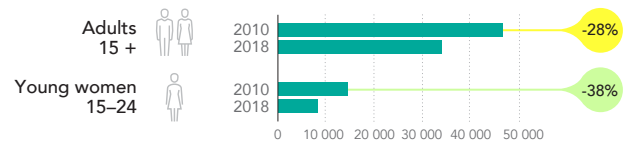
## 28%

which is too slow to achieve the 2020 targets. Programme scale-up is needed.

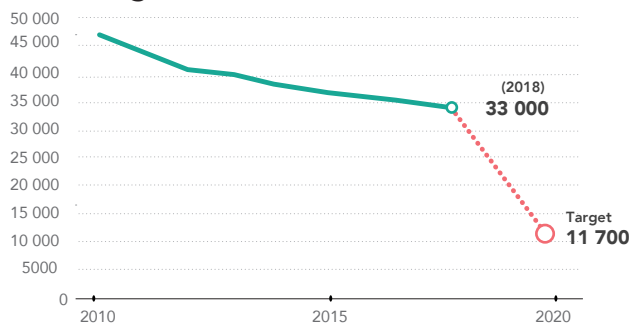


## New HIV infections

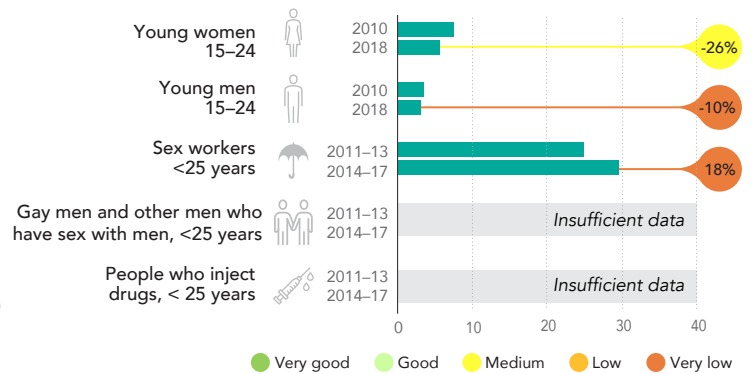
TARGET -75%



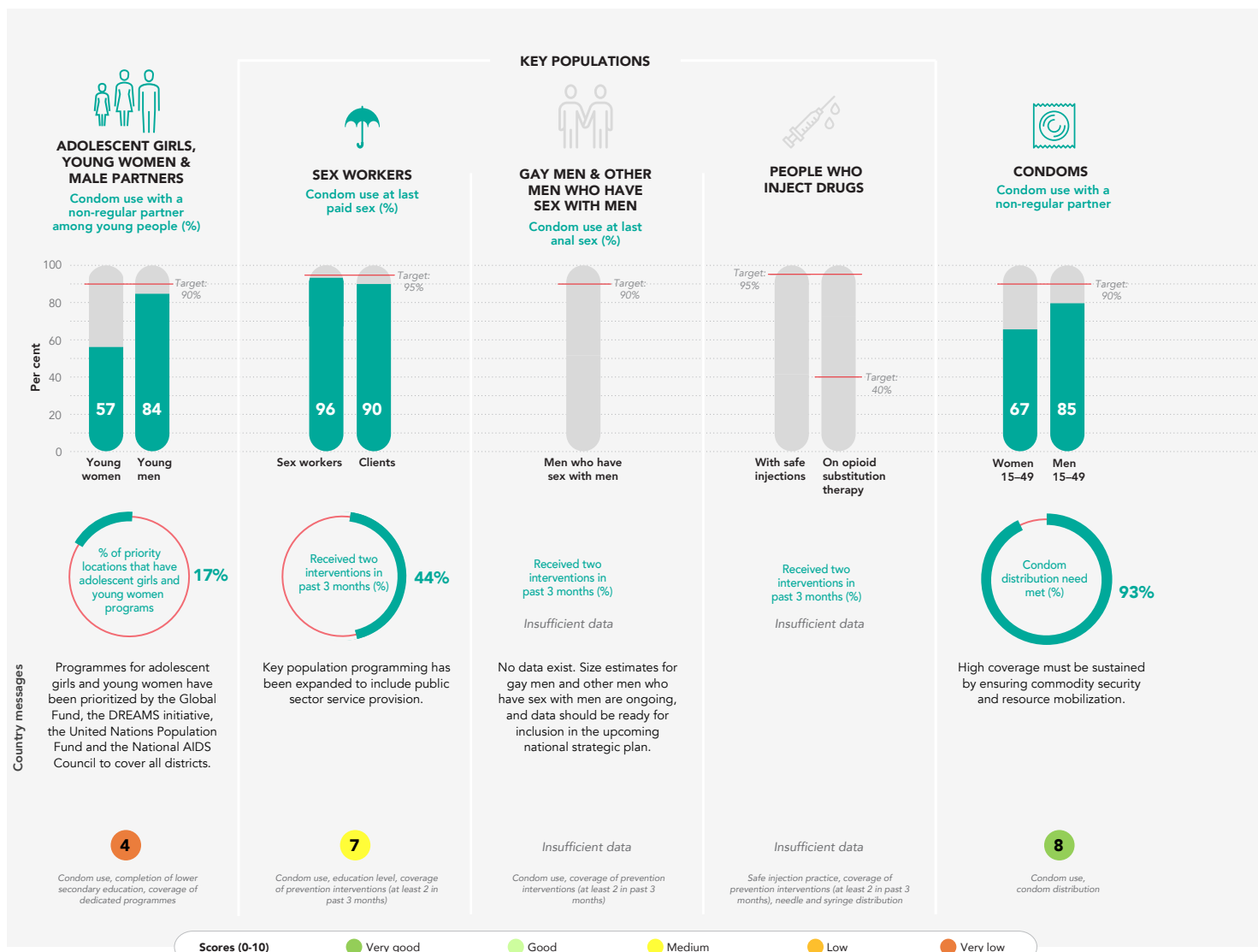
## New HIV infections among adults aged 15+



## HIV prevalence among young people (%)

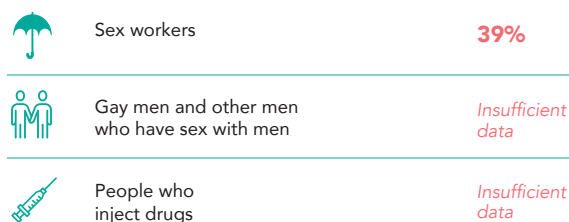


Very good Good Medium Low Very low

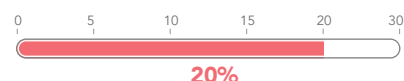


## Enablers & systems

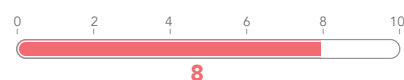
### AVOIDED HEALTH CARE DUE TO STIGMA & DISCRIMINATION (%)



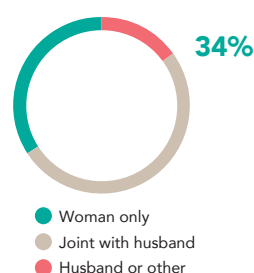
### WOMEN EXPERIENCED INTIMATE PARTNER VIOLENCE (%)



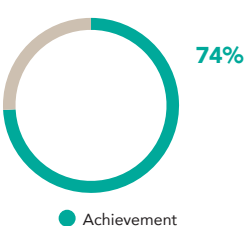
### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STRATEGY: LEVEL OF HIV LINKAGES (SCORE 0-10)





























### MARRIED WOMEN'S DECISION MAKING ABOUT THEIR OWN HEALTH CARE (%)



### GIRLS WHO COMPLETED LOWER SECONDARY EDUCATION (%)



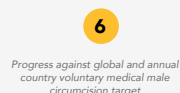
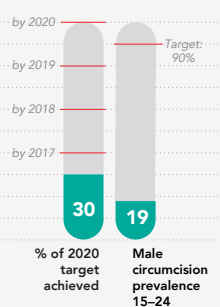
## Status of 10 Roadmap actions

	Baseline	2019
1 - Needs assessment		
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5d - Adolescent Girls and Young Women package		
6 - Capacity & technical assistance plan		
7 - Social contracting		
8 - Financial gap analysis		
9 - Strengthen monitoring		
10 - Performance review		

● Done    ● Partially done    ● Not done

### VOLUNTARY MEDICAL MALE CIRCUMCISION

Uptake of voluntary medical male circumcision

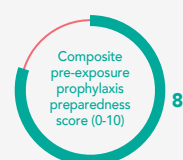


### ARV-BASED INTERVENTION

#### PRE-EXPOSURE PROPHYLAXIS

5000

Number of people who used oral Pre-exposure Prophylaxis at least once during the past 12 months

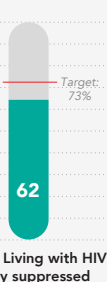


Pre-exposure Prophylaxis must be expanded among (and beyond) key populations to include other populations at higher risk.

8

Regulatory approval, Pre-exposure Prophylaxis guidelines, Pre-exposure Prophylaxis targets, Pre-exposure Prophylaxis coverage per 100 new HIV infections

#### ANTIRETROVIRAL TREATMENT



### NEXT STEPS:

- > Develop an HIV national strategic plan and an integrated health sector strategy.
- > Mobilize resources to scale up HIV prevention.
- > Develop national packages for male engagement.
- > Scale up prevention of mother-to-child transmission and viral load testing and suppression through focused case detection and surveillance, while also ensuring commodity security.
- > Expand youth-friendly services and programmes for adolescent girls and young women.





# References

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- (2) Communities at the centre: defending rights, breaking barriers, reaching people with HIV services. Global AIDS update 2019. Geneva: UNAIDS; 2019 (<https://www.unaids.org/en/resources/documents/2019/2019-global-AIDS-update>, accessed 19 October 2019).
- (3) HIV prevention 2020 road map: accelerating HIV prevention to reduce new HIV infections by 75%. Geneva: UNAIDS; 2017 ([https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/03/JC2909\\_INCLUSION-GAP\\_013\\_En-2.pdf](https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/03/JC2909_INCLUSION-GAP_013_En-2.pdf), accessed 19 October 2019).
- (4) Hayes RJ, Donnell D, Floyd S, Mandla N, Bwalya J, Sabapathy K et al. Effect of universal testing and treatment on HIV incidence — HPTN 071 (PopART). *N Engl J Med*. 2019;381(3):207-18.
- (5) Baral S, Rao A, Sullivan P, Phaswana-Mafuya N, Diouf D, Millett G et al. The disconnect between individual-level and population-level HIV prevention benefits of antiretroviral treatment. *The Lancet HIV*. 2019;6(9):E632-E638.
- (6) Pillay D, Herbeck J, Cohen MS, de Oliveira T, Fraser C, Ratmann O et al. The PANGEA-HIV Consortium: phylogenetics and networks for generalised HIV epidemics in Africa. *Lancet Infect Dis*. 2015 March;15(3):259-61.
- (7) Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. First progress report, March 2018. Geneva: UNAIDS; 2018 ([https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/06/JC2927\\_UNAIDS-WHA-Report.pdf](https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/06/JC2927_UNAIDS-WHA-Report.pdf), accessed 19 October 2019).
- (8) Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. Second progress report, April–December 2018. Geneva: UNAIDS; 2019 ([https://hivpreventioncoalition.unaids.org/wp-content/uploads/2019/05/Second-Progress-Report\\_HIV-Prevention-Roadmap\\_2019.pdf](https://hivpreventioncoalition.unaids.org/wp-content/uploads/2019/05/Second-Progress-Report_HIV-Prevention-Roadmap_2019.pdf), accessed 19 October 2019).
- (9) Legal environment assessment for HIV: an operational guide to conducting national legal, regulatory and policy assessments for HIV. New York: United Nations Development Programme; 2014 ([https://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance of HIV Responses/UNDP Practical Manual LEA FINAL web.pdf](https://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/UNDP%20Practical%20Manual%20LEA%20FINAL%20web.pdf), accessed 19 October 2019).
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