

# Implementation of the HIV Prevention 2020 Road Map

Fourth Progress Report, November 2020





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# Introduction

In the 2016 Political Declaration on Ending AIDS of the United Nations General Assembly, Member States committed to reduce the annual number of people newly infected with HIV globally to fewer than 500 000 by 2020 (a 75% reduction from the 2010 baseline). They also agreed to pursue a set of global programmatic prevention targets. When the Global HIV Prevention Coalition was launched in October 2017 to help reboot HIV prevention, the initial priorities were to map a clear path towards these 2020 prevention targets, marshal stronger commitment and generate greater investment for prevention programmes.

At the coalition's first meeting, it endorsed a HIV 2020 Prevention Road Map, which featured a 10-point action plan for countries along with supplementary actions for development partners and civil society organizations. The 28 focus countries committed to implementing the Road Map. Their prevention efforts can greatly influence the HIV epidemic overall: together they accounted for about 75% of the 1.6 million [1.2 million–2.1 million] adults (15 years and older) newly infected with HIV worldwide in 2017.

This fourth progress report of the Global HIV Prevention Coalition reviews the progress in the 28 focus countries and complements the three previous progress reports (1–3).

This report describes key developments in 2019–2020, identifies challenges and opportunities (including those associated with the COVID-19 pandemic) and outlines priorities for the years ahead. It is divided into two main sections. The first section:

- Describes progress made on HIV prevention (generally reflecting data as of the end of 2019).
- Reviews progress made in implementing Road Map actions since October 2019 (the final year of implementation).
- Identifies challenges and solutions, including those related to the COVID-19 pandemic.
- Summarizes the findings and recommendations from an independent external review of the Coalition and outlines their implications for the next phase of the prevention response.

The second section comprises country reports for the focus countries, which present in greater detail the progress made in implementing HIV prevention programmes at the country level, as represented by country HIV prevention scorecards and Road Map action plans.



*This fourth progress report of the Global HIV Prevention Coalition reviews the progress in the 28 focus countries and complements the three previous progress reports*

# Progress in preventing people from acquiring HIV

Globally in 2019, UNAIDS estimates that 1.7 million [1.2 million–2.2 million] people (all ages) acquired HIV infection for the first time—the lowest number since the late 1980s and a reduction of 23% since 2010. However, the annual number of people newly infected is declining too slowly to reach the 2020 target of fewer than 500,000 new HIV infections (i.e. a reduction of 75% since 2010).

Too many countries, including several Coalition focus countries, are not taking full advantage of proven methods for preventing HIV and are not addressing the social relations, policies, laws, stigma and discrimination, inequalities and other human rights barriers that heighten people’s vulnerability of infection. As a result, the progress across regions and countries is mixed, with substantial reductions in the number of people acquiring HIV in some and increases in others.

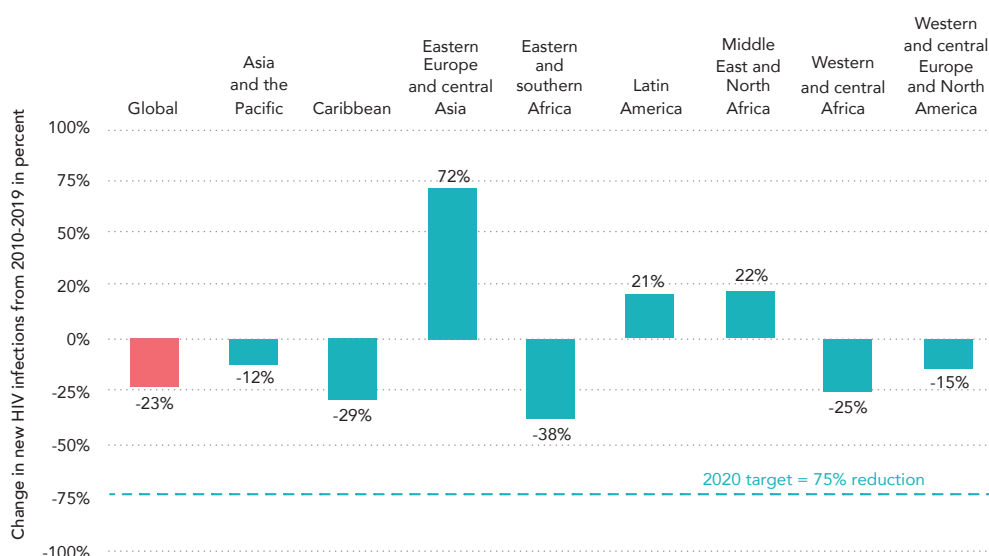
The global trend is dominated by major but lesser than targeted reductions in the numbers of people newly infected in eastern and southern Africa, where the decline has accelerated in recent years, as well as in western and central Africa. The number of people acquiring HIV increased in three regions, alarmingly so in eastern Europe and central Asia (Figure 1).

The reductions result from a combination of factors. They include moderate-to-high levels of condom use in some settings, especially in eastern and southern Africa and among sex workers in other countries, increased voluntary medical male circumcision in eastern and southern Africa, widening access to antiretroviral drugs, along with the natural evolution of the epidemic and behaviour changes. Slower declines as well as increases in the number of people acquiring HIV have been recorded in regions where HIV is primarily

*Globally in 2019, UNAIDS estimates that 1.7 million [1.2 million–2.2 million] people acquired HIV –the lowest number since the late 1980s and a reduction of 23% since 2010, but far short of the target of a 75% reduction by 2020*



**Figure 1. Percentage changes in the number of people acquiring HIV (all ages) globally and by region, 2010–2019, versus the 2020 target**



Source: UNAIDS estimates, 2020.

acquired by people from key populations because of major gaps in coverage of HIV prevention and treatment programmes among key populations and related structural and human rights barriers.

Antiretroviral therapy is increasingly contributing to reducing the number of people acquiring HIV, as rising numbers of people receive and remain on HIV treatment long enough to suppress their viral loads to undetectable levels. In seven focus countries in eastern and southern Africa, at least 70% of people living with HIV had suppressed viral loads in 2019. The number of people reported to have received pre-exposure prophylaxis (PrEP) at least once in the previous year has risen sharply since 2017, including in focus countries. Strong demand for voluntary medical male circumcision also persists in several countries in eastern and southern Africa, with more than 15 million men and boys in 15 countries (13 Coalition focus countries plus Rwanda and South Sudan) having undergone this from 2016 to 2019.

These improvements have shaped trends for adults (15 years and older) acquiring HIV, especially in focus countries. The number of adults newly infected with HIV declined by 18% globally in 2010–2019 and by 25% in Coalition focus countries, whereas it increased by 12% in non-focus countries.

In 2010–2019, expanded access to HIV prevention and treatment led to a 23% decline in the number of women (15 years and older) acquiring HIV globally, a 34% decline among women 15–24 years old and a 11% decline among men (15 years and older).

Globally, an estimated 280 000 young women (15–24 years) acquired HIV in 2019, almost three times more than the 2020 target of fewer than 100 000. Adolescent girls and young women in sub-Saharan Africa, especially, remain at excessive risk of HIV infection: 5 in 6 new infections among adolescents aged 15–19 years are among girls and young women aged 15–24 years are twice as likely to be living with HIV than men. The HIV incidence rate in Mozambique,

for example, is an estimated 12 per 1000 HIV-negative young women, compared with the global rate of 0.5 per 1000 HIV-negative young women. HIV prevention programmes and integrated service delivery platforms must do better at reaching and protecting adolescent girls and young women against HIV infection in every setting where they are at high risk. Outside sub-Saharan Africa, men accounted for more than two thirds (68%) of new HIV infections in 2019.

The epidemic continues to disproportionately affect key populations and their sex partners, including in focus countries. These populations—which include sex workers, people who inject drugs, prisoners and detainees, transgender people and gay men and other men who have sex with men—constitute small proportions of the general population but face elevated risks of HIV infection,<sup>1</sup> in part because of discrimination, harassment and social exclusion. Increasing numbers of gay men and other men who have sex with men are acquiring HIV, and the HIV incidence continues to be very high among sex workers, people who inject drugs and transgender people.

## Progress in focus countries

Since it was launched in 2017, the Global HIV Prevention Coalition has helped to bring fresh momentum and clarity to HIV prevention programmes in its 28 focus countries. It has identified and promoted priority prevention approaches and interventions, rekindled political commitment for prevention, encouraged interventions to address structural drivers of the epidemic, and guided and supported programme innovations.

The Coalition has helped focus the attention of HIV planners and programmers on the importance of

<sup>1</sup> Compared with the overall adult population, the relative risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men; 29 times higher among people who inject drugs; 30 times higher for sex workers; and 13 times higher for transgender people. (Source: UNAIDS. Seizing the moment: global AIDS update 2020. Geneva)



*A combination of HIV treatment and prevention is contributing to reducing the number of people acquiring HIV*

combination prevention approaches; scaling up programmes for key populations, young women and PrEP; integrating HIV interventions with other health and social services; and maintaining support for condom distribution and voluntary medical male circumcision.

All 28 focus countries have adopted national prevention targets that align with the Coalition’s Road Map, and most have revitalized their HIV prevention and leadership structures. The Coalition has strengthened accountability by using prevention scorecards, regular reporting and annual joint reviews among stakeholders. Its scorecard method is improving monitoring and is enabling countries to pinpoint gaps and take remedial steps. Many non-focus countries are now adopting similar methods and approaches. The Southern African Development Community is using the scorecard approach, and countries in western and central Africa are using the same method when preparing their grant proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

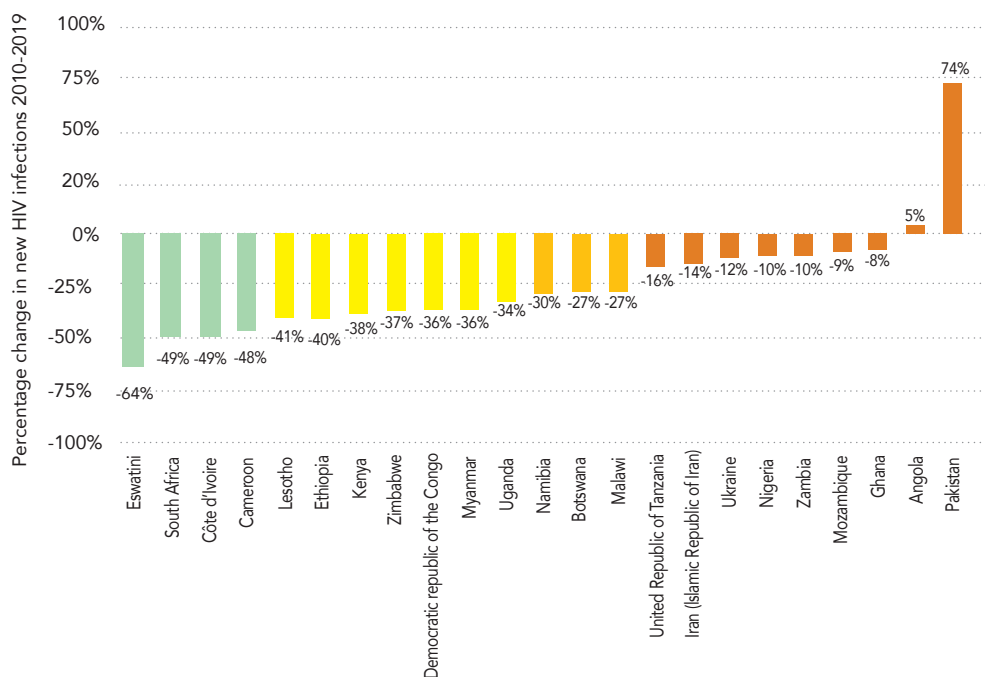
It is too early to establish clear correlations between implementation of the prevention Road Map actions and the performance and outcomes of focus countries’ HIV prevention programmes. However, the signs have been promising. In most focus countries, the decline in the number of adults acquiring HIV that preceded the creation of the Coalition has continued.

The latest data suggest that the decline in the number of people newly infected with HIV has accelerated in several focus countries, mostly in eastern and southern Africa, even though overall progress remains too slow. However, in 2019, an estimated 1.2 million people acquired HIV in the focus countries, almost three times the 2020 target of fewer than 430 000.

Reaching the 2020 target of a 75% reduction in the number of people newly infected with HIV require focus countries to achieve a 68% reduction from 2010 to 2019. Eswatini reduced the number of new HIV infections among adults by an estimated 64% over that period, coming close to this milestone. Another 10 focus

*All 28 focus countries have adopted national prevention targets that align with the Coalition’s Road Map, and most have revitalized their HIV prevention and leadership structures*

**Figure 2. Percentage changes in the number of adults acquiring HIV in Coalition focus countries, 2010–2019**



Source: UNAIDS estimates, 2020.

countries had declines of 34% or more, which means they achieved at least half the required reduction. Ten countries recorded declines of less than 33%, two countries recorded increases and five did not report sufficient data in 2019 (Figure 2).

A combination of improved prevention programmes and declines in incidence is evident in Eswatini, South Africa and Zimbabwe (focus countries with very high HIV prevalence in the general population), in Cameroon, Côte d'Ivoire, Democratic Republic of the Congo and Kenya (focus countries with mixed epidemics) and in Ethiopia and Myanmar (focus countries in which epidemics are more concentrated among key populations). This shows that success can be achieved in very different epidemic contexts.

Nevertheless, the number of people acquiring HIV has declined more slowly in other countries (for example, Ghana, Mozambique, Ukraine, United Republic of Tanzania and Zambia) and it has increased in Angola (where major gaps persist across prevention programmes) and Pakistan (where low coverage of

prevention and treatment services for key populations has led to a 74% increase since 2010) (Figure 2).

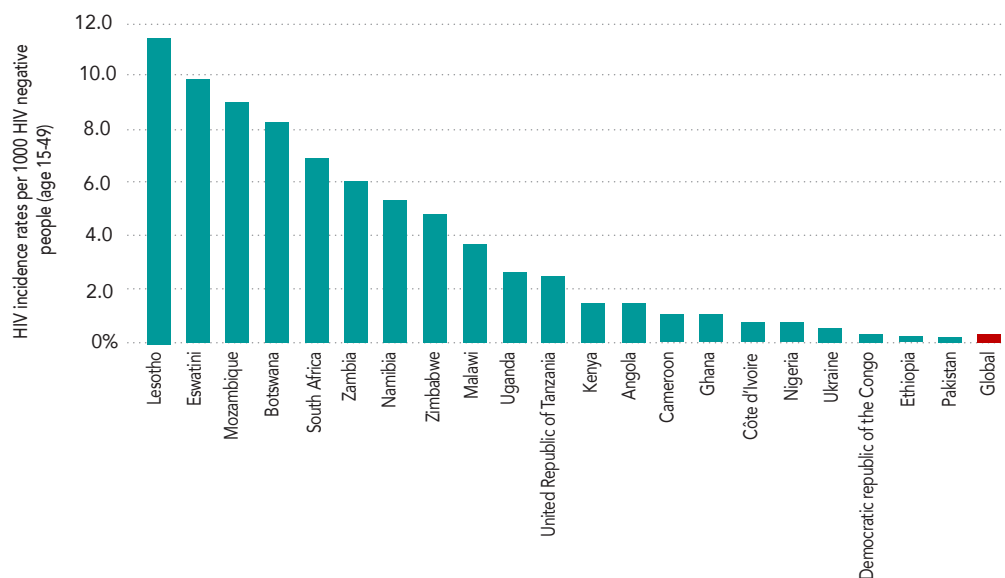
Several countries that have reduced the number of people acquiring HIV still experienced exceptionally high HIV incidence among adults (15–49 years old) in 2019. In Botswana, Eswatini, Lesotho and Mozambique, for example, the incidence of HIV infection among adults in the general population was higher than 8 per 1000, and at least 20 times higher than the estimated global HIV incidence of 0.4 per 1000 (Figure 3).

The annual number of people acquiring HIV must decline steeply in the next few years. This will require a sharp focus on key populations globally, on adolescent girls and young women (and their male partners) in sub-Saharan Africa, and on subnational settings with high HIV incidence. Most Coalition focus countries—including those with successful HIV responses—have geographical areas and/or populations that are not being reached with effective prevention services and options.



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**Figure 3. Estimated HIV incidence per 1000 HIV-negative adults (15–49 years) in 23 Coalition focus countries**







Credit: UNAIDS

# Progress along the five main pillars of prevention

Despite improvements in coverage, the reach of prevention services for adolescent girls and young women in high-incidence communities remains low in most Coalition focus countries. Programme coverage and outcomes for key populations vary greatly, depending on the country and population, and the HIV prevalence is still very high in these communities.

Attention to condom programming has diminished since 2010, and surveys indicate declining condom use in several countries. Recent Coalition-led efforts to increase condom use have not yet been translated into reinvigorated condom programmes. Coverage and uptake of voluntary medical male circumcision remained high in 2019, and access to and use of PrEP have increased steeply, especially in eastern Africa.

## Prevention among adolescent girls, young women and their male partners in settings with high HIV incidence

The number of adolescent girls and young women (15–24 years) acquiring HIV has declined substantially in the past decade in several focus countries in sub-Saharan Africa. The largest reductions since 2010 have been in Eswatini (62% reduction), South Africa (56%), Cameroon (51%), Côte d'Ivoire (50%), Lesotho (50%), Zimbabwe (46%) and Kenya (44%). These same countries have also recorded significant reductions in the number of adults acquiring HIV generally. Their achievements should therefore be interpreted not only in relation to dedicated programmes for young women

but in the context of their overall epidemic trends and the broader scale-up of HIV prevention and treatment. The overall trend, however, has not been strong enough to reach the 2020 prevention targets for young women (Table 1).

Recent years have seen large-scale investments from the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), but many young women and their male partners in focus countries are still not being reached consistently with effective prevention programmes. The coverage and outcomes of their prevention programmes focusing on young women and their male partners were rated "good" in only two of the 19 countries in sub-Saharan Africa: Kenya and Lesotho. They provided a full array of dedicated prevention services for adolescent girls and young women and their male partners in all districts with high HIV incidence—proof that rapid improvements are possible.

The performance of prevention programmes was rated "medium" in Eswatini, "low" in three countries and "very low" in 11 countries (with two countries having insufficient data). Since adolescent girls and young women have an inordinately high risk of HIV infection, especially in sub-Saharan Africa, these results are disappointing.

The coverage gaps are reflected also in levels of condom use, which appear to be declining in the current generation of adolescent girls and young women. According to Global AIDS Monitoring data, half or less of young women reported using condoms with non-regular partners in the five Coalition focus countries in western and central Africa and in six of the 13 reporting Coalition focus countries



*Despite improvements, the reach of prevention services for adolescent girls and young women in high-incidence communities remains low in most Coalition focus countries*

**Table 1. Scorecard for HIV prevention among adolescent girls and young women (15–24 years), 2019**

Indicator	Outcome					Output	
	% condom use with non-regular partners (15-24)	% of adolescent girls who completed lower secondary education	% who know a formal source for condoms (15-24)	% of priority districts with dedicated programmes for young women and male partners (full package)	% of ever-married or partnered women (15–49) who experienced physical or sexual violence from a male intimate partner in the past 12 months	Educational policies on HIV and sexuality education (secondary school)	Laws requiring parental consent for adolescents to access sexual and reproductive health services
Angola	33	31	ID	ID	26	Yes	Yes, <18
Botswana	ID	66	ID	33	29	Yes	Yes, <16
Cameroon	50	68	ID	5	22	Yes	No
Côte d'Ivoire	47.6	28	67	NA	31	Yes	No
Democratic Republic of the Congo	24	49	53	ID	37	ID	ID
Eswatini	71	45	85	76	ID	Yes	Yes, <18
Ethiopia	22	36	ID	ID	20	Yes	Yes, <18
Ghana	27	50	72	ID	28	Yes	Yes, <18
Kenya	60	69	71	100	25	Yes	ID
Lesotho	82	46	85	100	1	Yes	Yes, <14
Malawi	53	32	ID	28	41	Yes	Yes, <14
Mozambique	51	10	66	42	16	Yes	No
Namibia	64	62	91	29	1	Yes	No
Nigeria	38	46	46	ID	14	Yes	Yes, <18
South Africa	47	91	ID	29	30	Yes	No
United Republic of Tanzania	30	27	ID	23	30	Yes	No
Uganda	44	36	ID	31	50	Yes	No
Zambia	34	48	ID	16	25	Yes	Yes, <16
Zimbabwe	54	74	48	17	19	Yes	Yes, <16

■ Very good  
 ■ Good  
 ■ Medium  
 ■ Low  
 ■ Very low  
 ID Insufficient data  
 NA Not applicable

Source: Global HIV Prevention Coalition country scorecards.

in eastern and southern Africa. Condom use exceeded 70% in only two countries: Eswatini and Lesotho.

The most recent data show that condom promotion was integrated with sexual and reproductive health services in 13 of 18 Coalition focus countries in sub-Saharan Africa reporting these data. Laws and policies requiring parental consent for adolescents to use sexual and reproductive health services also continue to be a hindrance: in 2019, eight of 17 reporting countries require adolescents of 14 years and older to get parental consent.

Gender inequalities still undermine adolescent girls' right to education.

The percentage of adolescent girls who completed lower-secondary education topped 60% in only six of 19 reporting countries (Botswana, Cameroon, Kenya, Namibia, South Africa and Zimbabwe) and was less than 40% in seven countries (Angola, Côte d'Ivoire, Ethiopia, Malawi, Mozambique, Uganda, United Republic of Tanzania). Furthermore, many women (15–49) experience intimate partner violence; in 12 of the 19 countries in sub-Saharan Africa this is 25% or higher.

Comprehensive sexuality education is associated with self-reported behaviour changes, including delayed sexual debut, decreased numbers of sexual partners, reduced sexual risk-taking and increased

use of condoms and contraception (4). Encouragingly, all 18 countries reporting these data had policies providing for HIV and sexuality education in secondary school (although less is known about the actual implementation and quality).

The indicator results do not necessarily reflect some of the important actions undertaken in Coalition focus countries to improve HIV prevention programming for adolescent girls and young women and their male partners. These actions included developing (comprehensive or minimal) service packages (Kenya, Lesotho and Uganda); developing a prevention framework (Botswana and Uganda); implementing comprehensive sexuality education (China and Côte d'Ivoire); assessing current programming (Zambia); and introducing differentiated prevention service delivery (Zimbabwe).

In 2019, the Coalition also pursued a more systematic approach for focusing prevention programmes for adolescent girls and young women more effectively, including by supporting the calculation of subnational HIV incidence estimates. The Global Fund and PEPFAR are using these data to set priorities for scaling up of HIV prevention programmes among adolescent girls and young women. The Coalition has introduced programming guidance and developed an additional decision-making aid for Global Fund investments to support the increased

attention on HIV prevention for this crucial population.

A common gap in Coalition focus countries (and elsewhere) is the failure to consider the specific prevention needs of young women in key populations. The tracking and monitoring of prevention interventions for adolescent girls and young women can also be made more coherent across projects and countries.

## Prevention among key populations

Many of the people acquiring HIV are members of key populations or their sexual partners, including in countries in which HIV is highly prevalent in the rest of the population. Despite the existence of proven prevention methods and tools, coverage of prevention programmes among key populations is still far from adequate.

The past three years have seen mixed progress in programme coverage and outcomes for HIV prevention among key populations in Coalition focus countries. Accurate population size estimates help to guide effective programming decisions. Although almost all focus countries have prepared size estimates for sex workers and gay men and other men who have sex with men, hardly any have done this for transgender people and prisoners. Size estimates for people who inject drugs are still lacking in eight countries, and some existing size estimates for gay men and other men who have sex with men and transgender people may be underestimated in settings where these populations are highly stigmatized and/or criminalized.

The Coalition has sought to boost prevention programmes for key populations. However, assessing overall trends in programme coverage remains difficult because of data gaps and other challenges. Some countries do not report these data, and several countries have

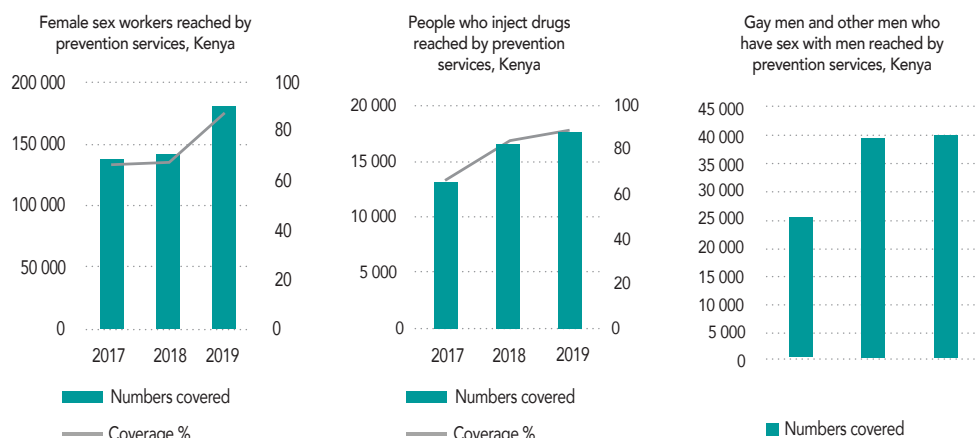


*A common gap in Coalition focus countries (and elsewhere) is the failure to consider the specific prevention needs of young women in key populations*

### Good practice: enhancing prevention in Côte d'Ivoire

Côte d'Ivoire is increasingly emphasizing prevention programming for adolescent girls and young women and their male partners. It has developed national guidelines for combination prevention for youth and a comprehensive sexuality education manual for in-school and out-of-school adolescents and youth. A technical working group for adolescents and young people is being set up to boost the effectiveness of prevention services. Additional funding has also been obtained for a U-Test project using virtual and social networks to promote HIV self-testing and PrEP among adolescents and young people.

**Figure 4. Coverage of prevention programmes among female sex workers and gay and other men who have sex with men, Kenya, 2017–2019**



Source: Ministry of Health, Kenya. Programme monitoring data, 2020.

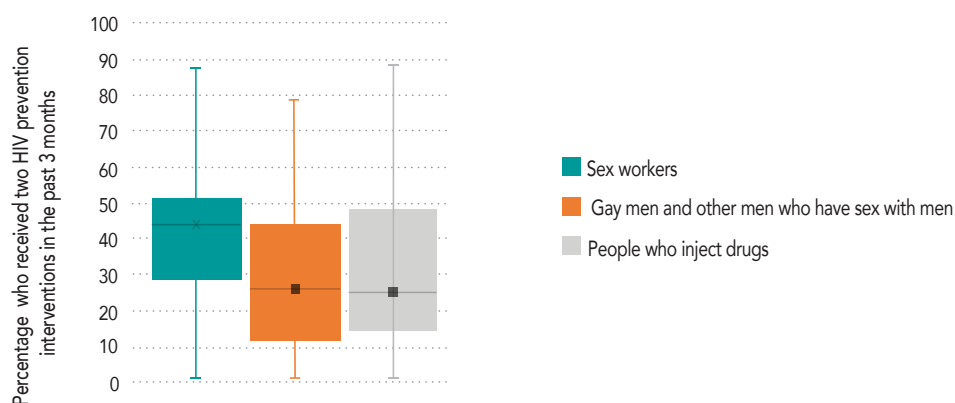
reported the same coverage data for 2017, 2018 and 2019, partly because they rely on periodic surveys that are not done annually. Finally, in countries in which coverage appears to be changing, this may reflect a combination of actual trends, changes in the estimates of underlying population sizes and/or changes in the measurement of coverage.

In Kenya, data for 2017–2019 show that prevention coverage for gay men and other men who have sex with men, people who inject drugs and female sex workers expanded commendably, reaching 90% for female sex workers (Figure 4).

Despite some individual examples of expanding coverage, the coverage of key population programmes in focus countries probably changed little overall during 2017–2019. Available data suggest that, on average, HIV prevention programmes regularly reach less than half of sex workers and only about one third of people who inject drugs and gay men and other men who have sex with men (Figure 5).

Coalition focus countries have been slow to reform or remove legal, policy and other human rights–related barriers to effective HIV prevention for key populations; most still retain laws that criminalize key

**Figure 5. Estimated coverage of HIV prevention programmes among selected key populations in focus countries, 2017–2019**



Source: Based on validated HIV prevention scorecard.  
 Note: For each population, the thin horizontal lines depict the highest and lowest values reported by a country (excluding clear outliers). The solid block depicts the range of programme coverage in half of the countries (the interquartile range). The horizontal line at the centre of the block shows the median, while the X represents the mean.

populations and their behaviour. In 2019, paid sex was entirely or partly criminalized in 23 of 27 reporting countries. Only Angola, Brazil and Mozambique have decriminalized sex work (Table 3). There has been some progress in relation to laws related to same-sex liaisons, which are now decriminalized in 13 Coalition focus countries (including seven in sub-Saharan Africa) (Table 4). The use or possession of narcotic substances for personal consumption remains illegal in all but two Coalition focus countries (Table 4).

**Criminalizing laws—and the discrimination, harassment and violence they sanction and increase—deter key populations from getting the information, services and support they need to protect themselves and their partners against HIV infection**

Criminalizing laws—and the discrimination, harassment and violence they sanction and increase—deter key populations from getting the information, services and support they need to protect themselves and their partners against HIV infection. The laws also fuel stigma and discrimination, which remain rife. In most of the countries tracking these experiences, many members of key populations report avoiding health-care services because of stigma and discrimination, including 5–39% of sex workers and 8–63% of gay men and other men who have sex with men.

The Prevention Working Group convened a series of detailed examinations of HIV prevention programming among key populations, which highlighted major policy obstacles and funding gaps and identified effective programming strategies. A new tool supporting

planning and budgeting for community access platforms for key populations was also used to support Global Fund grant applications. UNAIDS, UNDP, UNFPA, UNICEF, UNODC and other cosponsors advocated for and supported grants related to key populations within Global Fund applications.

## Sex workers

The most recent data show that at least 20% of female sex workers (all ages) are living with HIV in 12 of the 18 reporting focus countries in sub-Saharan Africa. More than half the sex workers in Eswatini, Lesotho, Malawi and South Africa are living with HIV. The HIV prevalence in this key population is below 10% in only three countries in sub-Saharan Africa (Angola, Democratic Republic of the Congo and Ghana), but is much lower—5% or less—in most Coalition focus countries in Latin America, Asia and the Pacific and eastern Europe and central Asia.

National HIV strategies in 13 of 28 focus countries now include all core elements of a sex worker prevention package, and the strategies include at least half of these elements in the other 14 countries that reported data. Nevertheless, access to tailored prevention programmes has remained patchy. India and Kenya were the only Coalition focus countries to earn a scorecard rating of “good” or “very good” for their prevention programmes for sex workers in 2019. Only in Côte d’Ivoire, India and Kenya did more than 70% of sex workers receive at least two HIV prevention interventions in the previous three months; coverage was 50% or lower in 17 of the 25 countries reporting.

Despite the uneven access to services, condom use is relatively high in several countries with diverse epidemics—including in Cameroon, Ethiopia, India, Kenya and Ukraine. More than 70% of sex workers reported using a condom with their most recent client in 21 of the 27 countries reporting these data. Considering sex workers’ comparatively large numbers of partners, these levels of condom use are



HIV prevention services for people who inject drugs. Credit: UNAIDS

**Table 2. Scorecard for HIV prevention among sex workers, 2019**

	Impact	Outcome			Output		
	HIV prevalence, all ages (%)	% condom use with most recent client (self-reported)	% condom use at last paid sex act (reported by clients)	% receiving antiretroviral therapy	Population size estimate	Prevention strategy including core element prevention package	Criminalization of selling sex
<b>Africa region</b>							
Angola	8	72	71	42	125 000	>half	No
Botswana	42	76	ID	88	18 000	>half	Partial
Cameroon	24	91	83	99	71 000	All	Yes
Côte d'Ivoire	13	76	42	22	50 000	All	Partial
Democratic Republic of the Congo	8	74	34	ID	350 000	All	Partial
Eswatini	61	83	ID	ID	15 000	All	Partial
Ethiopia	24	98	81	ID	211 000	>half	Partial
Ghana	5	90	44	99	60 000	All	Yes
Kenya	29	92	74	73	207 000	All	Yes
Lesotho	72	62	90	ID	8 000	>half	Yes
Malawi	55	65	75	81	37 000	All	Partial
Mozambique	ID	ID	31	ID	93 000	>half	No
Namibia	28	86	67	34	8 000	>half	Yes
Nigeria	14	98	74	16	874 000	All	Partial
South Africa	58	86	83	24	125 000	All	Yes
United Republic of Tanzania	15	72	44	ID	155 000	>half	Yes
Uganda	31	69	73	65	174 000	All	Yes
Zambia	49	79	56	86	134 000	>half	Partial
Zimbabwe	42	75	90	78	45 000	All	Yes
<b>Other regions</b>							
Brazil	5	86	ID	ID	547 000	>half	No
China	0	93	ID	ID	ID	>half	Partial
India	2	91	48	ID	868 000	All	Yes
Indonesia	2	67	33	ID	278 000	ID	ID
Islamic Republic of Iran	2	59	ID	ID	90 000	>half	Yes
Mexico	1	87	ID	ID	240 000	>half	Partial
Myanmar	8	90	77	59	69 000	All	Yes
Pakistan	2	51	ID	5	230 000	>half	Yes
Ukraine	6	94	ID	29	87 000	>half	Yes

Very good
  Good
  Medium
  Low
  Very low
  ID Insufficient data

Source: Global HIV Prevention Coalition scorecard based on data reported in 2020 Global AIDS Monitoring and the UNAIDS National Composite Policy Index.

Note: Data on criminalization reflect country self-reporting in the UNAIDS National Composite Policy Index. Community reporting indicates that all aspects of sex work are decriminalized in very few locations globally. This implies that, even in countries that report no criminalization of sex work, some aspects of sex work may still be criminalized. The prevention strategy includes "all" core elements of the prevention package if seven of seven services are included; ">half" if 4–6 services are included; and "<half" if 0–3 services are included. The services comprise community empowerment and capacity-building; community-based outreach and services; condom distribution; clinical services; legal support services; actions to address gender-based violence; and actions to reduce stigma and discrimination in health-care settings.

inadequate. Condom use exceeded 90% in only seven countries. When reported by male clients, condom use at last paid sex appeared to be less frequent: it was 70% or higher in 11 of the 20 countries with these data and less than 50% in seven countries (three of them being in western and central Africa). The difference is likely due to the over-representation in these data sets of sex workers who are reached with prevention programmes.

Increased access to PrEP and HIV selftesting through community-based programmes can add a major boost to combination HIV prevention among sex workers, especially for young sex workers who may struggle to negotiate safer sex with clients and partners. Supportive interventions, including ones that address the full range of sex workers' health needs and reduce harassment and violence, are also needed. Modelling studies have indicated that decriminalizing sex work, including the purchase of sex, could avert 33–46% of female sex workers and their clients acquiring HIV over 10 years (5). Recent studies also emphasize the importance of HIV-related interventions with services that meet the family planning and contraception needs of female sex workers (6). Stronger political commitment and sustained investments in both community-led and structural interventions are needed so that sex workers can benefit more fully from HIV interventions.

## Gay men and other men who have sex with men

Despite rising numbers of gay men and other men who have sex with men acquiring HIV globally, prevention responses have not yet focused enough on this population. The continuation, and in some cases resurgence, of discrimination against this community is holding back much-needed improvements in service coverage and access in several Coalition focus countries. The HIV prevalence among gay men and other men who have sex with men (all ages) exceeded 20% in 4 of 24 Coalition countries with data and it was 10% or higher in another 10 countries.

Coverage and outcomes for prevention programmes among gay men and other men who have sex with men rated “low” or “very low” in all but three of the 19 reporting focus countries (the exceptions being India, Kenya and South Africa). Condom use is similarly low. In 11 of the 23 countries providing these data, 60% or less of gay men and other men who have sex with men reported using a condom the last time they had anal sex. Only three countries (China, India and South Africa) reported that at least 80% of gay men and other men who have sex with men used a condom the last time they had anal sex, although another six countries reported condom use levels of 70–79%.

Those data reflect inadequate coverage of prevention services for this key population. Only two countries (India and Kenya) reported that more than 70% of gay men and other men who have sex with men received at least two prevention interventions in the previous three months. Coverage was 30% or less in 14 of the 23 countries reporting these data. Fewer than half of the Coalition focus countries have included all core elements of a prevention package for this key population in their national prevention strategies.

At least 70% of HIV-positive gay men and other men who have sex with men were receiving antiretroviral therapy in five of the 16 focus countries reporting these data. Treatment coverage was less than 40% in seven countries. Combinations of safer sex behaviour, sustained and effective HIV treatment and use of PrEP can drastically reduce HIV transmission among gay men and other men who have sex with men, as shown in Australia (7) and the United Kingdom (8). Nevertheless, this requires supportive environments and levels of service coverage that continue to be comparatively rare in many focus countries. Same-sex relations were still criminalized in 15 of the 28 focus countries. An encouraging trend is that the national prevention strategies in almost all 24 reporting countries included at least half of the core elements of a prevention package for gay men and other men who have sex with men.



*At least 70% of HIV-positive gay men and other men who have sex with men were receiving antiretroviral therapy in five of the 16 focus countries reporting these data but in a majority of countries their access to treatment and prevention remains very low*



**Table 3. Scorecard for HIV prevention among gay men and other men who have sex with men, 2019**

	Impact	Outcome		Output		
	HIV prevalence (all ages)	% condom use at last anal sex	% receiving antiretroviral therapy	Population size estimate	Prevention strategy including core elements of the prevention package for this key population	Criminalization of same-sex relations
<b>Africa region</b>						
Angola	2	59	34	106 000	>half	No
Botswana	15	78	74	10 000	<half	No
Cameroon	21	77	97	7 000	All	Yes
Côte d'Ivoire	12	75	10	36 000	All	No
Democratic Republic of the Congo	7	51	ID	195 000	>half	No
Eswatini	13	58	ID	6 000	>half	Yes
Ethiopia	ID	ID	ID	ID	ID	Yes
Ghana	18	48	4	55 000	All	Yes
Kenya	18	79	79	51 000	All	Yes
Lesotho	33	46	ID	6 000	ID	No
Malawi	7	44	86	48 000	All	Yes
Mozambique	ID	ID	ID	41 000	>half	No
Namibia	9	ID	15	7 000	>half	Yes
Nigeria	23	51	14	313 000	>half	Yes
South Africa	18	98	28	347 000	All	No
United Republic of Tanzania	8	14	ID	50 000	>half	Yes
Uganda	13	39	66	44 000	>half	Yes
Zambia	ID	ID	ID	68 000	>half	Yes
Zimbabwe	21	69	94	16 000	<half	Yes
<b>Other regions</b>						
Brazil	18	64	ID	2 000 000	All	No
China	6	86	91	ID	All	No
India	2	84	ID	357 000	All	No
Indonesia	18	70	ID	503 000	ID	No
Islamic Republic of Iran	ID	ID	ID	243 000	ID	Yes
Mexico	12	73	ID	1 200 000	>half	No
Myanmar	9	57	44	252 000	All	Yes
Pakistan	5	26	1	830 000	<half	Yes
Ukraine	8	78	46	179 000	<half	No

Very good    Good    Medium    Low    Very low    ID Insufficient data

Source: Global Prevention Coalition scorecard based on data reported in 2020 Global AIDS Monitoring and the UNAIDS National Commitments and Policy Instrument.

Note: Criminalization of same sex relations is classified as "Yes" if Yes is reported with supporting reason; "No" if Laws decriminalized or never existed or no specific legislation. The prevention strategy includes "all" core elements of the prevention package if nine of nine services are included; ">half" if 5–8 services are included; and "<half" if 0–4 services are included. Services comprise community empowerment and capacity-building; community-based outreach and services; condom and condom-compatible lubricant distribution; sexually transmitted infection prevention, screening and treatment services; clinical services; psychosocial counselling and/or mental health services; legal support services; actions to address homophobic violence; and actions to reduce stigma and discrimination.

## People who inject drugs

Injecting drug use occurs in virtually all countries, and 14 of the 18 Coalition focus countries that have prepared size estimates have significant populations of people who inject drugs. A lack of political will, criminal laws and law enforcement practices, stigma, discrimination and funding shortages block the provision of and access to evidence-informed harm reduction services, despite the high prevalence of HIV infection among people who inject drugs (all ages) (exceeding 15% in seven of the 15 Coalition focus countries with these data) and strong evidence of the public health benefits of these services. The coverage and uptake of prevention services for this key population in 2019 were rated “good” or “very good” only in China and India and “medium” in Kenya, Myanmar and Ukraine.

In 2019, only four focus countries included all core elements of a harm reduction package in their national HIV prevention strategies (China, India, Islamic Republic of Iran and South Africa). Fewer than half of the focus countries provided any harm reduction services in 2019, mostly on a very small scale and in punitive legal contexts. In nine of the 13 countries providing some harm reduction services, less than 40% of the people who injected drugs received at least two HIV prevention interventions in the previous three months. India and Kenya performed much better, with 89% reported coverage. In a promising change, additional countries such as Mozambique have begun developing harm reduction strategies.

Among the 11 focus countries reporting on their needle and syringe programmes, only three (China, India and Myanmar) distributed at least 200 clean needles and syringes per injecting drug user in 2019, while Kenya distributed almost 140. In some countries, users may access needles through other sources, such as pharmacies. Opioid substitution therapy was available at some scale in seven countries, with coverage ranging from 4.5% in Ukraine to 20-26% in India, Kenya, Myanmar and

the United Republic of Tanzania (versus a global benchmark of 40%).

Twenty-two of 26 reporting focus countries criminalized the use or possession of narcotics in 2019. Countries need to foster legal environments and law enforcement practices that support public health priorities and avoid approaches that victimize populations at high risk of HIV infection, such as people who inject drugs. This will require much stronger political will and higher levels of funding than are evident currently in most focus countries.

## Transgender people

Data on prevention services for transgender people are too scarce or old to reveal recent trends in Coalition focus countries, reflecting major ongoing gaps in data collection for this key population. Only Brazil, India and Pakistan reported on prevention service coverage, and only nine countries have prepared size estimates for transgender populations. Studies show HIV prevalence among transgender people (all ages) in focus countries ranging from 2–3% in India and the Islamic Republic of Iran and 5–6% in Mexico and Pakistan to 28% in Zimbabwe and 30% in Brazil. Differences are in part due to surveys focusing on different sub-populations such as transgender women who sell sex. Slightly more data are available on condom use among transgender people, which ranged from 28% in Pakistan and 43% in the Islamic Republic of Iran to above 70% in Brazil, India and Mexico.

Evidence from other countries shows that transgender people face very high risks of acquiring HIV and yet struggle to access appropriate HIV and other health services because of severe stigma and discrimination, including harmful criminal laws and law enforcement practices. Supportive legal and policy environments, including enabling legal changes of gender marker, anti-discrimination legislation, and ending arbitrary and discriminatory arrests under vagrancy and morality laws, need to be established so that tailored HIV and



*Evidence from other countries shows that transgender people face very high risks of acquiring HIV and yet struggle to access appropriate HIV and other health services because of severe stigma and discrimination, including harmful criminal laws and law enforcement practices*

**Table 4. Scorecard for HIV prevention among people who inject drugs, 2019**

	Impact	Outcome			Output			
	HIV prevalence (all ages)	% receiving antiretroviral therapy	% with safe injecting practices	% receiving opioid substitution therapy	Population size estimate	Number of needles and syringes per person who injects drugs	Prevention strategy including core elements of harm reduction package	Criminalization of drug use and consumption or possession for personal use
<b>Africa region</b>								
Angola	ID	ID	ID	ID	ID	ID	None	ID
Botswana	ID	ID	ID	ID	ID	ID	None	Yes
Cameroon	ID	ID	ID	ID	2 000	ID	None	Yes
Côte d'Ivoire	6	1	ID	ID	400	ID	Some	Yes
Democratic Republic of the Congo	4	ID	51	ID	156 000	1	Some	No
Eswatini	ID	ID	ID	ID	1 000	ID	None	Yes
Ethiopia	ID	ID	ID	ID	ID	ID	None	Yes
Ghana	ID	ID	ID	ID	ID	ID	None	Yes
Kenya	18	68	88	22	20 000	137	Some	Yes
Lesotho	ID	ID	ID	ID	ID	ID	None	Yes
Malawi	ID	ID	ID	ID	ID	ID	None	Yes
Mozambique	ID	ID	ID	ID	14 000	ID	Some	Yes
Namibia	ID	ID	ID	ID	ID	ID	None	Yes
Nigeria	3	25	71	ID	227 000	ID	None	Yes
South Africa	22	ID	ID	ID	75 000	ID	All	Yes
United Republic of Tanzania	16	ID	84	24	36 000	15	Some	Yes
Uganda	17	78	ID	ID	7 000	ID	None	Yes
Zambia	ID	ID	ID	ID	27 000	ID	None	Yes
Zimbabwe	ID	ID	ID	ID	ID	ID	None	Yes
<b>Other regions</b>								
Brazil	NA	NA	NA	NA	NA	NA	NA	Yes
China	6	82	91	ID	ID	246	All	Yes
India	6	ID	86	22	177 000	349	All	Yes
Indonesia	14	ID	90	11	35 000	3	None	ID
Islamic Republic of Iran	4	44	73	13	187 000	43	All	No
Mexico	3	ID	71	ID	109 000	6	Some	No
Myanmar	19	14	91	21	95 000	369	Some	Yes
Pakistan	38	16	58	ID	110 000	46	Some	No
Ukraine	24	38	97	5	350 000	53	Some	Yes

Very good Good Medium Low Very low ID Insufficient data NA Not applicable

Source: Global Prevention Coalition scorecard based on data reported in 2020 Global AIDS Monitoring and the UNAIDS National Commitments and Policy Instrument.

Note: Criminalization of drug use/consumption or possession for personal use is classified as "Yes" if Drug use / consumption / possession for personal use is a specific offence or specified as criminal offence or compulsory detention; "Partial" if the country allows possession of a certain amount; "No" if No criminal offence is indicated. The prevention strategy includes "all" core elements of a harm reduction package if three of three services are included; "some" if one or two services are included; and "none" if zero services are included. Services comprise naloxone being available through community distribution; opioid substitution therapy programmes in operation; and needle and syringe programmes in operation.

related services can be developed and rolled out in partnership with community-led organizations. Malawi has taken the positive step of conducting a study to improve understanding of the HIV and other needs of transgender people.

## Prisoners

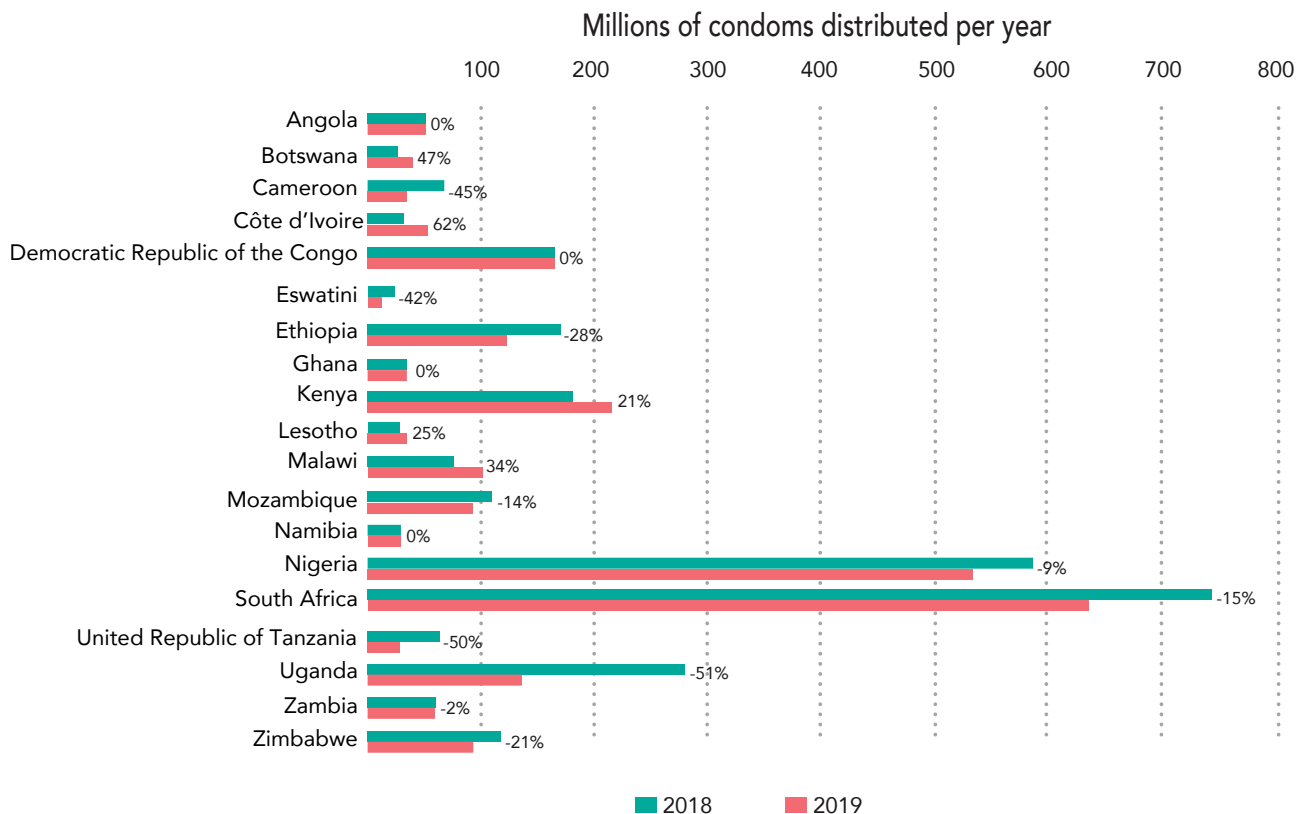
Data on HIV prevention among prisoners and detainees are also scarce and often limited to whether services are available. Antiretroviral therapy is available in all 27 Coalition focus countries with available data, condoms and lubricants in only 8 of 27 countries, opioid substitution therapy only in Iran and India, and needles and syringes in none of the 27 Coalition countries. Although population sizes are known and largely documented, data on use of HIV prevention services are rarely available. Incarcerated people are often neglected in national responses even though they are at high risk of HIV infection

because of unprotected sex, sexual violence and unsafe injecting practices as well as higher risk of acquiring HIV before they were incarcerated. Political reluctance, lack of investment and legal and policy barriers are major hindrances along with frequently congested and poor prison living conditions. Increased access to the continuum of HIV testing, prevention and treatment services in prison settings is a major need and opportunity.

## Condoms

The coverage and uptake of condom services were rated “good” or “very good” in six of the 19 focus countries reporting these data (all in eastern and southern Africa). However, in a troubling development, both the demand for condoms and distribution of this stalwart HIV prevention tool appear to be diminishing in focus countries and other countries in sub-Saharan Africa.

**Figure 6. Condoms distributed per person per year in Coalition focus countries in sub-Saharan Africa, 2018–2019**



Source: Global AIDS Monitoring, 2020.

Condom distribution in the 19 focus countries in sub-Saharan Africa decreased from about 2.9 billion condoms in 2018 to about 2.5 billion condoms in 2019.

This worrying trend is evident even in some countries, such as Zimbabwe, which had achieved high volumes of condom distribution in the past. Only in three focus countries did the number of condoms distributed increase between 2018 and 2019 (Figure 6). How this reversal in the distribution of condoms is affecting condom use and HIV incidence is not yet known, since population-based surveys are only conducted every 3–5 years.

Condom distribution was most extensive in Botswana and Lesotho (50–60 condoms were distributed per man (15–64 years) and in Eswatini, Namibia and South Africa (30–40 condoms per man). In nine focus countries (five in western and central Africa and four in eastern and southern Africa), 10 or fewer condoms were distributed per man.

Knowledge about the preventive benefits of condom use tends to be higher among men than women (15–49 years), but Botswana, Cameroon, Eswatini, Lesotho, Malawi, Namibia, Nigeria, Uganda, Zambia and Zimbabwe have all narrowed that gap.

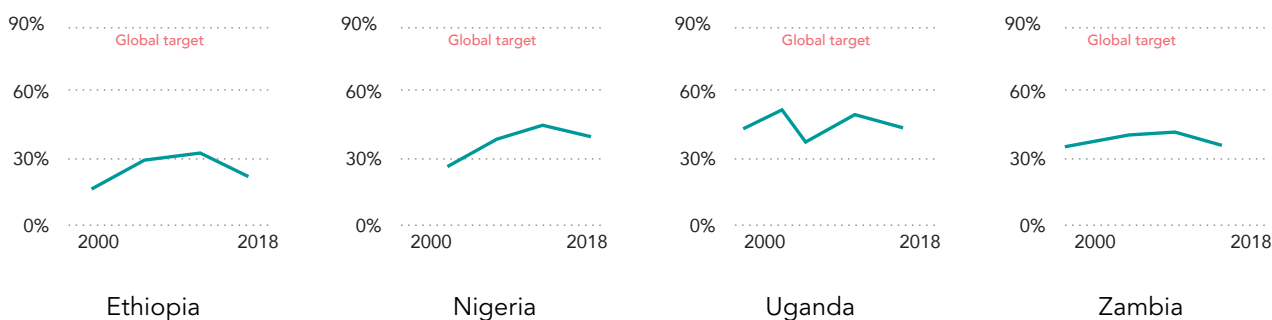
Across sub-Saharan Africa (including in the focus countries), condom use levels rose until about 2015 but then levelled off or decreased in the context of reduced investment. In each of the four focus countries with relevant survey data since 2016, condom use among young women declined (Figure 7). A new generation of sexually active young people is not

being exposed to the intensive condom promotion activities of the 1990s and early 2000s.

Countries that had weak condom programmes have not been able to make up lost ground. According to Global AIDS Monitoring data for 2019, 60% or less of women used condoms with non-regular partners in 15 of 19 focus countries. Only in Botswana did more than 70% of women use condoms in such sexual encounters. Self-reported condom use is consistently higher among men: it exceeded 75% in three countries (Botswana, Kenya and Zimbabwe) but was less than 60% in seven countries in 2019 (Angola, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Mozambique and the United Republic of Tanzania). For criminalized populations, access to condoms is more difficult due to stigma and discrimination, and law enforcement practices that may use possession of condoms as evidence of involvement in sex work or same-sex sexual activity.

Funding cuts have caused a steep drop in condom sales through social marketing since 2012–2013, as region and family planning services appear to be focusing less on condom use. Condom programmes in sub-Saharan Africa rely heavily on external funding and are vulnerable to shifts in donor priorities. Condom social marketing is highly vulnerable as well, as is evident in western and central Africa. Only 14 of the 20 countries in the region (not all of them focus countries) that had condom social marketing programmes have retained active programmes. In Nigeria alone,

**Figure 7. Condom use among women 15–24 years old with a non-regular partner in Ethiopia, Nigeria, Uganda and Zambia**



## Good practice: reviving condom programming in the United Republic of Tanzania

Condom programming is being given added priority in the United Republic of Tanzania. It conducted qualitative market research and a condom retail audit to improve understanding of the market and demand for condoms, and it developed a new National Condom Strategy (2019–2023), which uses total market approach principles. A local condom social marketing organization has also launched a social enterprise arm.

condom sales declined by 64% between 2012 and 2018.

It is vital to generate strong demand for condoms, rebuild national condom programmes and provide easier access to condoms (at health facilities and other outlets, including places acceptable for key populations), including through law reform, in countries where condom distribution is faltering. Several focus countries are acting to reboot their condom programmes. Botswana, Mozambique, the United Republic of Tanzania and Zambia have updated their condom strategies, while Mozambique and Namibia have launched demand-generating campaigns. Kenya is using its health situation room to track its condom programme, and Uganda has overhauled its monitoring and evaluation of condom programming.

The Coalition has advocated for the creation of a strategic initiative on condom programming at the Global Fund. The initiative will focus on specific countries with high burdens of HIV infection and relatively low or declining condom use, including Malawi, Mozambique, Uganda and Zambia. The initiative will emphasize strengthening condom programme stewardship, innovative ways to generate stronger demand (including among young people) and improving last-mile distribution of condoms. Importantly, the Global Fund also earmarked funds in 2020 for procuring and programming male and female condoms and lubricants. Several countries were invited to include activities in their grant proposals for the 2020–2022 funding cycle.

## Voluntary medical male circumcision

Expanded coverage and uptake of voluntary medical male circumcision programmes continue to add important momentum to prevention efforts in eastern and southern Africa. Voluntary medical male circumcision is a one-time, preventive measure that reduces the risk of heterosexual transmission of HIV from women to men by 60%. Fifteen countries in eastern and southern Africa (13 Coalition focus countries plus Rwanda and South Sudan) are providing voluntary medical male circumcision as part of a package of prevention interventions, which includes safer sex education, condom education and provision, HIV testing and linkage to care and treatment (if a person is HIV positive) and managing sexually transmitted infections.

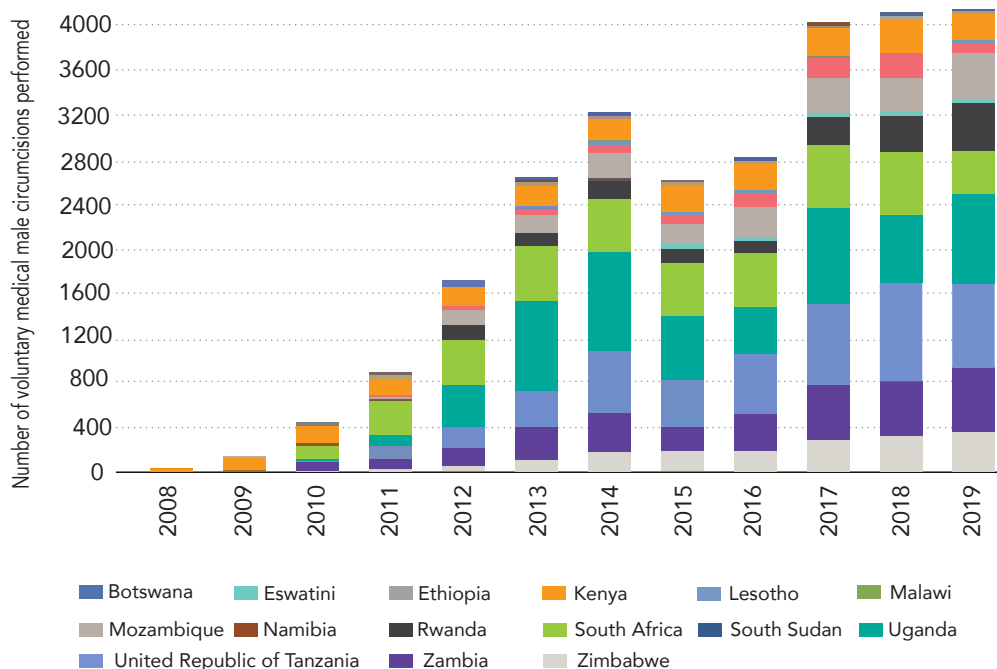
Overall, the Coalition focus countries where voluntary medical male circumcision is promoted as a component of HIV prevention achieved more than 80% of the annual target for the third consecutive year in 2019. These programmes were rated “good” or “very good” in six of the 13 countries.

Progress has been strongest in eastern Africa. Uganda and the United Republic of Tanzania performed by far the most voluntary medical male circumcisions in 2019 (799 000 and 769 000, respectively). Impressively, three countries in eastern Africa (Ethiopia, Kenya and the United Republic of Tanzania) reached their annual target in 2019 and already achieved their cumulative national target for the entire 2016–2020 period.

Progress has been slower in southern Africa. Although voluntary medical male circumcision programmes in Lesotho and Zambia performed well in 2019, Botswana, Malawi and Namibia missed their respective annual contributions to the global voluntary medical male circumcision targets by wide margins.<sup>2</sup> The fact that other health sector HIV programmes such

<sup>2</sup> Some countries are pursuing highly ambitious national voluntary medical male circumcision targets.

**Figure 8. Number of voluntary medical male circumcisions performed in 15 countries in eastern and southern Africa, 2008–2019**



Source: Global AIDS Monitoring, 2020.

Note: Rwanda and South Sudan are not Coalition focus countries.

as testing and treatment have performed well in the latter countries suggests that demand generation rather than health system capacity is the main challenge for their voluntary medical male circumcision programmes.

The total number of procedures performed annually has stayed relatively stable since 2017.<sup>3</sup> Coalition countries performed 3.8 million voluntary medical male circumcisions in 2019, slightly fewer than the 3.9 million in 2018 (Figure 8). Since 2016, 15.2 million men and boys have received voluntary medical male circumcision services, about 60% of the aggregate target for 2020. However, the suspension of voluntary medical male circumcision services during COVID-19 lockdowns in 2020 (and the lower performance in 2016) means that the 2020 target will not be reached.

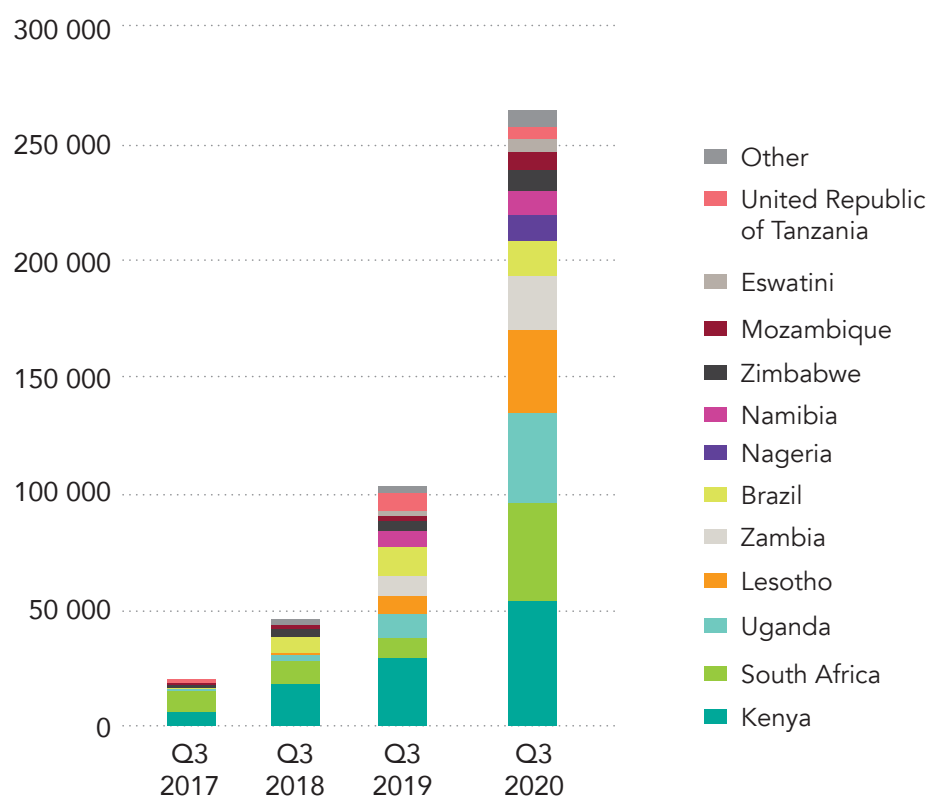
Avenir Health estimates that the 26.8 million voluntary medical male

circumcision procedures performed in the 15 countries in eastern and southern Africa since 2008 have averted about 340 000 [260 000–440 000] people acquiring HIV by 2019. The future benefits will be much greater, since voluntary medical male circumcision provides lifelong protection against HIV infection.

In areas with low population coverage of voluntary medical male circumcision, the focus should be on reaching older adolescents and sexually active men to immediately affect HIV incidence. In areas where the prevalence of circumcision among sexually active men is already high, a focus on sustaining and expanding services for adolescents aged 15 years and older—in line with new WHO guidance on age for voluntary medical male circumcision—is needed to maintain high coverage levels.

<sup>3</sup> The 14 priority countries for voluntary medical male circumcision in eastern and southern Africa are pursuing an aggregate target of 5 million voluntary medical male circumcisions annually.

**Figure 9. Number of people receiving pre-exposure prophylaxis in Coalition focus countries, 2017–2019**



Source: Triangulation of data from Global AIDS Monitoring and other publicly available sources (including AVAC PrEPWatch, PEPFAR) and country updates.

Note: "Other" refers to Botswana, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, India, Malawi, Mexico and Ukraine. The following countries did not report having any people receiving PrEP: Angola, China, Ethiopia, Ghana, Indonesia, Islamic Republic of Iran, Myanmar and Pakistan.

## Pre-exposure prophylaxis and other prevention based on antiretroviral drugs

The number of people receiving PrEP increased rapidly in several Coalition focus countries since 2017. PrEP is an increasingly significant component of their prevention programmes, with PrEP programmes earning ratings of "good" or "very good" in five countries (Eswatini, Kenya, Lesotho, Mexico and Namibia) in 2019.<sup>4</sup> A majority of Coalition focus countries (19) now have PrEP guidelines and are operating national or pilot PrEP programmes for designated priority populations. Regulatory approval is in place in 17 countries.

<sup>4</sup> The PrEP score is based on the regulatory status of PrEP, the existence of national guidelines and the number of people receiving PrEP as a proportion of the number of people acquiring HIV.

Demonstration or pilot PrEP projects are underway in China, Eswatini, Mexico, Mozambique and Nigeria (among others), and the provision of PrEP is being extended to additional target populations in Brazil, Eswatini, Mozambique, South Africa, United Republic of Tanzania and Zimbabwe. Angola, Cameroon and Malawi approved or adopted PrEP guidelines, and the Islamic Republic of Iran and Myanmar have included PrEP components in their new national strategic plans. PrEP guidelines and implementation plans are being developed in Botswana, Côte d'Ivoire, Mexico, Namibia, Pakistan and others.

The total number of people in Coalition focus countries who received PrEP at least once soared from about 21 000 in 2016–2017 to almost 266 000 in 2019–2020 (Figure 9).<sup>5</sup> Despite such rapid growth, the

<sup>5</sup> "2018–2019" reflects data for mid-2018 to mid-2019, and "2019–2020" covers mid-2019 to mid-2020.



total number of people receiving PrEP in the Coalition focus countries was far short of these countries' estimated share (2.25 million) of the global PrEP target (3 million).

Most of the increase has occurred in Coalition focus countries in eastern and southern Africa. Almost 55 000 people received PrEP in Kenya between mid-2019 and mid-2020, as did more than 42 000 people in South Africa, 38 000 in Uganda, 35 000 in Lesotho and 23 000 in Zambia. This shows that scaling up PrEP programmes is feasible in low and middle-income countries. However, expanded access to PrEP is too recent and service coverage and uptake too limited to strongly affect HIV incidence at this stage.

PrEP is increasingly regarded as an empowering prevention option for women and girls who are at high risk of HIV infection. In Lesotho, where a large proportion of new PrEP users are adolescent girls and young women, a community-led approach (involving

PrEP user clubs and social media-based support) is being used to strengthen retention. In South Africa, the provision of PrEP through routine family planning services has been shown to be highly feasible in communities with large burdens of HIV infection, with retention rates exceeding 90% (9).

Evidence from research and treatment programmes has shown how antiretroviral therapy can affect HIV infection rates when large proportions of people living with HIV suppress their viral loads to very low levels. The results from four large clinical trials in 2018–2019 (10–13) showed that a universal test-and-treat approach rapidly reduced population-level HIV incidence by 20–30%. In 2019, eight of the 21 Coalition focus countries reporting these data had already achieved the 90–90–90 Fast-Track targets or were on the brink of doing so. At least 73% of people living with HIV had suppressed viral loads in Botswana, Eswatini, Namibia, Uganda, Zambia and Zimbabwe, as were 72% in Malawi and Myanmar.



Launch of self-testing for HIV and pre-exposure prophylaxis (PrEP) in Kenya, 2017. Credit: UNAIDS

# Progress on the 10 priority actions in the Road Map

Coalition countries have made impressive progress across most of the 10 priority action points outlined in the Road Map (Table 5). In 2019, all 28 reporting Coalition focus countries had completed a needs assessment, all but one had a prevention strategy in place and all had developed prevention targets or were busy preparing them. 27 of these 28 countries had initiated or completed the development of prevention service packages for key populations; none had done so in 2017. Service packages for adolescent girls and

young women had been completed in all but three of the 19 reporting Coalition focus countries where those packages are a priority.

Monitoring has also been substantially strengthened, and performance reviews are much more common than in previous years. Country progress reports showed improvements, providing a basis for more diligent monitoring, enhanced programming and more accurate financial gap analysis. The tabulation of progress in the dashboard (shown in Table 6) is helping to clarify countries' understanding of their achievements and gaps and is enabling countries to use these findings to guide further improvements.

23 of 28 of reporting Coalition focus countries have performed financial gap analysis (an especially important task given the prospects of diminishing donor and domestic funding for HIV), and policy reforms were in progress in all but three Coalition focus countries.

Although no country had completed all 10 action points by September 2020, Côte d'Ivoire, India, Kenya and South Africa have completed or initiated action on all but two of the steps, and Cameroon, Democratic Republic of the Congo and Lesotho had done so for all but three of the steps. Important gaps remain, though. Capacity and technical assistance planning is still rare, and social contracting is uncommon and becoming more difficult. Key population size estimates have been completed in only four of the 28 reporting countries (although they are underway in all but two countries), and policy reforms to facilitate more effective prevention among key populations are progressing too slowly.



A young man speaks to a nurse before undergoing circumcision. Credit: UNAIDS

**Table 5. Progress towards completing the 10 steps of the HIV Prevention 2020 Road Map, 2017–2019**

Proportion of Coalition focus countries reporting “done” or “in progress” on each of the 10 steps of the 2020 Road Map				
	2017 % (of 28 countries, except where noted)	2018 % (of 28 countries, except where noted)	2019 % (of 27 countries, except where noted)	2020 % (of 27 countries, except where noted)
1. HIV prevention needs assessment	0%	86%	100%	100%
2. HIV prevention targets	46%	57%	96%	100%
3. HIV prevention strategy	68%	93%	100%	96%
4. Legal and policy reform	11%	68%	89%	89%
5a. Key population size estimates	50%	96%	100%	93%
5b. Defined key population package	0%	75%	89%	96%
5c. Adolescent girls and young women size estimates	0% (of 18 countries)	56% (of 18 countries)	88% (of 17 countries)	89% (of 18 countries)
5d. Adolescent girls and young women package	0% (of 18 countries)	83% (of 18 countries)	94% (of 17 countries)	83% (of 18 countries)
6. Capacity development and technical assistance plan	0%	36%	41%	30%
7. Social contracting mechanisms	18%	57%	44%	37%
8. Financial gap analysis	0%	46%	70%	81%
9. Strengthen programme monitoring	0%	61%	93%	96%
10. Programme performance review	0%	7%	78%	96%

Source: Global HIV Prevention Coalition Progress Survey.



Credit: Ajith Karawita

**Table 6. Progress in implementing the 10-point Road Map actions, 2017–2020**

HIV Prevention Roadmap 10-Point Plan Actions		Timeline	Lesotho	United Republic of Tanzania	Democratic Republic of the Congo	Cameroon	Eswatini	South Africa	Côte d'Ivoire	Kenya	Namibia	Zimbabwe	Nigeria	Uganda	India	Malawi	Pakistan	
2017	1. HIV prevention needs assessment		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	
	2. HIV prevention targets		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	3. HIV prevention strategy		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	4. Legal and policy reform actions		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5a. Key population size estimates*		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5b. Defined key population service packages*		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5c. Adolescent girls and young women: size estimates		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5d. Defined adolescent girls and young women service package		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	6. Capacity building and technical assistance plan		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	7. Social contracting mechanisms		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
8. Financial gap analysis		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	
9. Strengthened programme monitoring		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	
10. Programme performance review		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	
2018	1. HIV prevention needs assessment		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	2. HIV prevention targets		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	3. HIV prevention strategy		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	4. Legal and policy reform actions		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5a. Key population size estimates*		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5b. Defined key population service packages*		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5c. Adolescent girls and young women: size estimates		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
	5d. Defined adolescent girls and young women service package		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done
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9. Strengthened programme monitoring		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	
10. Programme performance review		Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	Done	

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



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

All 28 reporting Coalition focus countries had conducted needs assessments by September 2020; none had done so in 2017, when the Global HIV Prevention Coalition was established. However, not all countries are making sufficient use of prevention data and assessments to remove remaining obstacles, enlarge programmes and ensure programme quality—especially for focusing on populations and subnational settings where HIV risk and incidence are very high.

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

More than 80% (23 of 28) of reporting countries have national targets for all the relevant pillars identified in the Road Map, with some of these targets modified to match the specificities of countries' HIV epidemics. Most countries also have developed at least some subnational targets, though these tend to focus on key populations, condoms and voluntary medical male circumcision (about 60% of countries have prepared such targets). Only about one third of countries had subnational targets for adolescent girls and young women.



*In 26 of 28 reporting countries, a functional national HIV prevention working group is coordinating national prevention efforts. However, these structures have struggled to influence funding decisions*

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

All but one of the 28 reporting countries have developed new strategic plans or national road maps for HIV prevention. In most cases, prevention management structures have also been overhauled or revived.

In 26 of 28 reporting countries, a functional national HIV prevention working group is coordinating national prevention efforts. In several countries, these structures include representation from other sectors, including social welfare and education, as well as civil society. However, these structures have struggled to influence funding decisions. Technical working groups guide or oversee specific clusters of activities in most countries, but coordinating capacity remains a concern.

Countries are not yet achieving the desired access to and uptake of effective prevention interventions. Many national HIV programmes are not agile enough to identify and respond to emerging epidemic dynamics, such as the growing burden of infection among key populations or the uneven declines in HIV incidence among men and women in parts of southern Africa following scale-up of combination prevention programmes.

Although the importance of targeting specific locations is increasingly recognized, programming is often not sufficiently differentiated by setting. This applies also to key population communities, who are heterogeneous and who face different levels of risk in different settings. For example, where HIV and viral hepatitis transmission through injecting drug use is primarily concentrated in one or two settings, it would be appropriate to give priority to harm reduction services there rather than nationally. Since UNAIDS estimates that 20% of districts in sub-Saharan Africa account for about two thirds of the adolescent girls and young women acquiring HIV, accurate targeting

is essential to maximize prevention impact and programme efficiency.

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

Legal and policy reforms were on the agenda in a majority of Coalition focus countries in 2020, but less than one third of these countries had completed the reforms required to boost their prevention programmes. The focus of those efforts also varied. Drawing on assessments and guidelines prepared by UNAIDS Cosponsors and the Global Fund, some countries have reviewed and moved towards reforming specific policies such as parental consent requirements for accessing certain HIV-related services or commodities. Very few Coalition focus countries have embarked on reviewing or reforming laws and policies that criminalize specific key populations and/or HIV risk behaviour in recent years.

The Royal Eswatini Police Service has introduced training to sensitize law enforcement personnel on the rights and needs of key populations. There has been greater emphasis on understanding and addressing factors that place adolescent girls and young women at excessive risk of HIV infection, including gender inequalities in education and economic opportunities and violence against women. Mozambique has strengthened a law aimed at protecting women and girls against domestic and sexual violence, and several other Coalition focus countries have taken new steps to provide survivors of violence with support and legal redress. Mozambique also strengthened a 2014 statute that protects the rights of people living with HIV.

Efforts to reduce HIV-related stigma and discrimination remain prominent in the national HIV responses of many Coalition focus countries, and there are indications that these efforts are yielding results in

some countries. The Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination has prompted renewed attention to these important issues in several Coalition focus countries. Côte d'Ivoire, Democratic Republic of the Congo, Islamic Republic of Iran, Lesotho, Mozambique, South Africa, Uganda and Ukraine have all joined the Global Partnership for Action to Eliminate all forms of HIV related stigma and discrimination, which includes commitments across six settings (such as justice, and law and policy reform) to be undertaken over a five-year period.

Overall, however, enabling environments in Coalition focus countries remain less than ideal, and HIV-related legal, policy and structural obstacles continue to impede more effective action—considerably so in some countries. Gay men and other men who have sex with men who live in countries that criminalize same-sex relations are more than twice as likely to acquire HIV as their peers living in countries without such criminal penalties. Gay men and other men who have sex with men living in countries with severe criminalization are almost five times as likely to acquire HIV as those living in countries without such criminal penalties (14).

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

Accurate knowledge about the sizes of populations who are at very high risk of HIV infection is important for designing, costing and implementing effective interventions. Coalition focus countries have made impressive progress on this front since 2017. However, two important gaps are apparent. Size estimates and other vital knowledge still tend to be lacking for certain key populations, most notably transgender people and people who inject drugs. For most key populations, the information tends to be

patchy and may significantly underestimate the actual sizes of populations. This makes it difficult to pinpoint interventions where they are most needed and most likely to have an impact. Some countries are addressing this shortcoming. South Africa is developing an integrated biological and behavioural surveillance survey with the engagement of transgender organizations, and Zimbabwe launched its new integrated biological and behavioural surveillance survey in mid-2020). Service packages for key populations and for adolescent girls and young women are much more common than 3–4 years ago, but the services themselves are not being implemented at sufficient scale and pace. Community-led service delivery can also be used to much greater effect.



*By 2020, 15 countries had developed service packages specifically for adolescent girls and young women versus seven in 2018. Ten Coalition focus countries have revised their normative guidance and programme packages for the five key populations, and all the reporting countries have done this for at least two key populations*

### **5a and b. Key population size estimates and prevention packages**

Four of the 28 reporting countries have completed their size estimates for all five key populations highlighted in the Road Map, and all the others have made estimates for at least two key populations. There has been little change since 2019.

These size estimates are crucial for designing and costing focused interventions and making the most of limited resources. Community-led organizations have potentially valuable roles in this research; countries will benefit from harnessing their expertise and networks more routinely. Laws and policies that criminalize key populations also complicate (and sometimes prevent) the collection of accurate data to guide prevention programming for key populations. Ten Coalition focus countries have revised their normative guidance and programme packages for the five highlighted key populations, and all the reporting countries have done this for at least two key populations. Service packages were least developed for people who inject drugs and prisoners. Implementation and coverage of these service packages vary widely between countries and depend on the key population.

### **5c and d. Size estimates and dedicated prevention packages for adolescent girls and young women**

Compared with 2017–2018, countries are much more alert to the need for enhanced prevention services for adolescent girls and young women. Fifteen of the 18 reporting Coalition focus countries reported having done some form of size estimates for this population in 2020; in 2018, only three countries had done so. The Coalition Secretariat, the Global Fund and other partners have agreed to collaborate on developing a standardized and more refined method for estimating population sizes, which is expected to be available in 2021.

By 2020, 15 countries had developed service packages specifically for adolescent girls and young women versus seven in 2018. More intensive packages are provided through the DREAMS programme in locations with high HIV incidence in 13 Coalition focus countries. Thanks to Global Fund support, additional subnational areas receive similar although usually less comprehensive packages. A key challenge for many countries is to implement these resource-intensive service packages at the required scale. Only a few countries (including Eswatini, Kenya and Lesotho) were providing the packages in a large proportion of priority districts in 2019. Similarly, the percentages of adolescent girls and young women in settings with HIV incidence who received at least two prevention interventions remain much too low.

## **6. Develop consolidated prevention capacity building and a technical assistance plan**

Countries continued to consolidate capacity development plans, using tools and support from the Coalition. However, only 9 of 28 reporting countries had completed their capacity development and technical assistance plans in 2020. Most Coalition focus countries drew on Coalition-facilitated technical support



in 2019 to strengthen their prevention activities. The UNAIDS Technical Support Mechanism continued to be an important source of high-quality technical assistance, which was provided to virtually all Coalition focus countries that applied for Global Fund resources in 2020. The Coalition Secretariat and cosponsors provided detailed global proposal review support to Coalition focus countries and other countries in sub-Saharan Africa.

However, country partners increasingly expressed preference for in-country staff rather than consultancy support. Countries continue to report management capacity deficits and staffing shortages for prevention, especially at the subnational levels. In response to the need for continual capacity support for prevention, the Coalition established a specific budget line for longer-term staff support for five countries (Cameroon, Côte d'Ivoire, Ghana, Mozambique and Zambia).

Capacity gaps were also reported for technical areas such as data system management and programme monitoring as well as for programme scale-up, condom market development, social contracting and service integration (especially with sexual and reproductive health services) and for bringing about policy and legal reforms. Gaps are also evident around resource mobilization and programme oversight.

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

The Road Map's emphasis on social contracting, supported by Global Fund and PEPFAR guidelines, means that civil society implementers, including community-based and community-led organizations, are considered vital partners for reaching underserved communities with prevention interventions.

However, social contracting continued to be a weak performance area, with only 11 of 28 reporting Coalition focus countries completing the relevant steps in 2020 (about the same number as in 2019). In many Coalition focus countries, government funding and other support for civil society implementers are inadequate and inconsistent. Countries are therefore not taking full advantage of community based knowledge, networks and resources or of the potential of the nongovernmental sector to strengthen monitoring and accountability. Partly as a result, potential civil society partners have continued to struggle with capacity limitations, especially for programme management and monitoring.

Reasons for the slow progress include a lack of political commitment to collaborate with civil society partners (especially at the point of delivery) and a reluctance to support them financially. Other barriers include policy and regulatory hurdles, capacity constraints among community-led organizations and diminishing civic space (especially for organizations that are critical of government policies or conduct).

A few Coalition focus countries have assessed the management and implementing capacity of selected civil society organizations and are exploring options for adapting their legal and managerial frameworks for social contracting.

## 8. Assess available resources for prevention and develop a strategy to close the financial gap

23 of 28 of Coalition focus countries conducted financial gap analysis in 2020 (more than in 2019 and a considerable increase compared with 2017–2018). 22 of 28 countries reported that prevention targets were used to estimate prevention financial gaps, which reflects continued improvement in recent years. The use of scorecards has facilitated the improvement of financial gap analysis. There has also



*In many Coalition focus countries, government funding and other support for civil society implementers are inadequate and inconsistent. Measured against UNAIDS resource needs estimates, only 18% of the estimated resource need for key populations was met in fasttrack countries (2016-18)*

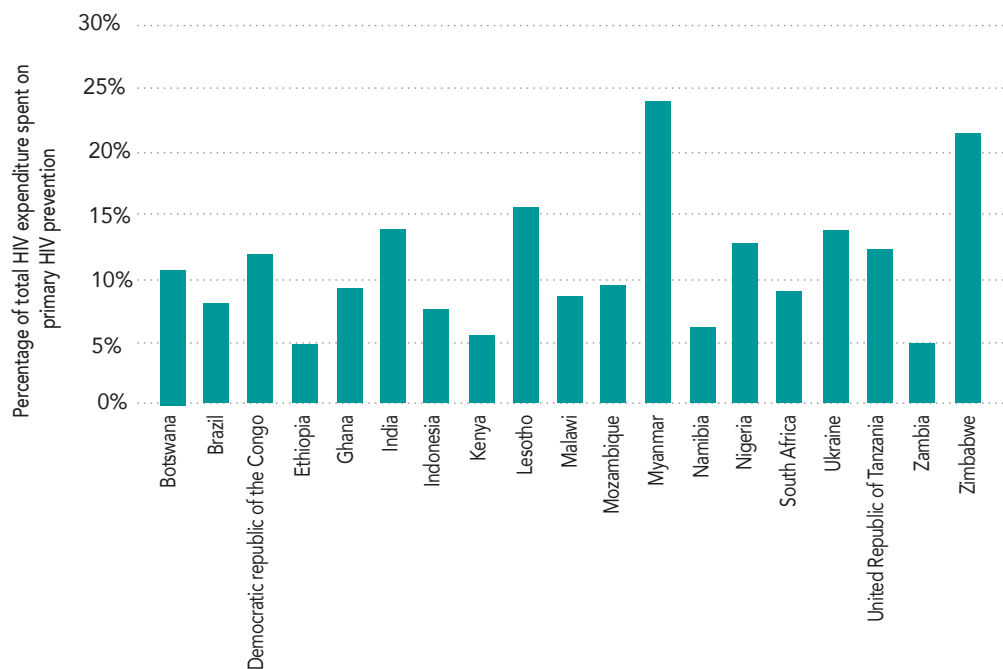
been some progress in developing costed national prevention plans.

Financial shortfalls for HIV prevention continued to be a major concern, despite PEPFAR's ongoing focus on this key area (and especially on adolescent girls and young women). The Coalition has collaborated with the Global Fund to modify its application guidelines and technical review criteria in ways that encourage countries to submit targeted and costed proposals for the Coalition pillar interventions. The Global Fund is devoting increasing attention to prevention, and its investments in the five priority prevention pillars have increased more sharply than for other prevention activities. This suggests that external donors are aligning their prevention support more closely with countries' focused prevention strategies. These are encouraging developments, since financial gap analysis indicates that the current financial gaps for key population and condom programmes can be overcome with relatively small proportions of the total HIV response funding.

Nevertheless, very few Coalition focus countries have been able to raise their HIV prevention spending close to the level stipulated in the 2016 Political Declaration on Ending AIDS, which called for allocating about one quarter of HIV funding to prevention programmes (Figure 10). In the five Coalition focus countries with recent data, HIV prevention expenditures show disparate trends (Figure 11). By way of example, Myanmar has been channelling about 24% of its total HIV spending to primary prevention for key populations, while South Africa has been spending about 9% of its HIV funds (about 80% of it from domestic sources) on primary prevention.

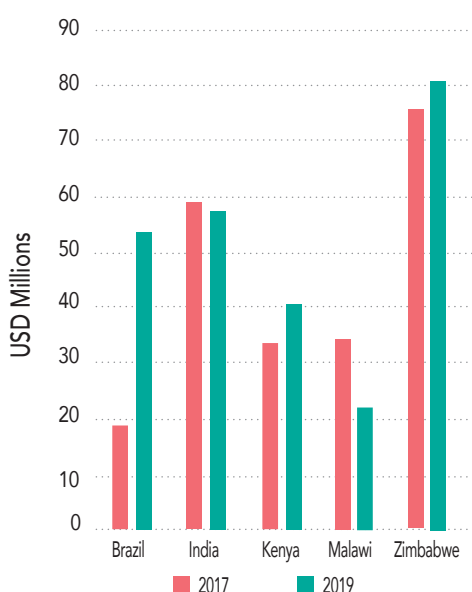
An analysis of 2016–2018 HIV spending data from Fast-Track countries with available data (15) showed that less than 3% of global HIV spending and less than 12% of global HIV prevention spending was allocated to dedicated key population programmes. Measured against UNAIDS resource needs estimates, only 18% of the estimated resource need for key populations was met. Unfortunately, no

**Figure 10. Proportion of total HIV expenditure spent on primary HIV prevention in 19 Coalition focus countries (most recent year with available data, 2016–2019)**



Source: UNAIDS, *Global AIDS Monitoring, 2017–2020*.

**Figure 11. Change in HIV prevention expenditure between 2017 and 2019 in five Coalition focus countries with available data**



Source: UNAIDS, *Global AIDS Monitoring, 2018–2020*.

data are available for the proportion of funds going towards human rights, law, policy and stigma and discrimination programming.

These trends have been occurring in the context of a worrisome HIV funding scenario generally. The overall funding gap for HIV responses in low- and middle-income countries is widening, with total funding available in 2019 amounting to about 70% of the 2020 target set by the United Nations General Assembly. Domestic resources in 2019 accounted for much larger shares of total HIV funding in many countries, including those participating in the Coalition, compared with 2010. But the harsh economic impact of the COVID-19 pandemic will make it very difficult to sustain this trend, with international funding for HIV also potentially declining. This has major implications for HIV prevention programmes, which tend to rely heavily on external funding.

## 9. Establish or strengthen HIV prevention programme monitoring systems

All but one of the 27 reporting Coalition focus countries have acted to strengthen and fine-tune their data systems and improve the alignment of monitoring and reporting systems, and 17 of these countries have completed these processes. There has been little change since 2019, but improvements compared with 2017–2018.

Some countries, however, continued to face challenges in collecting and analysing strategic information for planning, managing and adapting their HIV programmes. Data gaps are especially evident around programme coverage for key populations and for adolescent girls and young women and at the subnational levels. Weaknesses include out-of-date behavioural and risk data and population size estimates (creating difficulty in tracking progress for key populations and condom use, for example); insufficient disaggregation of data by age and sex; and duplicate monitoring systems. Fragmented data systems at service delivery sites and the infrequent use of standardized national unique identifier codes also continues to undermine accurate performance monitoring. There is also still room for utilizing the available programmatic data better in decisionmaking and improving peer accountability.

## 10. Strengthen accountability for prevention

All but one of the 28 reporting countries stated that they had reviewed their performance in 2020, a significant improvement compared with 2019. Countries have indicated that the Road Map is strengthening accountability at the national level through the use and review of scorecards and by enabling regular tracking of progress across a range of high-priority interventions. Several Coalition focus countries have conducted

joint annual reviews among stakeholders to take stock of national progress in HIV prevention. Adoption of the prevention scorecard at regional level, with support from the Southern African Development Community and other partners, has also improved regional accountability processes while facilitating the sharing of good practices and lessons learned.

Accountability processes can be strengthened further by engaging community-led organizations and other civil society groups more meaningfully in monitoring and reviewing programme performance. Community monitoring systems are a potentially valuable but largely untapped resource.

### Other developments

The Coalition Secretariat continues to provide guidance and support for South-to-South learning. A South-to-South HIV Prevention Learning Network was launched in early 2020 to strengthen country HIV prevention programmes. The Network involves an initial 10 Coalition focus countries from sub-Saharan Africa and is focusing on enhancing the coverage, quality and scale of condom and key population programming through shared learning and sharing good practices. Following the completion of HIV prevention self-assessments, Network members (technical focal points at national AIDS councils, health ministries and civil society) are developing country plans of action and technical assistance plans to address specified programme gaps. The efforts are accompanied by cross-country activities, such as case study developments to document good practice, joint problem-solving and mentoring.

A national AIDS council directors' community of practice, has been established with GPC support and is located at the National AIDS Council in

Nairobi, Kenya. This initiative is aimed at strengthening management, leadership and accountability of national HIV prevention responses in the contexts of universal health coverage and other health and development priorities (including the COVID-19 pandemic).

The Coalition hosted a high-level meeting on HIV prevention ahead of the Nairobi Summit (ICPD+25) in November 2019, which was attended by representatives from 27 of the 28 Coalition focus countries. The meeting reviewed progress and challenges in national HIV prevention programmes and committed to accelerate HIV prevention and sexual and reproductive health rights efforts. The Coalition ensured that HIV prevention featured prominently during the ICPD+25 proceedings, including by hosting summit events that focused on the prevention needs of adolescent girls and young women. Co-led by the principals of UNAIDS, UNFPA, UNESCO, UNICEF and UN Women, the Education Plus Initiative was developed to support adolescent girls in all their diversity in sub-Saharan Africa. This high-level political advocacy initiative is aimed at promoting policy reforms and investments to scale up delivery of a holistic, multisectoral package which can assist adolescent girls in making successful transitions to adulthood by ensuring access to free, quality secondary education.

Several HIV prevention events featured on the programme of the 20th International Conference on AIDS and Sexually Transmitted Infections in Africa in Kigali, Rwanda, in December 2019. These included sessions on sustainable voluntary medical male circumcision and condom programming and on ways to support and harness community-driven prevention responses. The Coalition committed to support countries in creating mechanisms to fund community engagement in HIV prevention programmes.



Credit: UNAIDS.

# The Global HIV Prevention Coalition in the era of COVID-19

According to the HIV Services Tracking Database,<sup>6</sup> the COVID-19 pandemic is disrupting essential health systems and is strongly affecting HIV programmes. Confinement policies, travel restrictions and physical distancing requirements have interrupted or suspended vital HIV services, including testing and prevention services. Deteriorating economic conditions and widening socioeconomic inequalities are also aggravating HIV-related vulnerability, increasing gender-based violence and threatening gains made in protecting and empowering women and girls. The introduction of coercive and punitive measures to control movement led to the discriminatory harassment of key populations in some countries, in some cases leading to periods of detention.

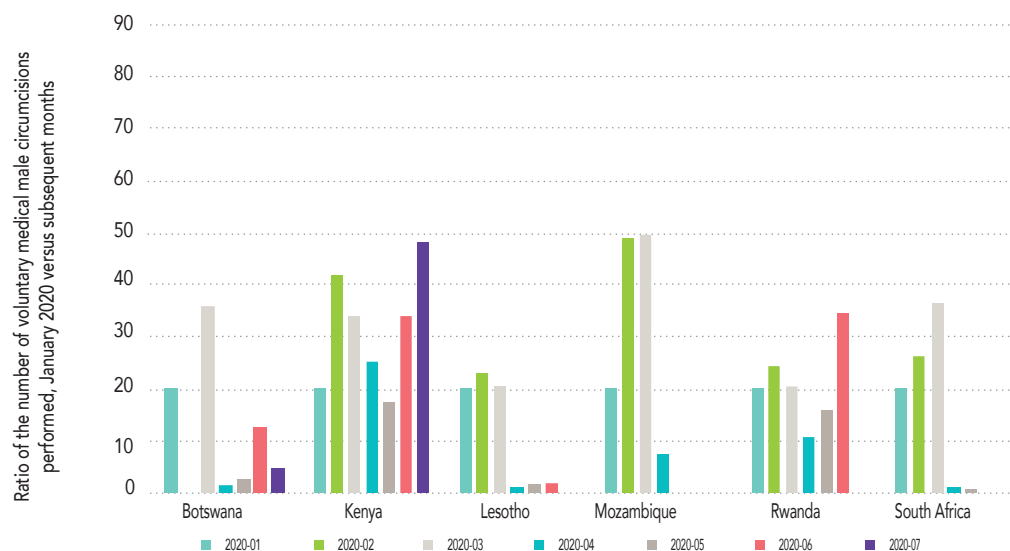
By June 2020, UNAIDS country offices were reporting that some HIV facilities had to close, reduce their operating hours or

convert into COVID-19 facilities in at least two dozen countries (including Coalition focus countries). In-person peer support and outreach services were reduced or halted, and condom and harm reduction supplies and distribution were affected. Twelve of the 27 reporting Coalition focus countries stated that the pandemic had affected their HIV prevention programmes. PrEP services were disrupted in Brazil, Islamic Republic of Iran and Pakistan, and the development of PrEP guidelines and an implementation plan was delayed in Mexico.

Voluntary medical male circumcision programmes were paused in several countries during the first half of 2020. In Botswana, Lesotho, South Africa and Zimbabwe, for example, the number of procedures plummeted—in Zimbabwe’s case from about 24 000 in February 2020 to a few hundred a month after April 2020. Kenya also experienced a decline, although services resumed rapidly after

<sup>6</sup> <https://hivserVICestracking.unaids.org>

**Figure 12. Numbers of voluntary medical male circumcisions performed from January to June 2020 in six countries**



May 2020 (among men and boys older than 15 years) (Figure 12).

Data from the UNAIDS HIV Services Tracking Database show that the coverage of prevention services for key populations declined in some countries during the early months of the COVID-19 pandemic in 2020. Other countries (e.g. Kenya) managed to maintain coverage by making appropriate adjustments to the services.

In parts of China, many outreach, condom distribution and clean needle exchange services were interrupted in early 2020, and curfews and other restrictions in Kenya disrupted prevention services for sex workers and gay men and other men who have sex with men. Law enforcement agencies have also used the pandemic as a pretext to target key populations with harassment in some countries (16, 17). In some cases, according to the UNAIDS HIV Services Tracking Database, coverage recovered somewhat in mid-2020 (for example, among gay men and other men who have sex with men), but the effect on harm reduction services for people who inject drugs is not yet clear. Many sex workers have lost their sources of income and are excluded from social protection programmes. As a result, they are struggling to afford housing and food, which is adding to their pressures to accept unsafe sexual encounters and risk arrest under new COVID laws.

## Responding quickly to new challenges

Health-service providers and community organizations have responded by changing the ways they provide HIV services, including providing home deliveries of antiretroviral medicine and shifting peer and other forms of support to online platforms. UNAIDS and its Cosponsors supported these responses by rapidly developing guidance on HIV prevention and COVID-19. The focus was on maintaining access to prevention services (including through multimonth dispensing of condoms, needles and syringes, PrEP

and antiretroviral medicine), rolling out self-testing and shifting community outreach work to virtual platforms.

Many countries quickly reorganized prevention service provision to minimize disruptions of the most essential prevention services. In Angola, Indonesia, Myanmar and Ukraine, for instance, community organizations shifted their outreach and other HIV support to virtual platforms. UNAIDS country offices and United Nations joint teams assisted civil society groups in Botswana, Kenya, Pakistan, Zambia and Zimbabwe to take similar action. In Ukraine, service providers and the Ministry of Health ensured that almost all people receiving opioid substitution therapy received 10-day stocks rather than having to visit facilities each day (18).

Data reported in October 2020 show that, overall, about two thirds of Coalition focus countries had taken steps to continue safe outreach services for young women and for key populations and that about half of the Coalition focus countries provided online counselling for key populations (Table 7). Almost all the Coalition focus countries reported providing multimonth dispensing of condoms, and more than two thirds did the same for PrEP. Eight Coalition focus countries had adopted multimonth dispensing of needles and syringes for people who inject drugs, and seven countries were providing take-home dosages of opioid substitution therapy.

To prevent disruptions to HIV treatment (which could substantially increase the number of people dying from AIDS-related causes and acquiring HIV), there has been a major shift to multimonth dispensing of antiretroviral medicine in all but one of the 28 Coalition focus countries. Many were dispensing at least three months of antiretroviral medicine to most people receiving HIV treatment. Twelve countries were arranging alternative access to antiretroviral medicine. In Côte d'Ivoire, Indonesia, Kenya and elsewhere, community groups delivered antiretroviral and tuberculosis medicines to people's homes or to local drop-in centres. Their peers in Eswatini and Kenya



*Data reported in October 2020 show that, overall, about two thirds of Coalition focus countries had taken steps to continue safe outreach services for young women and for key populations*

delivered condoms, lubricants and HIV self-testing kits to key population-friendly community distribution points. HIV-focused organizations have also taken on COVID-19 roles, including in western and central Africa, where a May 2020 survey found that three quarters of 160 civil society organizations had added COVID-19 tasks to their activities, a testament to the critical importance of well-funded and -supported civil society organisations (19). Other positive changes during the pandemic have included the removal or suspension of health care-related user fees in at least four countries in sub-Saharan Africa.

The COVID-19 pandemic has also affected some countries' capacity to report to the Global AIDS Monitoring system, which could compromise their ability to track and resolve programming gaps. UNAIDS responded with a data-sharing scheme that UNAIDS country offices will support at the country level. By collecting regular data on essential HIV services, this online platform will help countries to assess and resolve service disruptions, especially those affecting adolescent girls and young women, key populations, condom distribution, voluntary medical male circumcision and access to PrEP.

## Safeguarding HIV prevention for women and girls

Women and girls are especially affected by increased violence, income losses and heightened economic insecurity and by

the heavier burdens of unpaid domestic and care work associated with the COVID-19 pandemic (20, 21). Emerging data show that violence against women and girls, especially domestic violence, has intensified (22). According to the UNAIDS HIV Services Tracking Database, in Kenya, for example, the number of women seeking services at health facilities who reported experiencing sexual or genderbased violence almost doubled to about 1700 from April to June 2020. UN Women has projected that poverty rates among women globally could increase by over 9% because of the pandemic and its fallout (23). School closures threaten children's access to education and could undermine the empowering effects of secondary school education for girls in particular.

Several Coalition focus countries have taken additional steps to prevent violence against women and support the survivors of such violence, including by setting up helplines and reception centres for survivors (Angola and Côte d'Ivoire) and fast-tracking court cases related to gender-based violence (South Africa and Zimbabwe). Services to prevent and respond to violence against women have been integrated into national COVID-19 response plans in Côte d'Ivoire, Democratic Republic of the Congo, Nigeria, South Africa, Uganda and Zimbabwe; some of these countries, including Côte d'Ivoire, Democratic Republic of the Congo and South Africa, have also introduced fiscal and economic measures to support women in the economy (21).

United Nations joint teams are supporting actions to protect women and children against violence, including creating government hotlines (Myanmar), expanding shelters (Zambia), operating free 24-hour emergency medical services (Kenya) and introducing mobile genderbased violence clinics (Mozambique). Other support for women and girls affected by the pandemic includes food aid and subsidy packages (Indonesia) and emergency financial aid (Pakistan).



Credit: UNAIDS 2020 recommendations



**Table 7. Changes made to prevention service delivery in Coalition focus countries, 2020**

	Young women		Key populations		Condoms		PrEP		HIV treatment		Harm reduction	
	Safe continuation of outreach	Online counselling	Safe continuation of outreach	Online counselling	Adopted multithreshold dispensing	Alternative access	Adopted multithreshold dispensing	Alternative access	Adopted multithreshold dispensing	Alternative access	Needles and syringes – dispensing large quantities	Opioid substitution therapy – take-home dosages
<b>Africa region</b>												
Angola												
Botswana												
Cameroon												
Côte d'Ivoire												
Democratic Republic of the Congo												
Eswatini												
Ethiopia												
Ghana												
Kenya												
Lesotho												
Malawi												
Mozambique												
Namibia												
Nigeria												
South Africa												
United Republic of Tanzania												
Uganda												
Zambia												
Zimbabwe												
<b>Other regions</b>												
Brazil												
China												
India												
Indonesia												
Islamic Republic of Iran												
Mexico												
Myanmar												
Pakistan												
Ukraine												

Source: UNAIDS COVID-19 portal reporting.

Note: The data in this table are based on country reporting. Orange shading means that the adaptation was not adopted by the time of reporting. Green shading means that adaptations were made, but this does not mean that adaptations have already been implemented in all locations or all programmes within the country. Grey shading indicates countries where young women are not the primary focus of dedicated HIV prevention programmes.

Credit: UNAIDS



# Summary findings of the external review of the Global HIV Prevention Coalition

In early 2020, the Coalition Secretariat commissioned an external review of the Coalition's contribution to strengthening the HIV prevention response globally and in countries (24). The team extensively reviewed programme evidence and almost 100 interviews, including in-depth reviews of progress in Brazil, Côte D'Ivoire, Eswatini, the Islamic Republic of Iran, Kenya, Malawi and Ukraine (reflecting a variety of regions, epidemic profiles and response performances).

The external review found that the Coalition has restored attention to primary HIV prevention globally (including among international donors) and in national HIV responses. It commended the Coalition for marshalling support for a common approach to prevention with a focus on delivering needed services to populations and locations that are at highest risk of infection. Most of the Coalition's key elements and services earned praise.

The HIV Prevention Road Map was singled out for enabling countries to move from generic to targeted prevention approaches. The review found that Coalition focus countries were using the 2020 Road Map to guide and monitor their programming improvements and to regularly report on progress. Countries' commitment to the Coalition model was evident in the timely completion of reporting on Road Map implementation and programme improvements.

The Road Map contributed to stronger country programming for prevention, although the extent of improvements varied. Although no country had completed all 10 priority actions by the end of 2019, implementation had improved considerably and strong progress had been made towards fulfilling the priority steps.

Although some key informants had suggested changes and additions to the five main prevention pillars, the majority view was to retain the current pillars. Detailed scorecard reporting on progress related to the pillars was considered one of the strongest features of the Coalition, even though the process could be burdensome for countries and the Coalition Secretariat.

The external review suggested that the Coalition in some respects has been more visible and influential at the global than the country level (for example, it has been highly influential in Côte d'Ivoire and the Islamic Republic of Iran, although less so in Brazil). Nevertheless, it found that the Coalition has strengthened institutional and multistakeholder collaboration for HIV prevention at both the global and country levels.

All Coalition focus countries had immediately stepped up efforts to revitalize HIV prevention leadership in the Coalition's first year of operation. The Coalition has been especially successful at strengthening national AIDS authorities in Coalition focus countries as the institutional stewards of HIV prevention. The review stressed the importance of consistent leadership and coordination support to keep prevention programmes from again fragmenting into piecemeal projects that compete for attention and funds. Catalytic funding to the UNAIDS Cosponsors (via the Joint Programme's country envelope) has helped to support national HIV prevention coalitions and/or technical working groups under the direction of national AIDS structures. Of the 27 reporting countries (excluding Botswana), 24 had national prevention working groups that had met at least



*All Coalition focus countries had immediately stepped up efforts to revitalize HIV prevention leadership in the Coalition's first year of operation*

once in the previous 12 months. Civil society engagement varied, however, and should be strengthened.

The review also noted that some national prevention structures were struggling to coordinate and support the activities of partners, both in government and civil society, especially at the subnational levels. Prevention teams in some countries were struggling for funding and visibility, while others had difficulty in maintaining focus on prevention in decentralized health systems. There are important opportunities for the Coalition to strengthen support to the subnational levels.

The review indicated that the Coalition focus countries face diverse technical, political and financial challenges in expanding and improving combination prevention programmes. Common to most are difficulties in changing underlying factors that hinder effective HIV prevention programming, including shortfalls in political leadership and funding and obstructive legal and policy environments.

On the funding front, the Coalition has successfully collaborated with the Global Fund to modify its application guidelines and technical review criteria in ways that encourage countries to submit targeted and costed proposals related to the Coalition prevention pillars. However, funding for combination prevention services does not yet match the need, and very few Coalition focus countries have reached the broad Road Map target of allocating 25% of country HIV budgets for primary HIV prevention.

The slow progress in reforming or removing legal and policy barriers to effective HIV prevention was highlighted, especially in relation to the criminalization of same-sex conduct, sex work and drug use and to combatting gender-based violence. Although efforts to address human rights barriers appeared to increase in 2019 compared with previous years, restrictive sociopolitical conditions in some countries hindered the necessary scaleup of services to key populations and the participation of affected communities in delivering these services. The external

review suggested that stronger guidance for partners, coordination support and technical assistance could help remove some of the hindrances that block evidence-informed HIV prevention.

The review noted that the Coalition Secretariat has been responsive to country requests for technical assistance and has been alert to emerging needs. This was evident, for example, in the Coalition Secretariat's support for the development of a national AIDS council directors' community of practice and its role in mobilizing resources for South-to-South learning. Most Coalition focus countries have used technical assistance that is being offered to strengthen prevention activities, although the assistance was not always adequately coordinated. Some technical assistance gaps were also noted: for example, for tackling structural barriers, promoting social contracting, condom market development, programme management and integration with sexual and reproductive health services.

Although the external review noted areas for further improvement, it found that the Coalition had revived the attention of leaders, planners and managers on HIV prevention and was enabling countries to refocus their HIV institutions, resources and strategies on proven approaches and interventions.

The review's recommendations focused on four areas.

- Continued promotion and strengthening of HIV primary prevention are critical, especially because of the effect of the COVID-19 epidemic on HIV prevention programmes. The review urged Coalition countries and partners to renew their commitment to the Coalition and recommended that the Road Map be updated and extended to 2021–2025, taking into account new conditions and opportunities.
- The architecture of the Global HIV Prevention Coalition could be clarified further (regarding membership, the roles and authority of co-conveners,



*The slow progress in reforming or removing legal and policy barriers to effective HIV prevention was highlighted, especially in relation to the criminalization of same-sex conduct, sex work and drug use and to combatting gender-based violence*

and the Global Prevention Working Group's terms of reference). The review recommended increased investment in national stewardship and coordination, along with steps to enable greater regional ownership and adaptation of the Roadmap for 2021–2025.

- Ongoing efforts to accelerate HIV prevention must include removing obstacles that impede implementation of HIV prevention programmes at the required scale. Priorities include increased attention to ensuring adequate prevention workforces and addressing funding shortfalls, harmful policies and laws and political opposition to prevention components. The next five-year strategy should emphasize the mobilization of both domestic and international funding.

- The independent review also recommended increased support for civil society and community engagement in both global and national prevention coalitions. The support should include funding for capacity development and for covering the costs of meaningful participation in planning, implementing and evaluating progress against national prevention Road Maps.

The external review report is being circulated, and a management response will be developed based on stakeholders' input. The external review and management response will be made available on the Global HIV Prevention Coalition website.



Raising awareness among young people about the importance of HIV testing and prevention. Brazil, 2019. Credit: UNICEF/Genilson Coutinho

# Priority actions to speed up progress



*Coalition focus countries have made admirable HIV prevention gains in recent years—providing ample proof that HIV combination prevention works*

A successful response to HIV hinges on rapidly reducing the number of people newly infected. Several Coalition focus countries have made admirable HIV prevention gains in recent years—providing ample proof that HIV combination prevention works. However, very few Coalition focus countries will reach the 2020 HIV prevention targets. The pace and scope of improvements must increase rapidly, and successes must be replicated in places where progress is lagging.

This can be done. Immediate, stepped-up actions are needed in several key areas.

**Show stronger political commitment for HIV prevention.** Stronger political will is needed to fund and properly resource HIV prevention programmes and to remove the legal and policy obstacles that hold back more rapid progress. Today's lost opportunities for preventing people from acquiring HIV will, in years to come, add to the lifelong treatment costs of people living with HIV and to the inexcusable numbers of lives lost to the epidemic.

**Close the funding gap.** Internationally and domestically, funding for HIV prevention has to match the importance of these programmes. Reducing resources for HIV in the face of COVID-19 will undercut the gains made thus far and will prolong a costly HIV epidemic. Already, more than 3 million more people require HIV treatment for life because the 2020 HIV prevention targets were missed in a context of insufficient investment in the past four years. Coalition countries and donors have to develop new approaches to close the funding gap that has been allowed to emerge in recent years. Global Fund grants should be put into operation as quickly as possible, with the aim of building potent

and sustainable national prevention programmes. Efficiency gains are needed to heighten the impact of the resources that become available.

**Strengthen capacity to manage prevention programmes.** Coalition focus countries have to strengthen their capacity to manage prevention programmes, including community system capacity. High-quality implementation of the five pillars of prevention requires solid systems, programme management capacity, strong service delivery platforms and staff members that have the training, time and resources to perform their tasks and to coordinate and collaborate with partners.

**Improve data collection.** Further improvements in collecting and analysing subnational data will enable countries to focus high-impact interventions on locations and populations with the highest risk of HIV infection. This would also enable them to monitor the coverage of intervention packages and prevention outcomes.

**Harness the strengths of communityled organizations and networks.**

Community-led organizations are a powerful resource that is insufficiently harnessed currently. HIV programmes that partner with community organizations to deliver people-centred services at scale, including through social contracting, will do better at reaching communities that are being left behind. The same approach should be used to enhance data collection and to monitor prevention interventions.

**Use combination prevention to the full.** Evidence-informed combination prevention programmes must be deployed at the required scale, especially in populations and settings in which they can maximize impact.

- **Reboot condom distribution and use.** Countries should act urgently to revive condom programmes, including demand generation, to increase condom access and use, especially for young people and key populations.
- **Maintain coverage of voluntary medical male circumcision programmes.** Previous, high levels of access and other programmatic efforts should be resumed when the COVID-19 pandemic-related conditions make that possible.
- **Get the most out of interventions based on antiretroviral medicine.** Some Coalition focus countries have made rapid progress in widening access to PrEP—an example other countries can follow. Countries can do this by focusing on the populations at greatest risk and by strengthening community links. Ongoing strengthening of systems to support the retention of people living with HIV on antiretroviral therapy will enable greater numbers of people living with HIV to reduce their viral loads to undetectable—and therefore untransmissible—levels.

**Take to scale the prevention programmes that work.** Countries can reduce HIV incidence in populations who are at high risk of infection by providing proven, people-centred prevention services at the required scale.

- For adolescent girls, young women and their male partners, countries need to implement layered programmes in locations with high HIV incidence. It is critical to increase access to and demand for HIV prevention services through community, health and education platforms. Programmes that include enabling interventions (such as comprehensive sexuality education and socioeconomic support) and stronger actions to prevent violence against women will have a larger impact.

- For key populations, as well, countries should follow public health principles and provide a full complement of proven services and tools (including harm reduction for people who inject drugs and basic HIV services for incarcerated populations). Countries that work with community-led organizations to make these changes and scale up interventions will be able to reach the populations that are being left behind.

**Remove legal and policy barriers and eliminate stigma and discrimination.**

Countries have to review and, where necessary, remove or reform laws and policies that obstruct people’s access to HIV-related health services. These include laws that criminalize key populations and age-of-consent laws. Strong action must be taken to eliminate stigma and discrimination, especially in health-care settings. Links should be made with both the Global Fund Breaking Down Barriers initiative and the Global partnership for action to eliminate all forms of HIV related stigma and discrimination.

**Strengthen links with other health and development programmes.** Countries can do better at using opportunities to link or integrate HIV interventions with other health-care platforms and programmes (such as sexual and reproductive health, antenatal care, COVID-19, tuberculosis and viral hepatitis) and with social development programmes (such as education). But integration should not compromise the social and structural components of the HIV response (including those that tackle legal barriers, stigma, discrimination, human rights protections and gender and other inequalities).

**Maintain HIV services.** Maintaining HIV services amid the COVID-19 pandemic and exploring links between these responses are important. COVID-19 is simultaneously adding new pressures to the HIV response and providing opportunities for links and innovations that can boost both responses (such as community-led behaviour change that can boost both responses (such as community-led behaviour change



*Countries can reduce HIV incidence in populations who are at high risk of infection by providing proven, people-centred prevention services at the required scale*

and communication, contact tracing, combining testing services, using telemedicine approaches, techniques of community follow-up and more).

Four decades of hard-fought experience in the HIV response has shown that successful pandemic responses

are evidence-informed, politically supported, adequately funded and community-driven. If they apply these lessons with urgency, Coalition focus countries can change the course of the global AIDS epidemic.



*National Agency for the Control of AIDS staff and partners supported by UNAIDS played a friendly football match against The Scorpions of the Nigerian Armed Forces to increase HIV/AIDS awareness ahead of World AIDS Day. Nigeria, 2015. Credit: UNAIDS*



# Annex

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## Status of HIV prevention in member countries

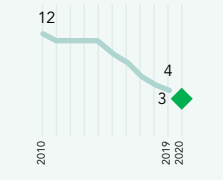
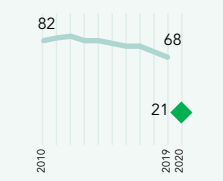
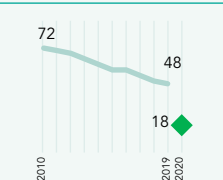
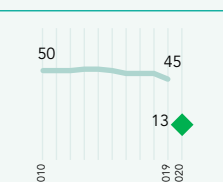
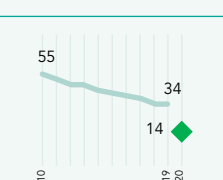
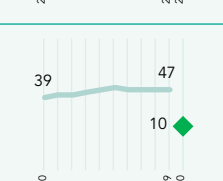
## HIV prevention score card: Summary of country progress on prevention programme coverage and outcomes, 2020

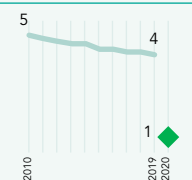
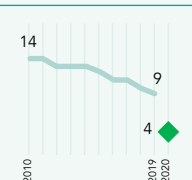
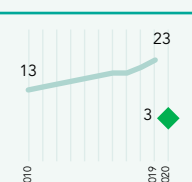
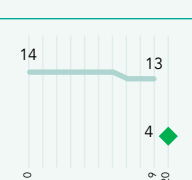
	New adult HIV infections (2010-19, 2020 target; thousands)	Scores						
		AGYW & MPs	Sex workers	MSM	PWID	Condoms	VMMC	PrEP
Angola		3	5	ID	ID	3	NA	0
Botswana		5	5	6	ID	9	3	5
Cameroon		3	5	5	ID	3	NA	1
Cote d'Ivoire		ID	6	6	2	4	NA	3
DR Congo		4	ID	ID	0	3	NA	3
Ethiopia		3	ID	ID	ID	4	10	0
Ghana		ID	6	5	ID	2	NA	3
Kenya		8	8	8	7	7	10	8
Lesotho		8	4	5	ID	8	8	10
Malawi		4	5	3	ID	8	2	4
Mozambique		4	4	ID	2	4	6	3
Namibia		5	6	ID	ID	8	5	8
Nigeria		4	5	4	3	6	NA	5
South Africa		5	6	7	2	8	6	5

### Legend

<span style="color: green;">■</span> Very good (9-10)	<span style="color: lightgreen;">■</span> Good (8)	<span style="color: yellow;">■</span> Medium (7)	<span style="color: orange;">■</span> Low (5-6)
<span style="color: orange;">■</span> Very low (0-4)	<span style="color: pink;">■</span> Insufficient data	<span style="color: grey;">■</span> NA	<span style="color: grey;">■</span> 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		7	4	3	3	7	5	8
United Republic of Tanzania		3	5	2	4	2	10	4
Uganda		4	5	3	1	6	8	6
Zambia		3	5	ID	ID	5	9	6
Zimbabwe		4	6	5	ID	8	6	5
Brazil			5	5	NA			6
China			ID	ID	8			2

	New adult HIV infections (2010-18, 2020 target; thousands)	Scores			
		Sex workers	MSM	PWID	PrEP
India		8	8	8	ID
Indonesia		4	4	5	0
Islamic Republic of Iran		3	ID	3	3
Mexico		ID	ID	2	10
Myanmar		6	4	7	1
Pakistan		0	1	1	1
Ukraine		6	4	7	4

## 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 country summaries contain information on all levels of the HIV prevention programme results chain, including impact on HIV incidence, programme outcomes for various 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, UNAIDS estimates and standard health and HIV surveys.

- 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 2019—but reflects financing decisions taken earlier in the response. Progress in the 10 Road Map actions shows changes between October 2017 to September 2020. As such, progress on one indicator in one year does not necessarily show immediately in another, higher-level indicator, since that progress might only be revealed through a survey (the results of which may only become available years later).

## HIV incidence and prevalence

Trends in the number of people newly infected with HIV are based on UNAIDS 2020 estimates and are presented as line graphs against the 2020 target of a 75% reduction in this number. This reduction

between 2010 and 2019 is also expressed as a percentage. By 2019, countries should have achieved a 67.5% reduction versus 2010 levels. The reduction among young people is also shown as a percentage. HIV prevalence among key populations is presented, for people younger than 25 years and all ages. The HIV prevalence among young people—including young key populations—is included as a proxy for trends in the numbers of people acquiring HIV. The 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 generally presented in the form of table charts.

- Data on condom use among young women and adults with nonregular partners are based on populationbased surveys, such as Demographic and Health Surveys (DHS) or specific HIV surveys.
- 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 the clients of sex workers are mostly from DHS.
- Data on voluntary medical male circumcision are from programme records. The cumulative number of voluntary medical male circumcisions conducted between 2016 and 2019 is measured against the estimated total number of voluntary medical male circumcisions required between 2016 and 2020 according to the UNAIDS Fast-Track model (which assumes 90% uptake among boys and men 10–29 years old).
- 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 2019; hence, there is not yet sufficient information from surveys to track changes over time since the Coalition began operating in 2018 (it was launched in late 2017).

## HIV prevention programme coverage

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

- For prevention programmes among adolescent girls and young women, coverage is measured geographically in terms of the percentage of highincidence locations with dedicated programmes for this population. A more precise indicator to measure coverage is being developed.
- For prevention programmes among key populations, coverage is defined as the percentage of people who accessed two HIV prevention interventions in the previous 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 voluntary medical male circumcision, the level of coverage is defined as the number of voluntary medical male circumcisions conducted versus the annual target derived from the UNAIDS Fast-Track model.
- For PrEP, a composite preparedness

score is included. It combines progress in terms of regulatory approval and national guidelines and the estimated number of people receiving PrEP relative to the epidemic size.

Programme coverage data are not strictly comparable between countries, because countries use different methods for population size estimates and different approaches for defining and measuring coverage. Further, large data gaps persist for ascertaining programme coverage, especially 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 to 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 people 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 (such as condom use among sex workers or use of safe injecting equipment), the scale starts at 50%—in other words, 50% utilization is equivalent to a score of “0,” 55% use equals a score of 1 and so on.
- Coverage and outcome indicators have the same weight (50% each) in the

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 combines data on the percentage of high-incidence locations covered with programmes, levels of condom use among women 15–24 years old and the percentages 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 15–49 years old.
- For voluntary medical male circumcision, the score takes into account the percentage of voluntary medical male circumcisions conducted versus the annual voluntary medical male circumcision targets for 2019 (as a measure of recent programme performance) and the cumulative 2020 voluntary medical male circumcision targets (as a measure of overall progress).



Credit: UNAIDS

- For PrEP, the score is based on a combination of preparedness (regulatory approval and guidelines in place) and actual coverage (number of people on PrEP compared to burden of new HIV infections).
- Scores in the 2017, 2018, 2019 and 2020 versions of the scorecard are not directly comparable: some indicator definitions were updated, particularly for PrEP and voluntary medical male circumcision.

The country guide for validation and consultation for scorecards and country posters in the Global HIV Prevention Coalition describes the methods applied to develop the scores in more detail.

## Status of 10 Road Map actions and enablers

The country summaries also contain information on progress made in relation to 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 2020. 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 2020 was determined by responses to an online survey.

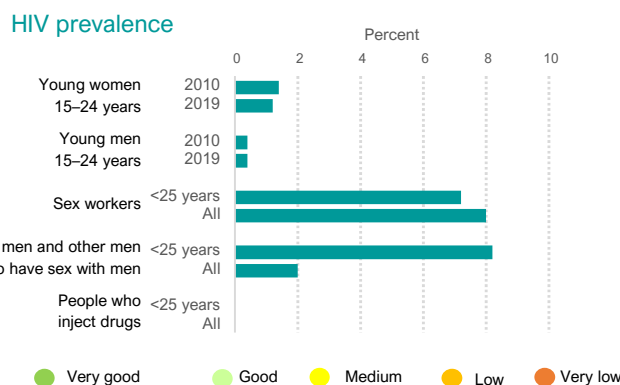
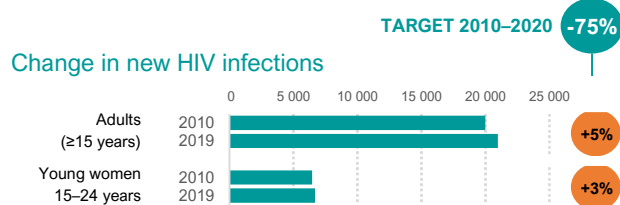
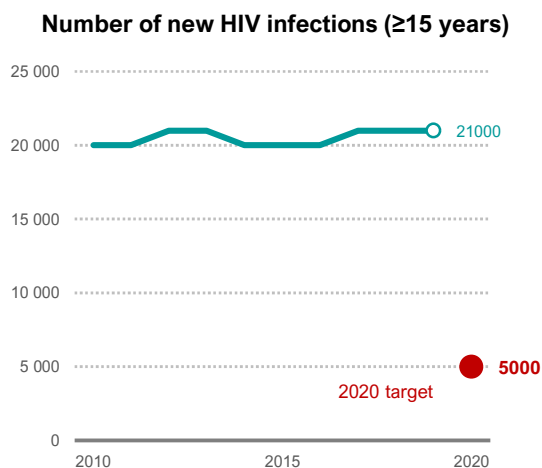
Selected structural indicators were included in the country summaries for this 2020 report. For adolescent girls and young women, this includes completion of lower-secondary education, intimate partner violence, laws requiring parental consent for adolescents to access sexual and reproductive health services, policies on life skills-based HIV and sexuality education (secondary schools). For key populations, data are provided on criminalization of key population behaviour, whether the national strategy includes critical elements of key population programme packages and avoidance of health-care uptake due to stigma and discrimination.

Links between HIV and sexual and reproductive health services are reported, specifically whether HIV testing services are integrated within sexual and reproductive health and provider-initiated condom promotion in family planning services. Finally, data related to HIV prevention adaptations during COVID-19 are included. Those data include safe continuation of outreach and online counselling for young women and key populations, adoption of multmonth dispensing and expanded alternative access for condoms, PrEP, HIV treatment, safe injecting equipment, and opioid substitution therapy.

# THE STATE OF HIV PREVENTION IN ANGOLA

2020

The number of adults newly infected with HIV increased from 20000 in 2010 to 21000 in 2019, a 5% increase.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	33	90
Young men	52	90

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

3

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is not known.

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	72	95
Clients	71	95

Received two prevention interventions in past 3 months (%)

43

Condom use at last paid sex is low. Coverage of HIV prevention programmes for sex workers is very low.

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	59	90

Received two prevention interventions in past 3 months (%)

id

Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is not known.

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	~40	95
On opioid substitution therapy	~40	40

Received two prevention interventions in past 3 months (%)

id

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	29	90
Men	53	90

Estimated condom distribution need met (%)

25

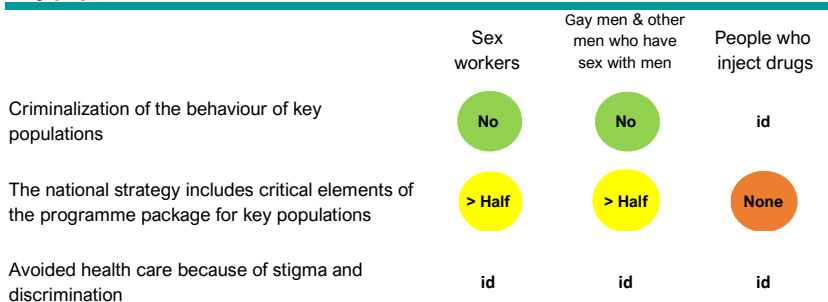
Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

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

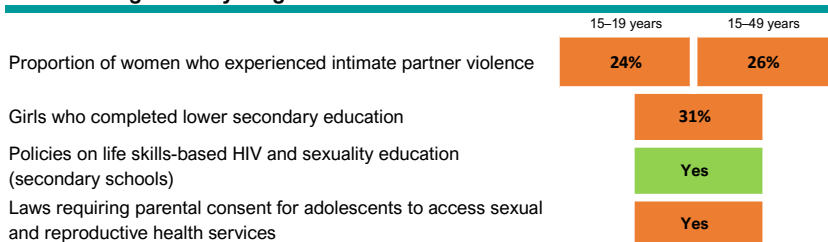


## Policy and structural barriers

### Key populations



### Adolescent girls and young women



## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

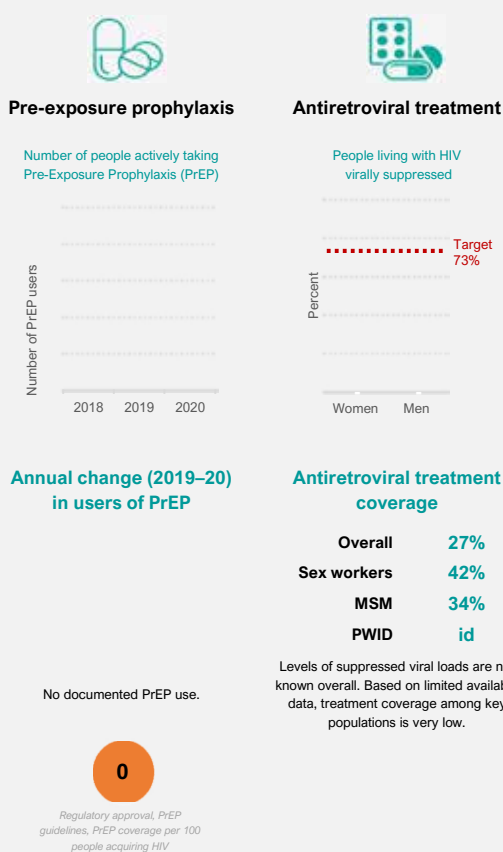
## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION



### ANTIRETROVIRAL DRUG-BASED PREVENTION



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Partly done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly 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 development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Not done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

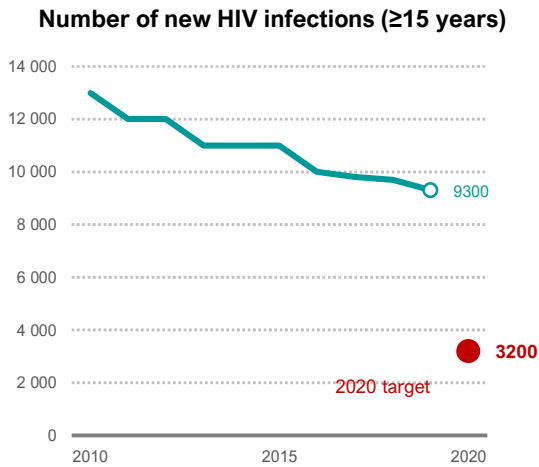
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN BOTSWANA

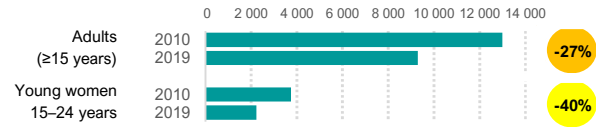
2020

The number of adults newly infected with HIV declined from 13000 in 2010 to 9300 in 2019, a 27% decline.

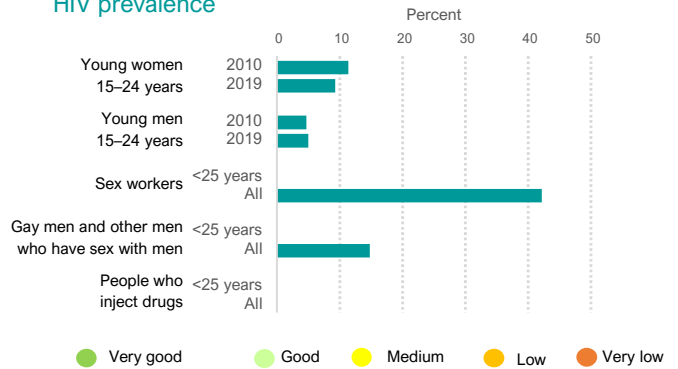


Change in new HIV infections

TARGET 2010-2020 **-75%**



HIV prevalence



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Target 90%

Young women: 33%  
Young men: 33%

33

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

Condom use among young women is not known. Coverage of high-incidence locations with dedicated prevention programmes is very low.

5

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Target 95%

76

Sex workers: 76%  
Clients: 76%

40

Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is low. Coverage of HIV prevention programmes for sex workers is very low.

5

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Target 90%

78

Gay men and other men who have sex with men: 78%

42

Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is moderate. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

6

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Target 95%

Target 40%

With safe injections: 40%  
On opioid substitution therapy: 40%

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

id

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

### CONDOM PROGRAMMING

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

Target 90%

Women: 71%  
Men: 76%

100

Estimated condom distribution need met (%)

Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is very high.

9

Condom use, condom distribution

Scores (1-10)    ● Very good    ● Good    ● Medium    ● Low    ● Very low    id ... insufficient data    na ... not applicable

## Policy and structural barriers

### Key populations

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

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	29%
Girls who completed lower secondary education	66%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	No	No
PrEP	No	Yes
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

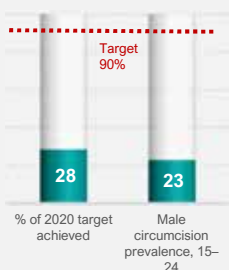
## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



31

% of annual voluntary medical male circumcision target

In 2019, progress against annual VMMC targets was very slow and progress against the full 2020 VMMC target is very slow.

3

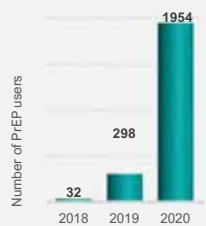
Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

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



Annual change (2019-20) in users of PrEP

+556%

As of quarter 3 of 2020, there were 1954 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

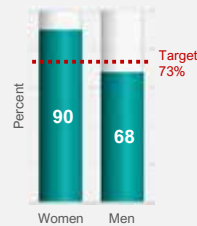
5

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



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall 82%  
Sex workers 88%  
MSM 74%  
PWID id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is high.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Not done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Not done

● Done ● Partly done ● Not done

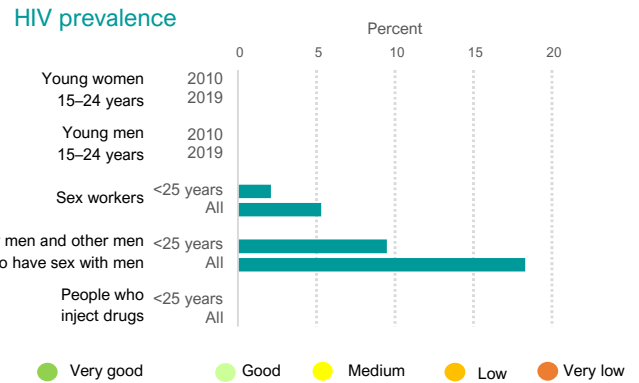
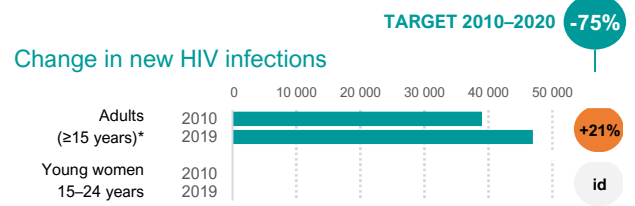
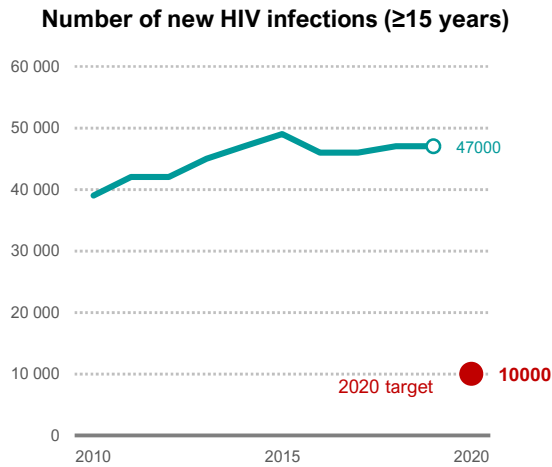
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN BRAZIL

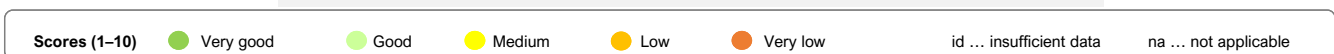
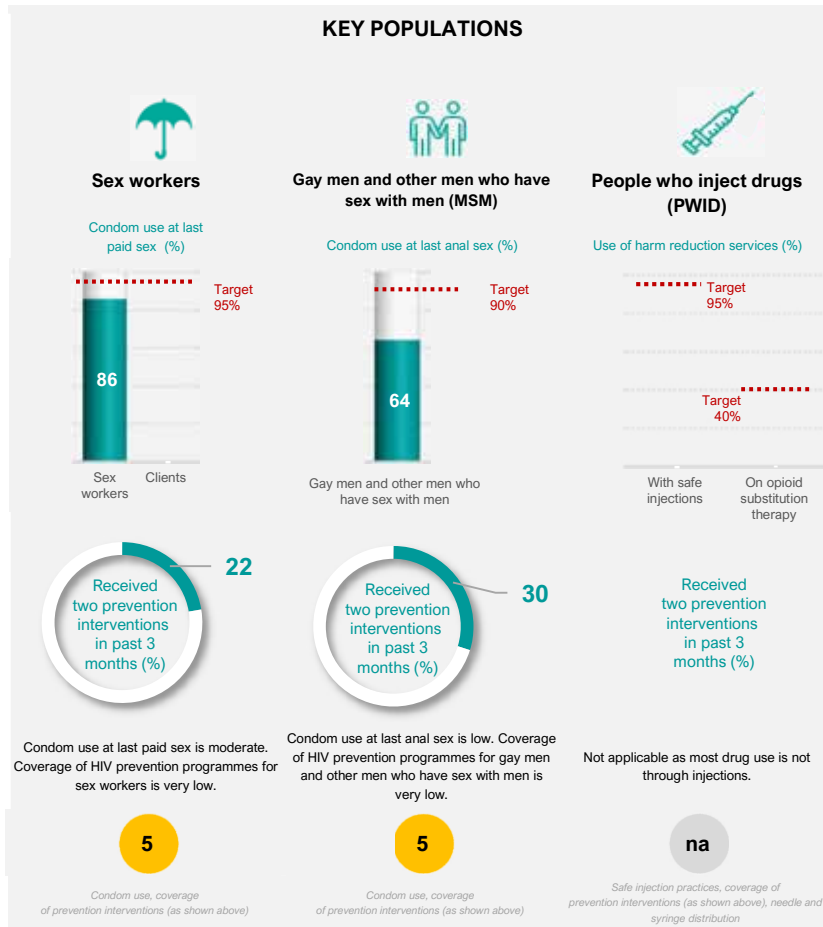
2020

The number of adults newly infected with HIV increased from 39000 in 2010 to 47000 in 2019, a 21% increase.\*



\*\*Country data not included in Global AIDS Monitoring.

## HIV programme coverage and outcomes



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	No	No	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	All	na
Avoided health care because of stigma and discrimination	12%	63%	na

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	82%	
Policies on life skills-based HIV and sexuality education (secondary schools)	No	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

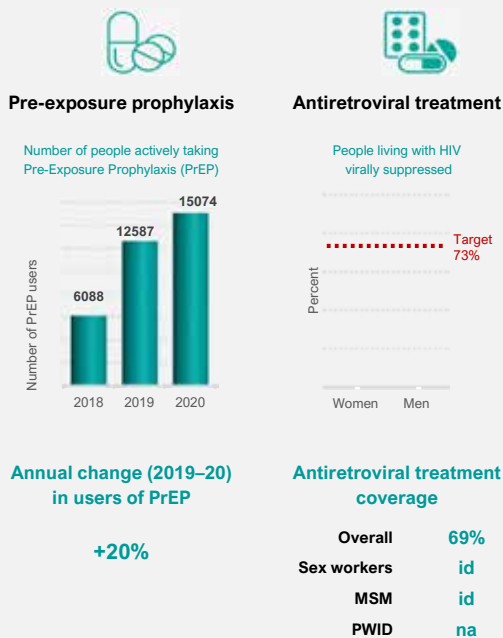
	Safe continuation of outreach	Online counselling
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

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

## ANTIRETROVIRAL DRUG-BASED PREVENTION



As of quarter 3 of 2020, there were 15074 people actively taking PrEP. In the past 12 months, use of PrEP stagnated.

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is not known.

6

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

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

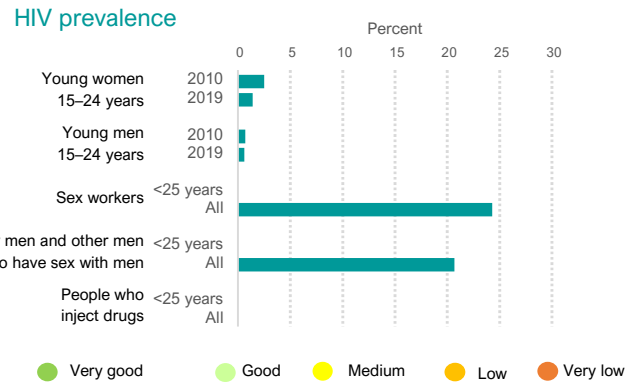
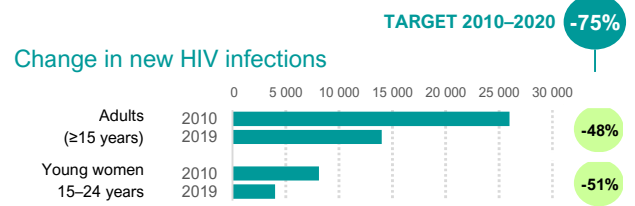
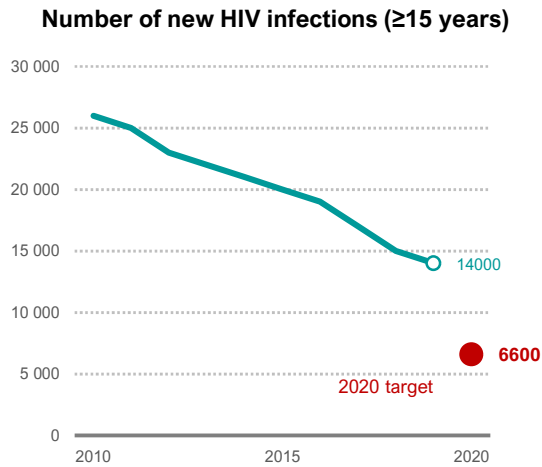
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Partly done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Partly 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 development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

# THE STATE OF HIV PREVENTION IN CAMEROON

2020

The number of adults newly infected with HIV declined from 26000 in 2010 to 14000 in 2019, a 48% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	50	90
Young men	65	90

5 % of high-incidence locations with a programme for adolescent girls

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**3**

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	91	95
Clients	83	95

23 Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is high. Coverage of HIV prevention programmes for sex workers is very low.

**5**

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	77	90

17 Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is moderate. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**5**

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	~40	95
On opioid substitution therapy	~40	95

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**id**

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	43	90
Men	63	90

14 Estimated condom distribution need met (%)

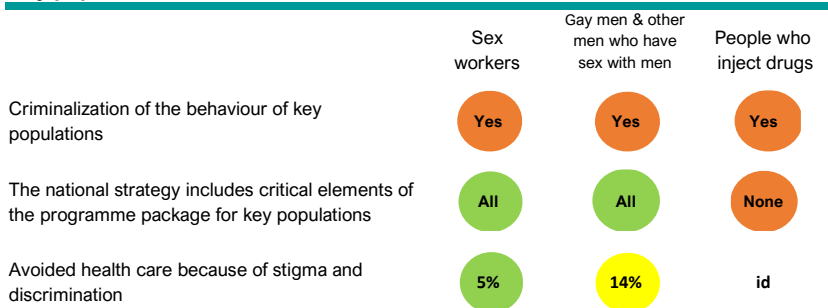
Condom use is low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

**3**

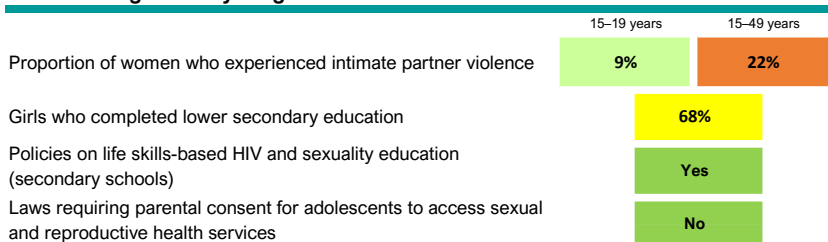
Scores (1-10)   ● Very good   ● Good   ● Medium   ● Low   ● Very low   id ... insufficient data   na ... not applicable

## Policy and structural barriers

### Key populations



### Adolescent girls and young women



## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	No	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION

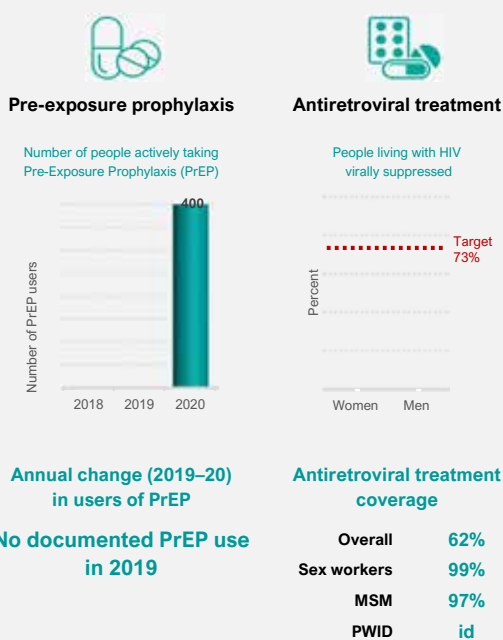


The country is not among the 15 priority countries for voluntary medical male circumcision

na

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



No documented PrEP use in 2019

As of quarter 3 of 2020, there were 400 people actively taking PrEP.

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is very high.

1

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

## Implementation of Prevention 2020 Roadmap

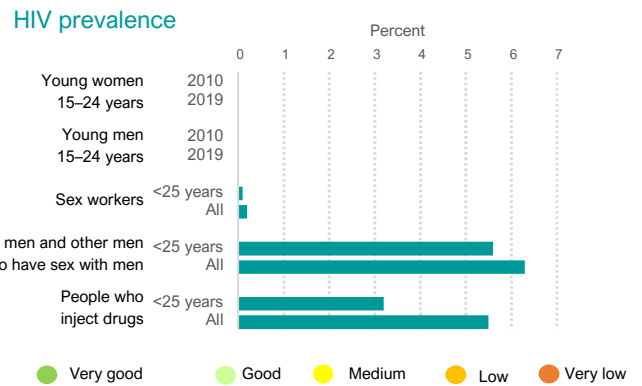
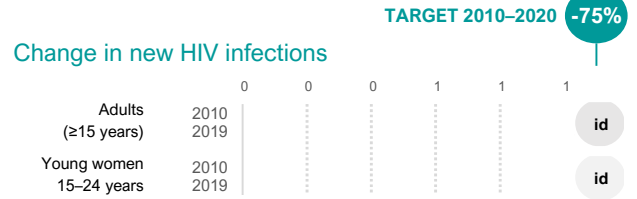
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

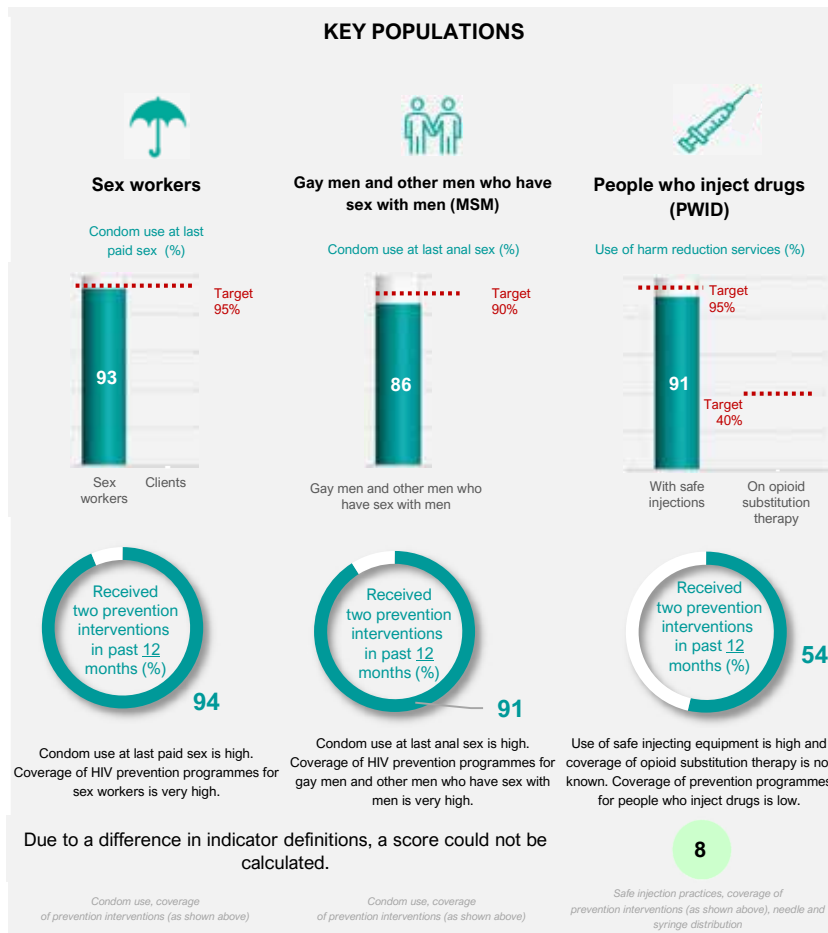
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

Estimates for new HIV infections are not available in 2020.



## HIV programme coverage and outcomes



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



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	No	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	All	All
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	93%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

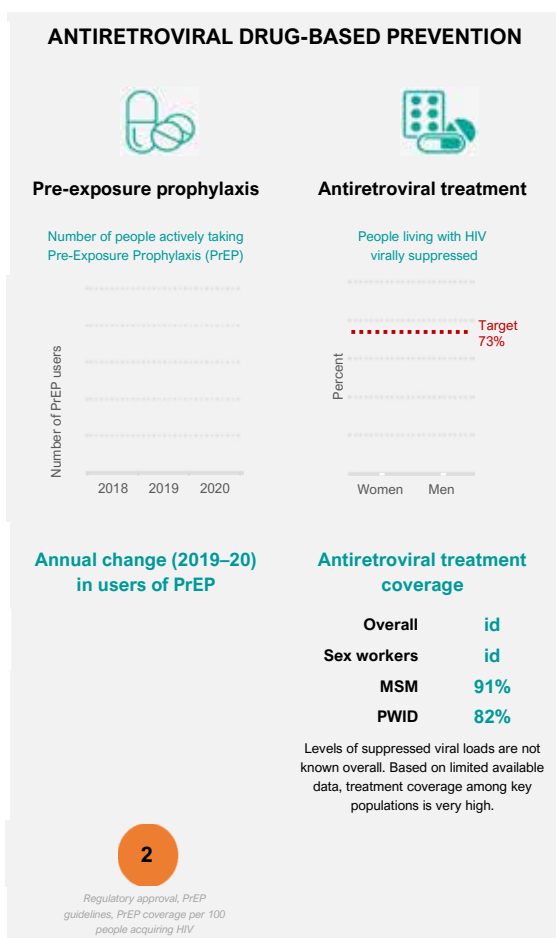
## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

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



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Partly done	Partly done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Done
5a - Key population size estimates	Not done	Not done
5b - Defined key population package	Not done	Partly 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 development and technical assistance plan	Not done	Done
7 - Social contracting	Done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

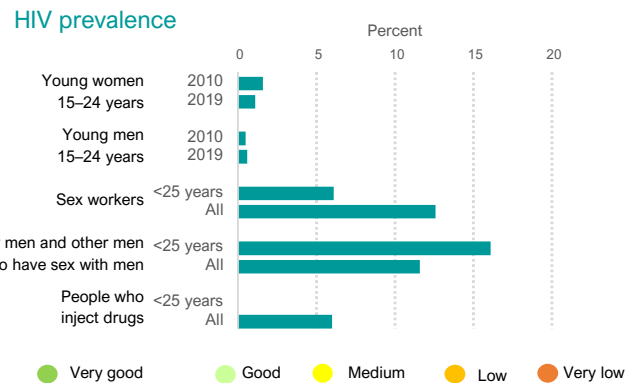
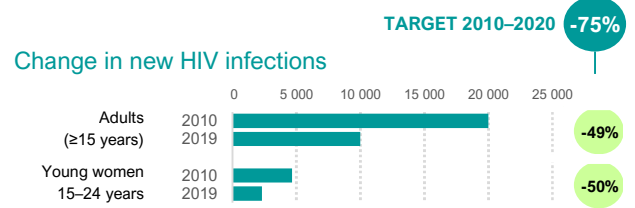
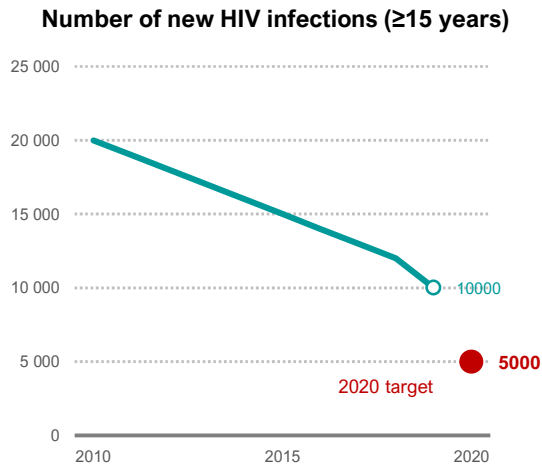
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the zuzu HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN CÔTE D'IVOIRE

2020

The number of adults newly infected with HIV declined from 20000 in 2010 to 10000 in 2019, a 49% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom Use (%)	Target (%)
Young women	48	90
Young men	61	90

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

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is not being assessed.

**id**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom Use (%)	Target (%)
Sex workers	76	95
Clients	42	95

Received two prevention interventions in past 3 months (%) **77**

Condom use at last paid sex is low. Coverage of HIV prevention programmes for sex workers is high.

**6**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom Use (%)	Target (%)
Gay men and other men who have sex with men	75	90

Received two prevention interventions in past 3 months (%) **38**

Condom use at last anal sex is moderate. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**6**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	~10	95
On opioid substitution therapy	~10	40

Received two prevention interventions in past 3 months (%) **16**

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is very low.

**2**

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

### CONDOM PROGRAMMING

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

Group	Condom Use (%)	Target (%)
Women	37	90
Men	50	90

Estimated condom distribution need met (%) **28**

Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

**4**

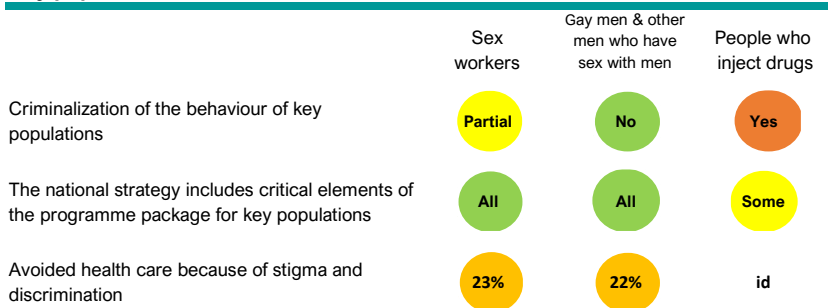
Condom use, condom distribution

**Scores (1-10)**    Very good (Green)    Good (Light Green)    Medium (Yellow)    Low (Orange)    Very low (Red)

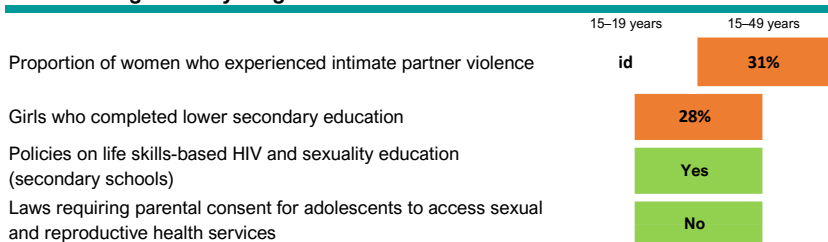
id ... insufficient data    na ... not applicable

## Policy and structural barriers

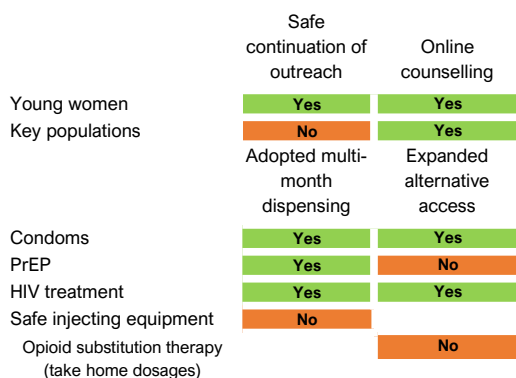
### Key populations



### Adolescent girls and young women

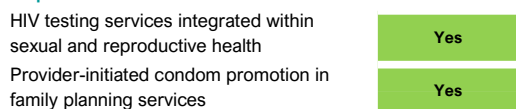


## HIV prevention adaptations during COVID-19

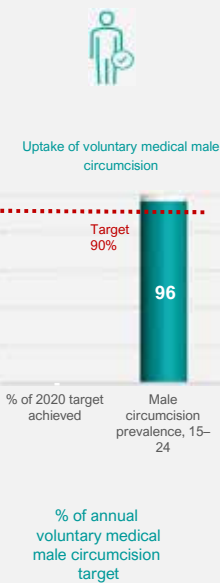


Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

## Linkages between HIV and sexual and reproductive health services



### VOLUNTARY MEDICAL MALE CIRCUMCISION

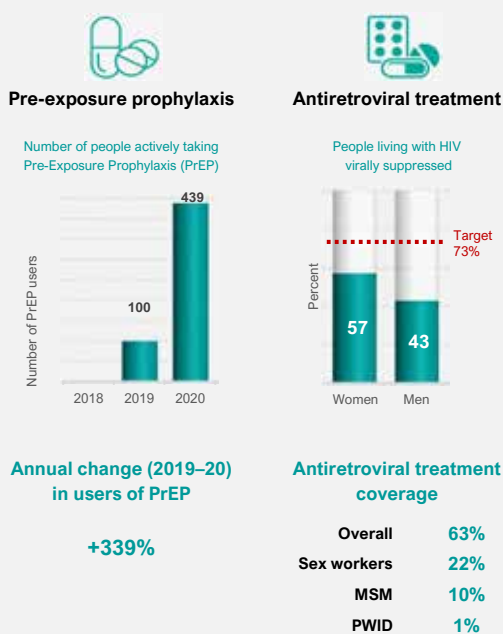


The country is not among the 15 priority countries for voluntary medical male circumcision

na

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



As of quarter 3 of 2020, there were 439 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

Levels of suppressed viral loads are low overall. Based on limited available data, treatment coverage among key populations is very low.

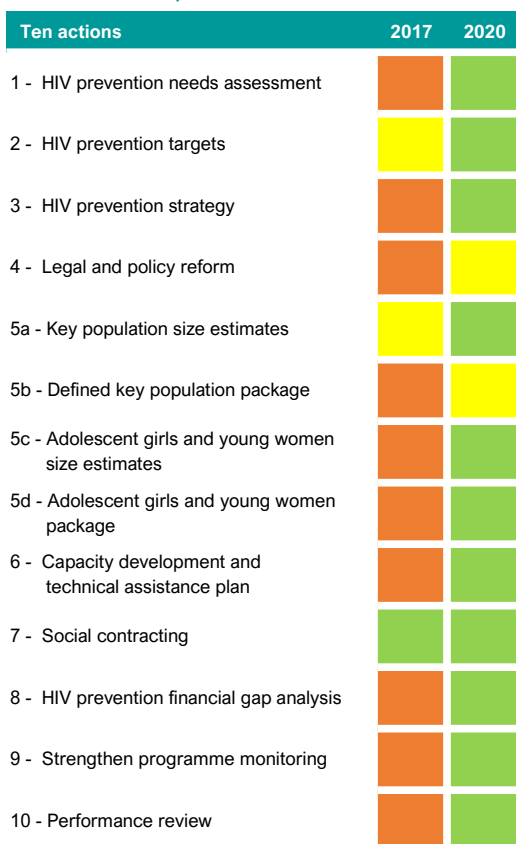
3

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

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

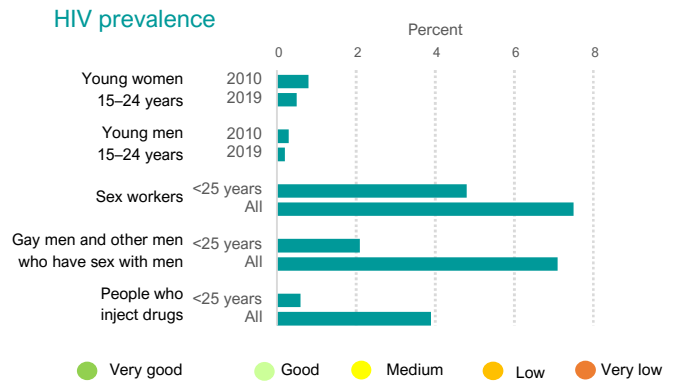
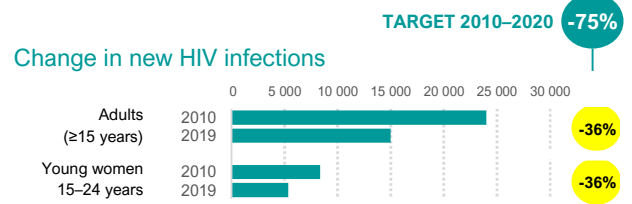
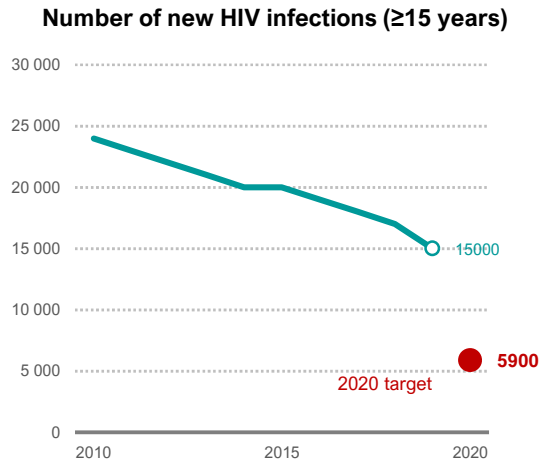


● Done ● Partly done ● Not done

# THE STATE OF HIV PREVENTION IN THE DEMOCRATIC REPUBLIC OF THE CONGO

2020

The number of adults newly infected with HIV declined from 24000 in 2010 to 15000 in 2019, a 36% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom Use (%)	Target (%)
Young women	24	90
Young men	31	90

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

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is not known.

**4**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom Use (%)	Target (%)
Sex workers	74	95
Clients	34	95

Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is low. Coverage of HIV prevention programmes for sex workers is not known.

**id**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom Use (%)	Target (%)
Gay men and other men who have sex with men	51	90

Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is not known.

**id**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use (%)	Target (%)
With safe injections	51	95
On opioid substitution therapy	40	95

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is very low and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**0**

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

### CONDOM PROGRAMMING

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

Group	Condom Use (%)	Target (%)
Women	23	90
Men	34	90

Estimated condom distribution need met (%)

**25**

Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

**3**

Condom use, condom distribution

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

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	No	No
The national strategy includes critical elements of the programme package for key populations	All	> Half	Some
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	37%
Girls who completed lower secondary education		49%
Policies on life skills-based HIV and sexuality education (secondary schools)	id	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	id	

## HIV prevention adaptations during COVID-19

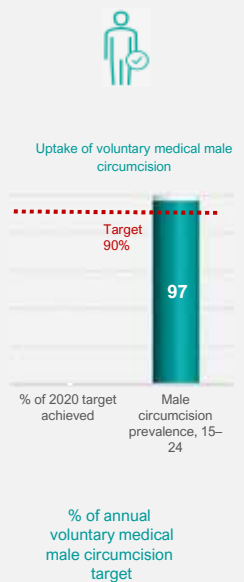
	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	id
Provider-initiated condom promotion in family planning services	No/id

### VOLUNTARY MEDICAL MALE CIRCUMCISION

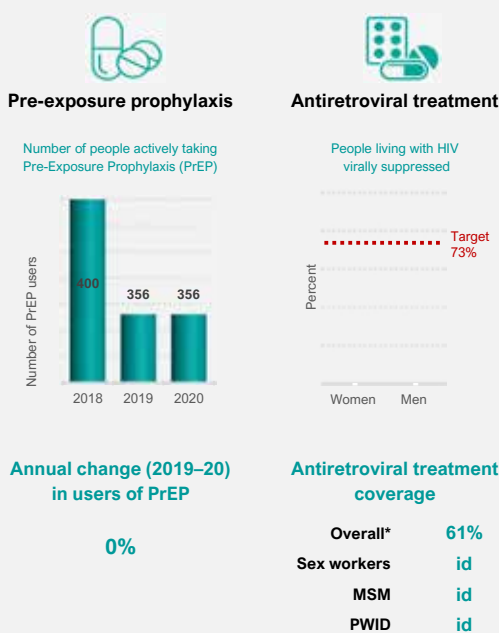


The country is not among the 15 priority countries for voluntary medical male circumcision

na

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



As of quarter 3 of 2020, there were 356 people actively taking PrEP. In the past 12 months, use of PrEP stayed the same.

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is not known.

3

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

\*National AIDS Control Program (PNLS) data

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

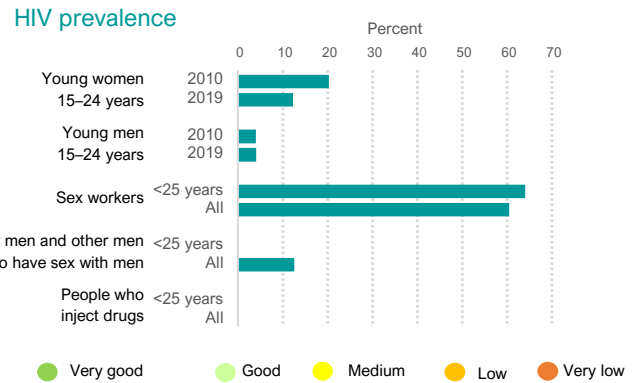
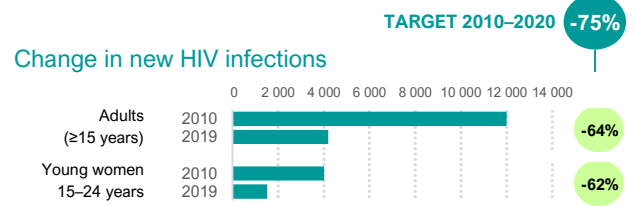
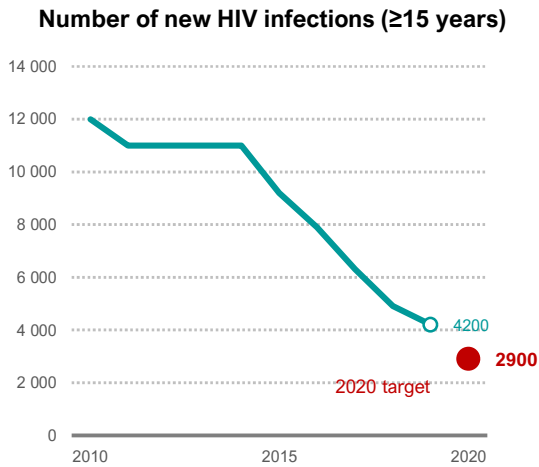
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

# THE STATE OF HIV PREVENTION IN ESWATINI

2020

The number of adults newly infected with HIV declined from 12000 in 2010 to 4200 in 2019, a 64% decline.



## HIV programme coverage and outcomes

ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS	KEY POPULATIONS	CONDOM PROGRAMMING
<p><b>ADOLESCENT GIRLS, YOUNG WOMEN &amp; MALE PARTNERS</b></p> <p>Condom use with a non-regular partner among young people 15-24 years old (%)</p> <p>Young women: 71   Young men: 93   Target: 90%</p> <p>76% of high-incidence locations with a programme for adolescent girls</p> <p>Condom use among young women is moderate. Coverage of high-incidence locations with dedicated prevention programmes is high.</p> <p><b>7</b></p>	<p><b>KEY POPULATIONS</b></p> <p><b>Sex workers</b></p> <p>Condom use at last paid sex (%)</p> <p>Sex workers: 83   Clients: 83   Target: 95%</p> <p>14% received two prevention interventions in past 3 months</p> <p>Condom use at last paid sex is moderate. Coverage of HIV prevention programmes for sex workers is very low.</p> <p><b>4</b></p> <p><b>Gay men and other men who have sex with men (MSM)</b></p> <p>Condom use at last anal sex (%)</p> <p>Gay men and other men who have sex with men: 58   Target: 90%</p> <p>10% received two prevention interventions in past 3 months</p> <p>Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.</p> <p><b>3</b></p> <p><b>People who inject drugs (PWID)</b></p> <p>Use of harm reduction services (%)</p> <p>With safe injections: 31   On opioid substitution therapy: 31   Target: 95%   Target: 40%</p> <p>3% received two prevention interventions in past 3 months</p> <p>Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is very low.</p> <p><b>3</b></p>	<p><b>CONDOM PROGRAMMING</b></p> <p>Condom use with a non-regular partner, 15-49 years (%)</p> <p>Women: 54   Men: 67   Target: 90%</p> <p>77% estimated condom distribution need met</p> <p>Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is high.</p> <p><b>7</b></p>
<p>Condom use, completion of lower-secondary education, coverage of dedicated programmes</p>	<p>Condom use, coverage of prevention interventions (as shown above)</p>	<p>Condom use, condom distribution</p>
<p>Scores (1-10) ● Very good ● Good ● Medium ● Low ● Very low id ... insufficient data na ... not applicable</p>		

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	All	> Half	None
Avoided health care because of stigma and discrimination	21%	35%	id

### Adolescent girls and young women

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

## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		NO

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

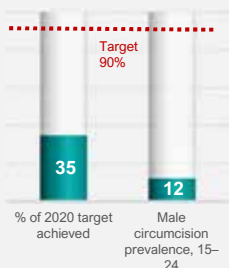
## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



48

% of annual voluntary medical male circumcision target

In 2019, progress against annual VMMC targets was very slow and progress against the full 2020 VMMC target is very slow.

5

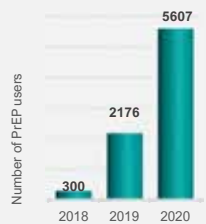
Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

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



Annual change (2019-20) in users of PrEP

+158%

As of quarter 3 of 2020, there were 5607 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

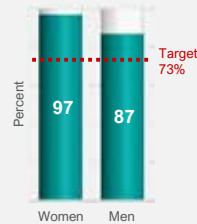
8

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



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall 96%  
Sex workers id  
MSM id  
PWID id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is not known.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

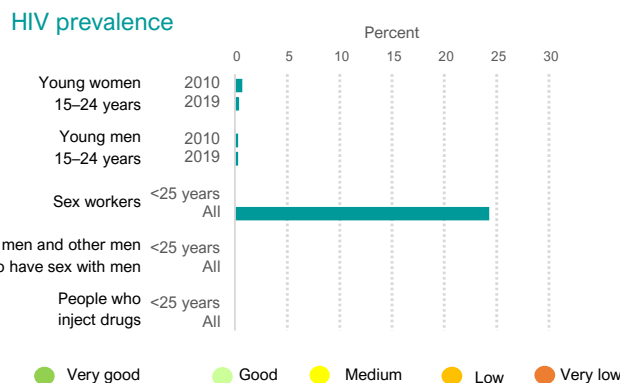
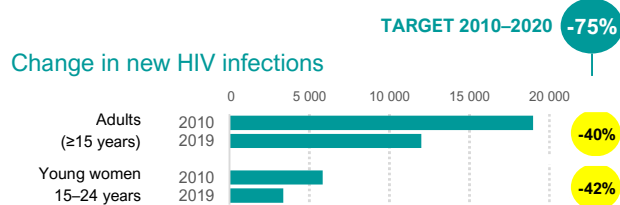
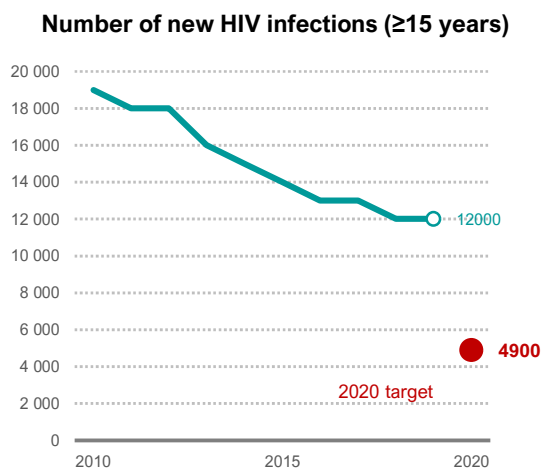
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN ETHIOPIA

2020

The number of adults newly infected with HIV declined from 19000 in 2010 to 12000 in 2019, a 40% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	22	90
Young men	51	90

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

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is not known.

**3**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	98	95
Clients	81	95

Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is very high. Coverage of HIV prevention programmes for sex workers is not known.

**id**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Target 90%

Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is not known. Coverage of HIV prevention programmes for gay men and other men who have sex with men is not known.

**id**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use of harm reduction services (%)	Target (%)
With safe injections	~1	95
On opioid substitution therapy	~1	40

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**id**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	20	90
Men	51	90

Estimated condom distribution need met (%)

49

Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

**4**

Condom use, condom distribution

**Scores (1-10)**   ● Very good   ● Good   ● Medium   ● Low   ● Very low   id ... insufficient data   na ... not applicable



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	id	None
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	24%	20%
Girls who completed lower secondary education	36%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

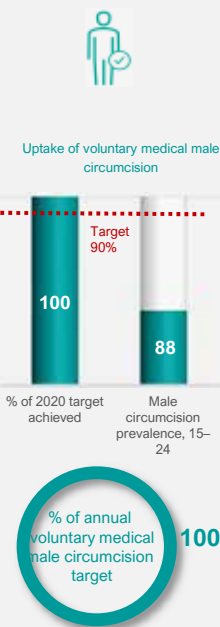
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION

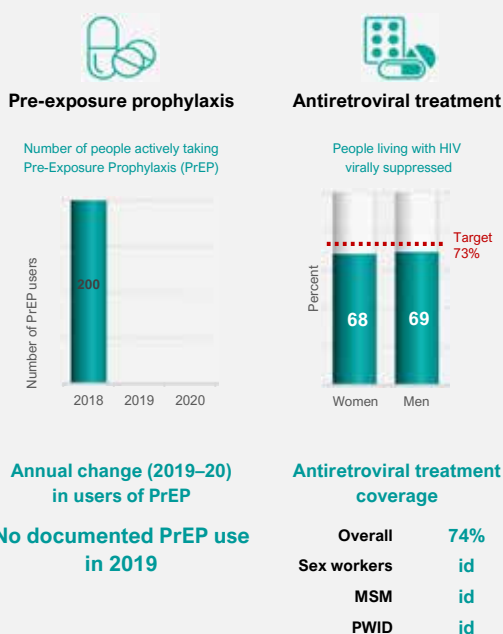


In 2019, progress against annual VMMC targets was very good and progress against the full 2020 VMMC target is very good.

10

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is not known.

0

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

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Not done
5a - Key population size estimates	Partly done	Not done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Not done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

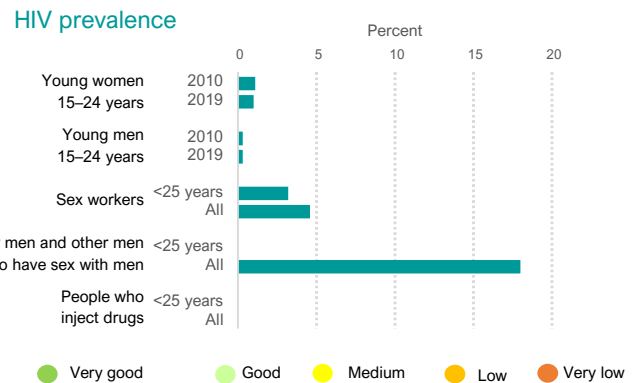
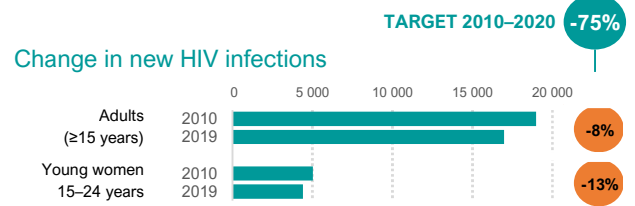
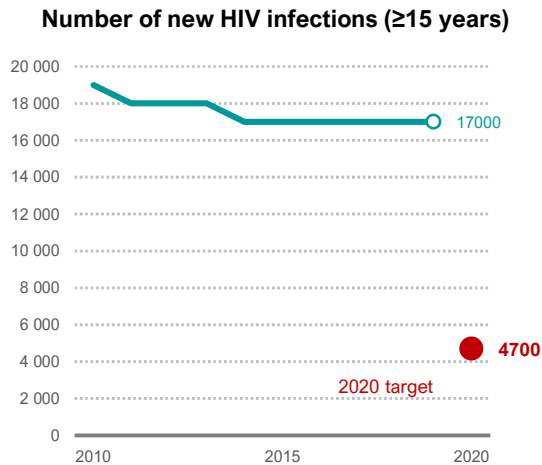
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN GHANA

2020

The number of adults newly infected with HIV declined from 19000 in 2010 to 17000 in 2019, a 8% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	27	90
Young men	39	90

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

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is not being assessed.

**id**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	90	95
Clients	44	95

Received two prevention interventions in past 3 months (%)

**50**

Condom use at last paid sex is moderate. Coverage of HIV prevention programmes for sex workers is very low.

**6**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	48	90

Received two prevention interventions in past 3 months (%)

**55**

Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is low.

**5**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	~10	95
On opioid substitution therapy	~10	40

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**id**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	17	90
Men	39	90

Estimated condom distribution need met (%)

**22**

Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

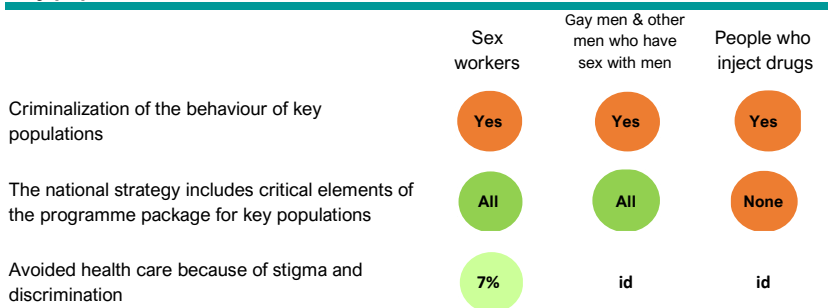
**2**

Condom use, condom distribution

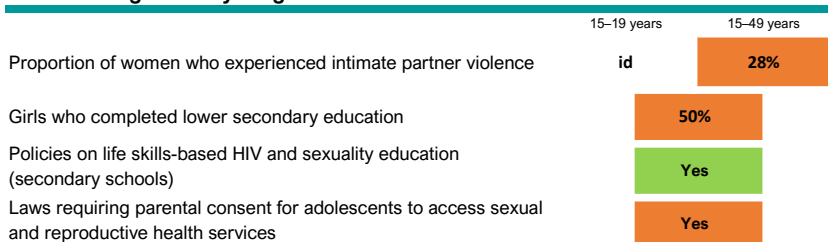
**Scores (1-10)**   ● Very good   ● Good   ● Medium   ● Low   ● Very low   id ... insufficient data   na ... not applicable

## Policy and structural barriers

### Key populations



### Adolescent girls and young women



## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	No	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION

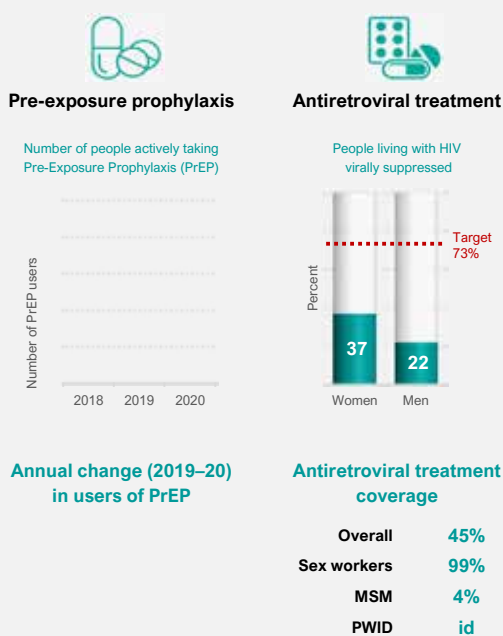


The country is not among the 15 priority countries for voluntary medical male circumcision

na

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



No documented PrEP use.

Levels of suppressed viral loads are very low overall. Based on limited available data, treatment coverage among key populations is low.

3

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

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Not 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 development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

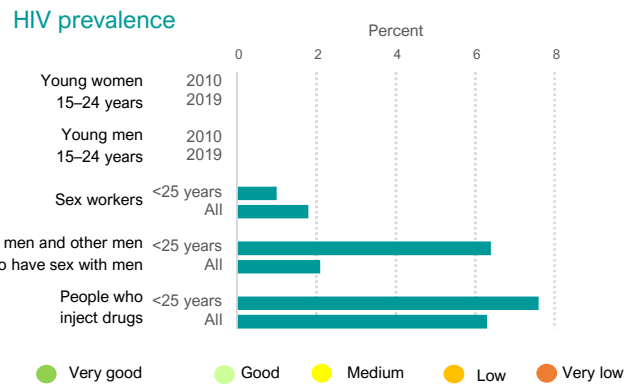
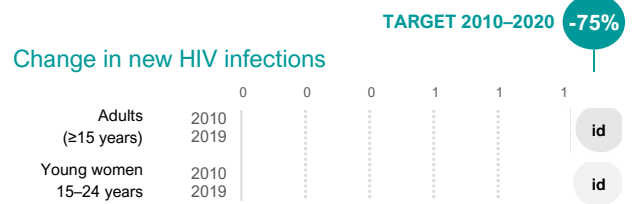
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

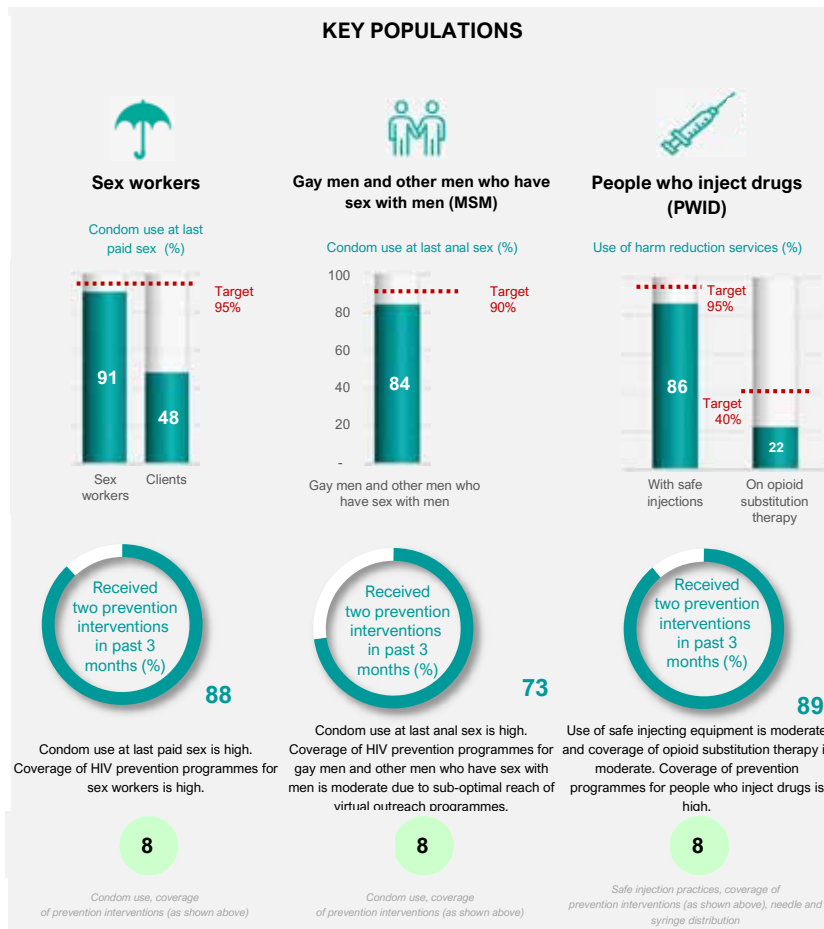
# THE STATE OF HIV PREVENTION IN INDIA

2020

New estimates published by NACO/NIMS/ICMR suggest that there were 69 000 new HIV infections in 2019, a 37% decline compared to 2010.



## HIV programme coverage and outcomes



Scores (1-10)

Very good Good Medium Low Very low

id ... insufficient data

na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	No	Yes
The national strategy includes critical elements of the programme package for key populations	All	All	All
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	18%	id
Girls who completed lower secondary education	79%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

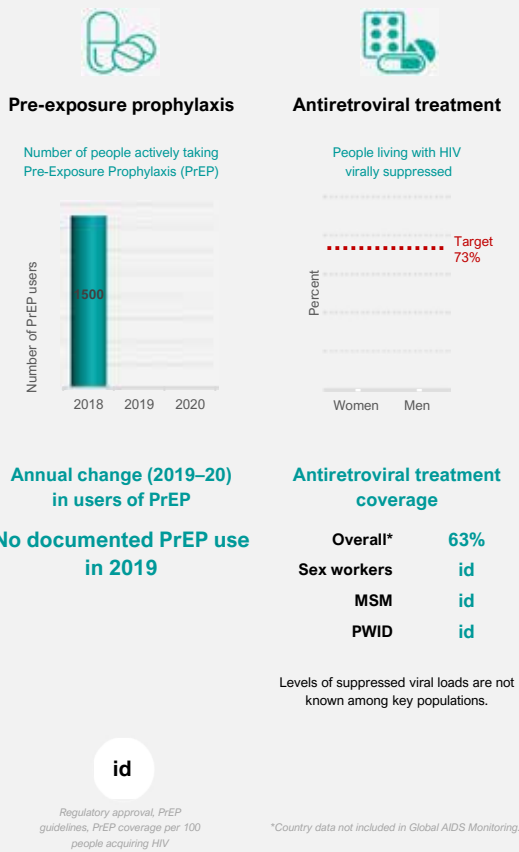
	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	No
Provider-initiated condom promotion in family planning services	No/id

## ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

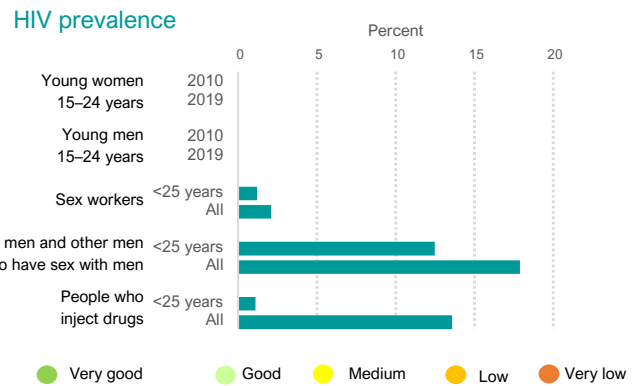
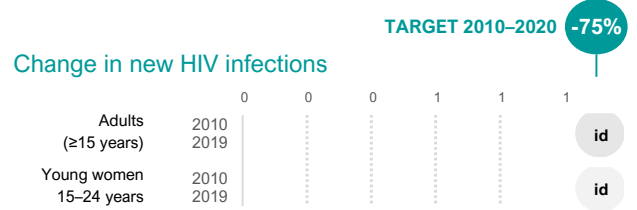
Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

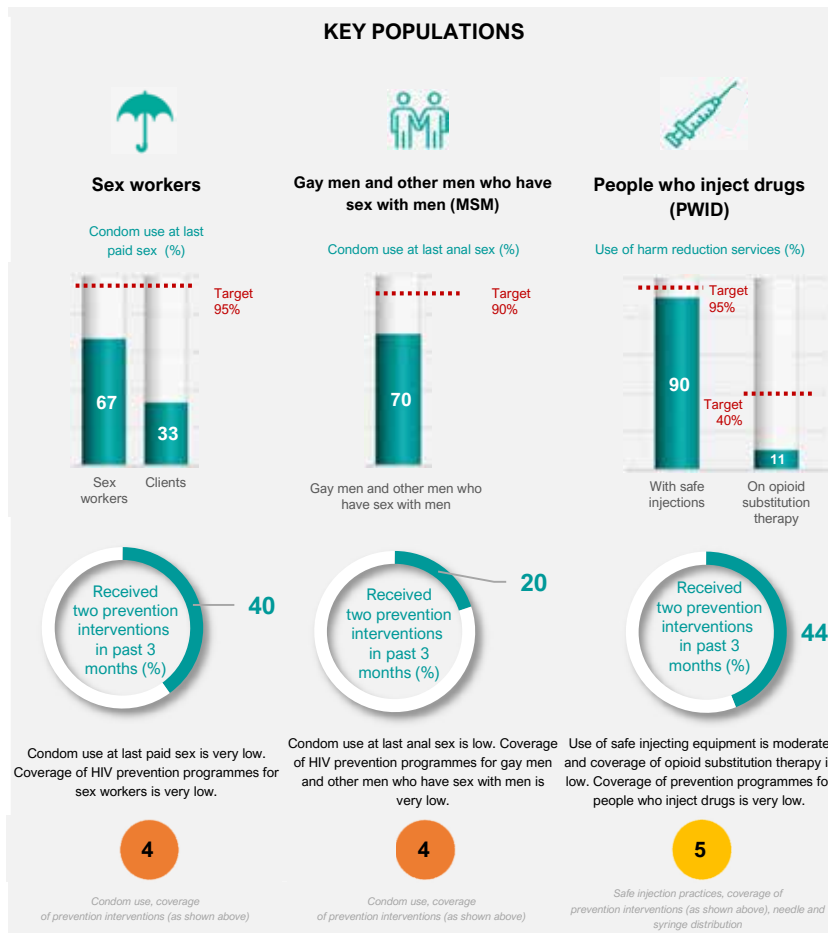
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Partly done	Done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Not done
5d - Adolescent girls and young women package	Not done	Not done
6 - Capacity development and technical assistance plan	Not done	Done
7 - Social contracting	Done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

Estimates for new HIV infections are not available in 2020.



## HIV programme coverage and outcomes



Scores (1-10) ● Very good ● Good ● Medium ● Low ● Very low id ... insufficient data na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	id	No	id
The national strategy includes critical elements of the programme package for key populations	id	id	None
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	59%	
Policies on life skills-based HIV and sexuality education (secondary schools)		id
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

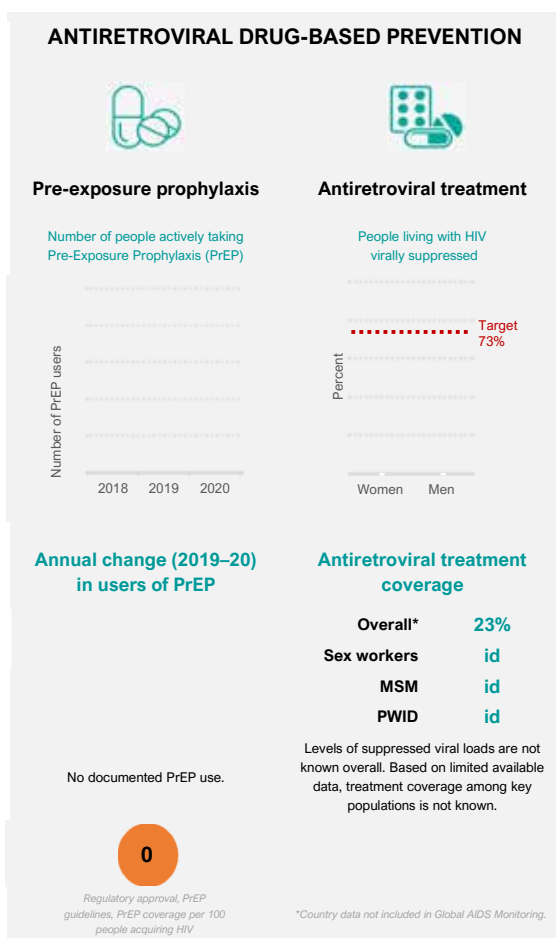
## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	No
HIV treatment	Yes	No
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	id
Provider-initiated condom promotion in family planning services	No/id



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Done
5b - Defined key population package	Not done	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 development and technical assistance plan	Not done	Done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

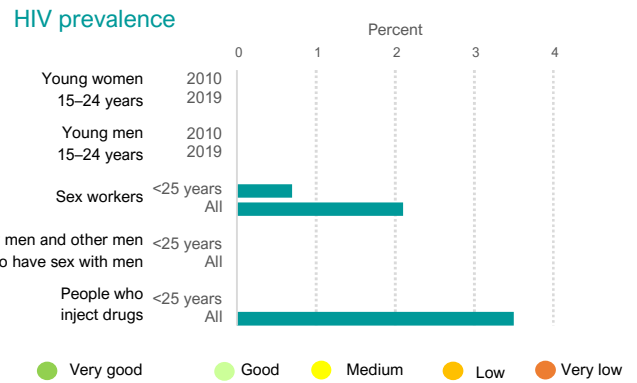
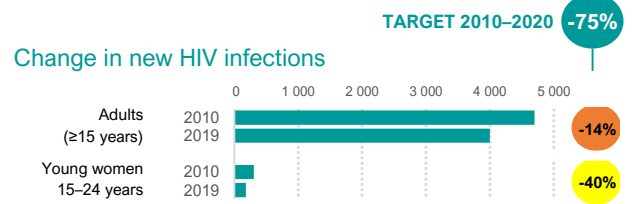
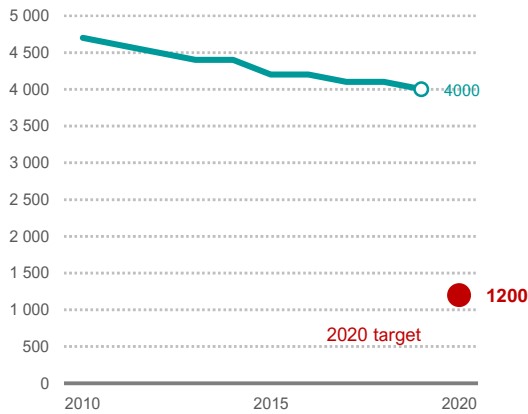
note: the zuzu HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

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

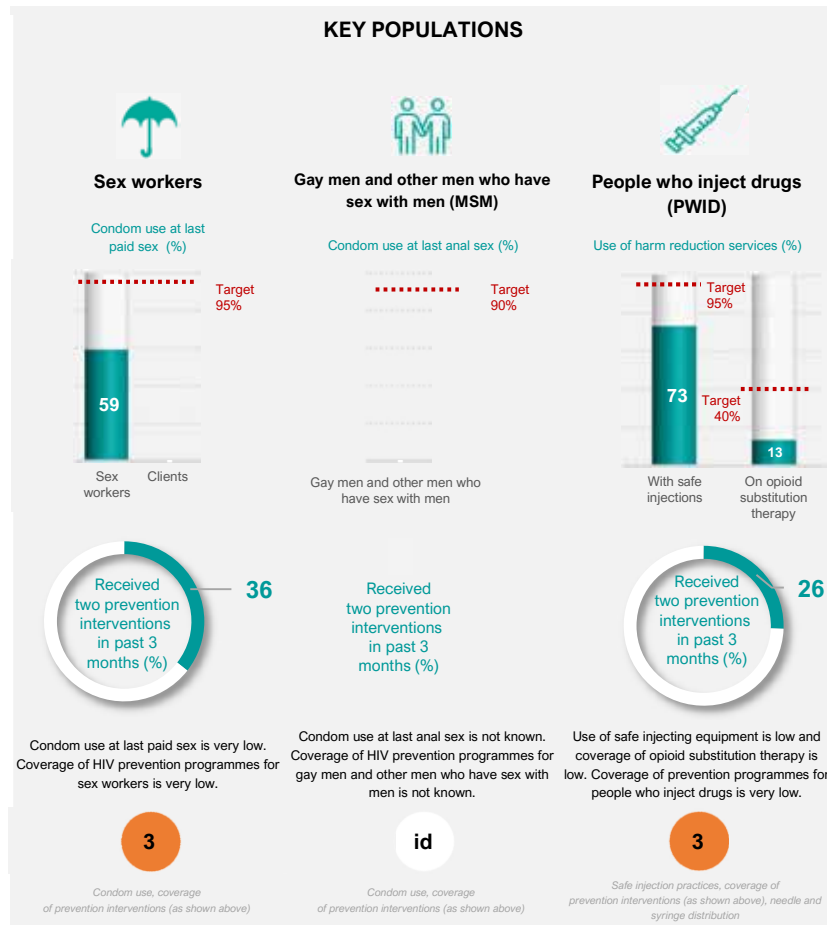
2020

The number of adults newly infected with HIV declined from 4700 in 2010 to 4000 in 2019, a 14% decline.

Number of new HIV infections (≥15 years)



## HIV programme coverage and outcomes



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



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	id
The national strategy includes critical elements of the programme package for key populations	> Half	id	All
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	id	id
Policies on life skills-based HIV and sexuality education (secondary schools)	No	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

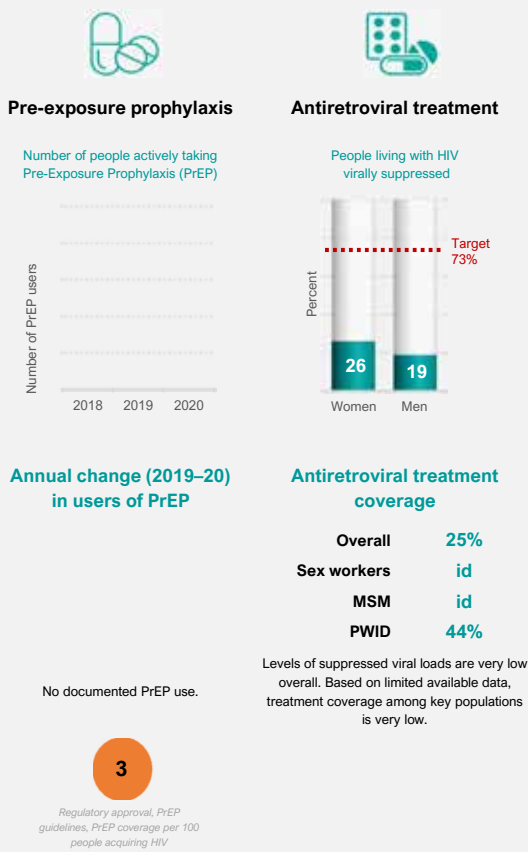
	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

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

## ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

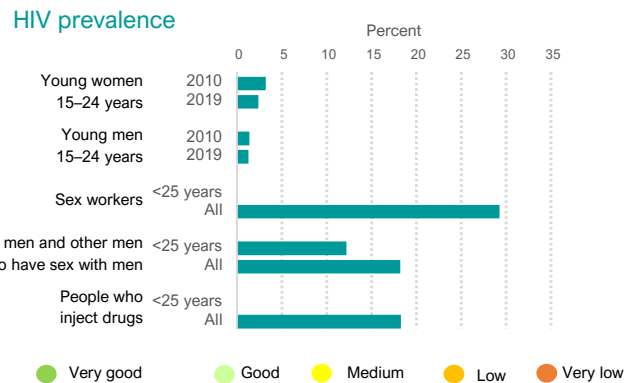
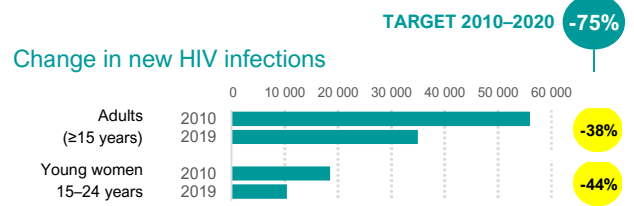
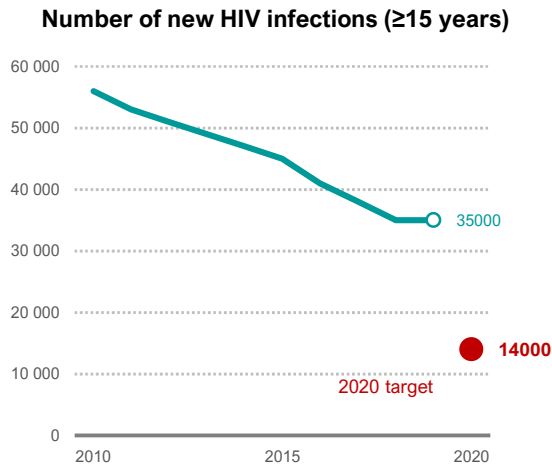
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	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 development and technical assistance plan	Not done	Done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

# THE STATE OF HIV PREVENTION IN KENYA

2020

The number of adults newly infected with HIV declined from 56000 in 2010 to 35000 in 2019, a 38% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	60	90
Young men	77	90

**100** % of high-incidence locations with a programme for adolescent girls

Condom use among young women is moderate. Coverage of high-incidence locations with dedicated prevention programmes is very high.

**8**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	92	95
Clients	74	95

**88** Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is high. Coverage of HIV prevention programmes for sex workers is high.

**8**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	79	90

**79** Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is moderate. Coverage of HIV prevention programmes for gay men and other men who have sex with men is high.

**8**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use of harm reduction services (%)	Target (%)
With safe injections	88	95
On opioid substitution therapy	22	40

**89** Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is moderate and coverage of opioid substitution therapy is moderate. Coverage of prevention programmes for people who inject drugs is high.

**7**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	57	90
Men	76	90

**78** Estimated condom distribution need met (%)

Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is high.

**7**

Condom use, condom distribution

**Scores (1-10)**    Very good (Green)    Good (Light Green)    Medium (Yellow)    Low (Orange)    Very low (Red)

id ... insufficient data    na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	All	All	Some
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	25%
Girls who completed lower secondary education	69%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	id	

## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION

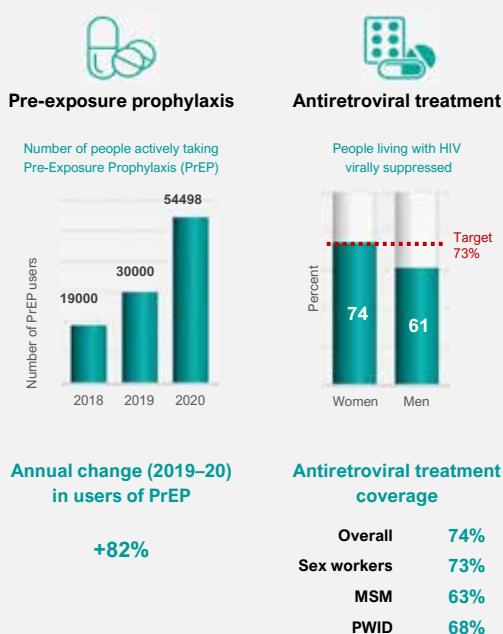


In 2019, progress against annual VMMC targets was very good and progress against the full 2020 VMMC target is very good.

10

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



As of quarter 3 of 2020, there were 54498 people actively taking PrEP. In the past 12 months, use of PrEP increased rapidly.

8

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

Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is moderate.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

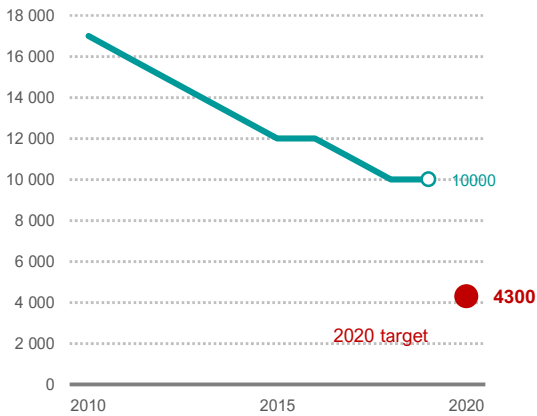
Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN LESOTHO

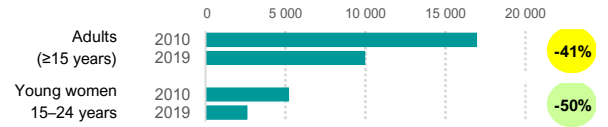
2020

The number of adults newly infected with HIV declined from 17000 in 2010 to 10000 in 2019, a 41% decline.

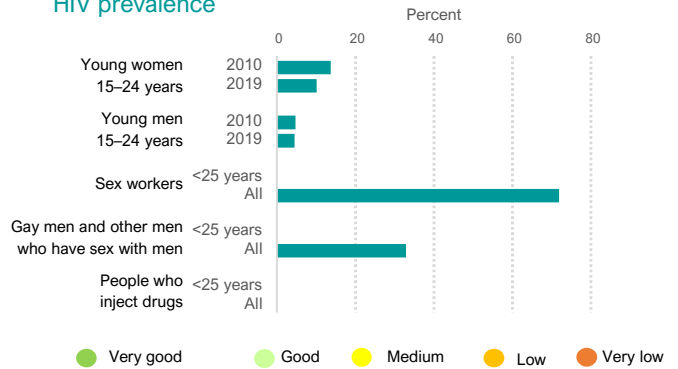
Number of new HIV infections (≥15 years)



Change in new HIV infections TARGET 2010-2020 -75%



HIV prevalence

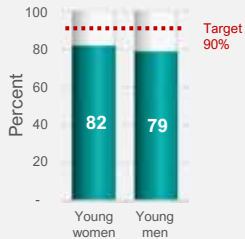


## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS



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



Condom use among young women is high. Coverage of high-incidence locations with dedicated prevention programmes is very high.

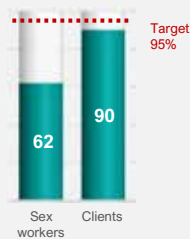
8

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



### Sex workers

Condom use at last paid sex (%)



Condom use at last paid sex is very low. Coverage of HIV prevention programmes for sex workers is very low.

4

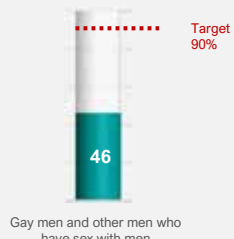
Condom use, coverage of prevention interventions (as shown above)

### KEY POPULATIONS



### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)



Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

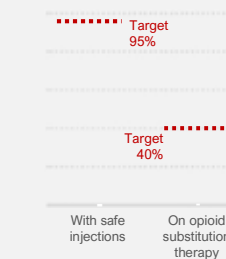
5

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



### People who inject drugs (PWID)

Use of harm reduction services (%)



Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

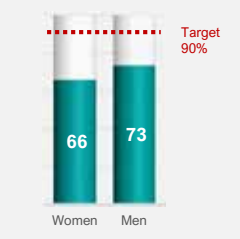
id

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

### CONDOM PROGRAMMING



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



Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is very high.

8

Condom use, condom distribution

Scores (1-10)

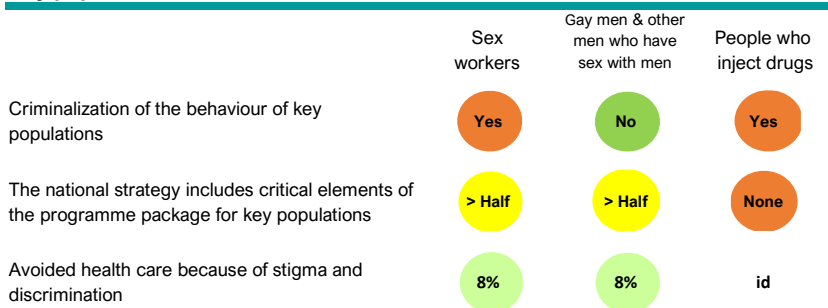
Very good Good Medium Low Very low

id ... insufficient data

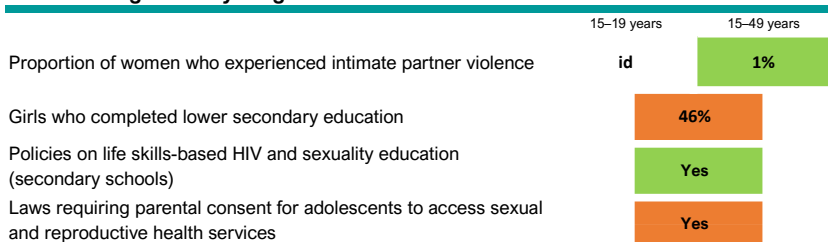
na ... not applicable

## Policy and structural barriers

### Key populations



### Adolescent girls and young women



## HIV prevention adaptations during COVID-19

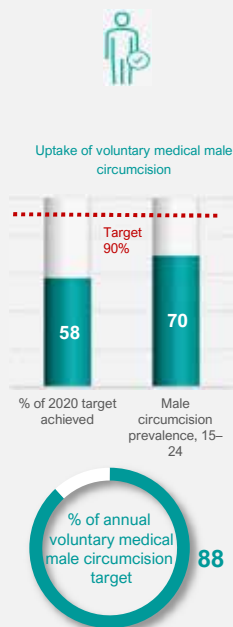
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION

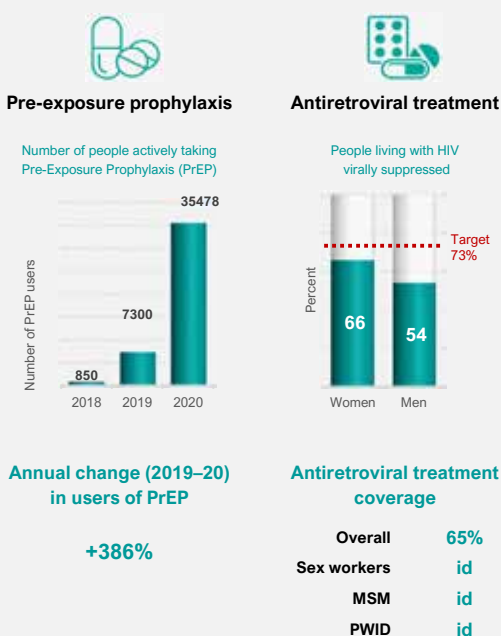


In 2019, progress against annual VMMC targets was good and progress against the full 2020 VMMC target is moderate.

8

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



As of quarter 3 of 2020, there were 35478 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

Levels of suppressed viral loads are moderate overall. Based on limited available data, treatment coverage among key populations is not known.

10

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

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment		
2 - HIV prevention targets		
3 - HIV prevention strategy		
4 - Legal and policy reform		
5a - Key population size estimates		
5b - Defined key population package		
5c - Adolescent girls and young women size estimates		
5d - Adolescent girls and young women package		
6 - Capacity development and technical assistance plan		
7 - Social contracting		
8 - HIV prevention financial gap analysis		
9 - Strengthen programme monitoring		
10 - Performance review		

● Done ● Partly done ● Not done

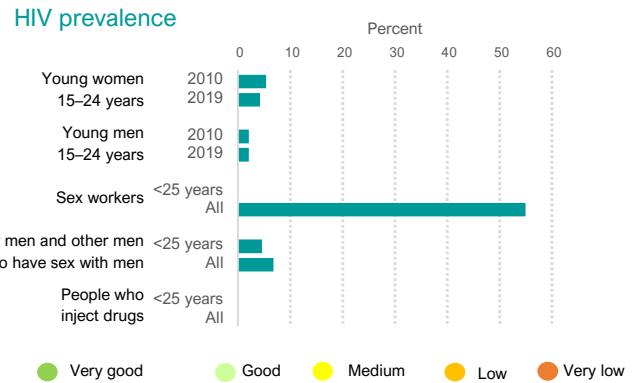
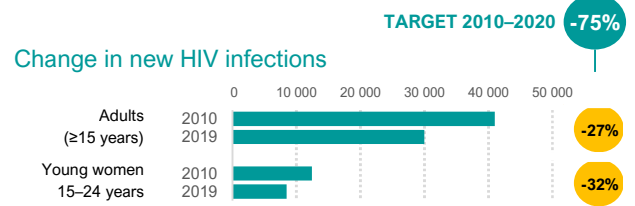
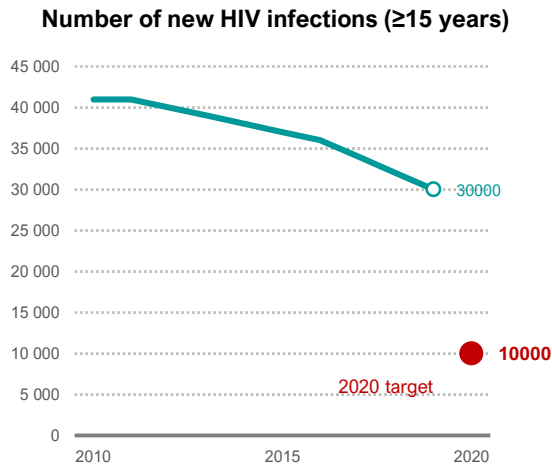
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN MALAWI

2020

The number of adults newly infected with HIV declined from 41000 in 2010 to 30000 in 2019, a 27% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom Use (%)	Target (%)
Young women	53	90
Young men	73	90

28 % of high-incidence locations with a programme for adolescent girls

Condom use among young women is low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**4**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom Use (%)	Target (%)
Sex workers	65	95
Clients	75	95

50 Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is very low. Coverage of HIV prevention programmes for sex workers is very low.

**5**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom Use (%)	Target (%)
Gay men and other men who have sex with men	44	90

10 Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**3**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	~5	95
On opioid substitution therapy	~5	40

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**id**

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

### CONDOM PROGRAMMING

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

Group	Condom Use (%)	Target (%)
Women	49	90
Men	73	90

95 Estimated condom distribution need met (%)

Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is very high.

**8**

Condom use, condom distribution

**Scores (1-10)**    Very good (Green)    Good (Light Green)    Medium (Yellow)    Low (Orange)    Very low (Red)

id ... insufficient data    na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	All	All	None
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	28%	41%
Girls who completed lower secondary education	32%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

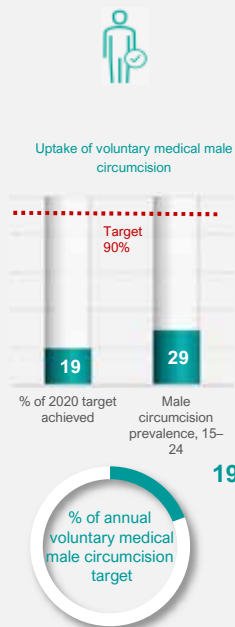
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION

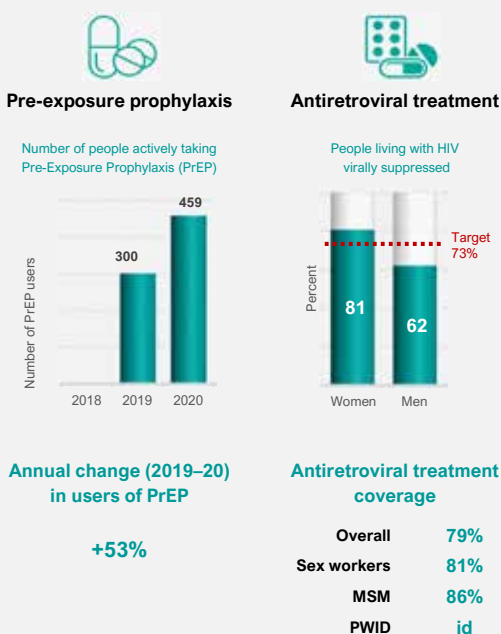


In 2019, progress against annual VMMC targets was very slow and progress against the full 2020 VMMC target is very slow.

2

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



As of quarter 3 of 2020, there were 459 people actively taking PrEP. In the past 12 months, use of PrEP increased moderately.

Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is very high.

4

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

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Partly done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

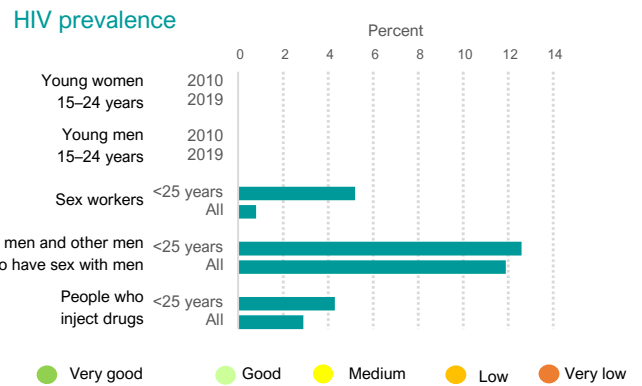
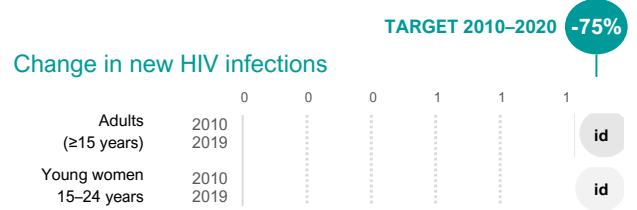
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN MEXICO

2020

Estimates for new HIV infections are not available in 2020.



## HIV programme coverage and outcomes



Scores (1-10)

Very good (Green), Good (Light Green), Medium (Yellow), Low (Orange), Very low (Red)

id ... insufficient data

na ... not applicable



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	No	No
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	Some
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	7%	8%
Girls who completed lower secondary education	87%	
Policies on life skills-based HIV and sexuality education (secondary schools)	No	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

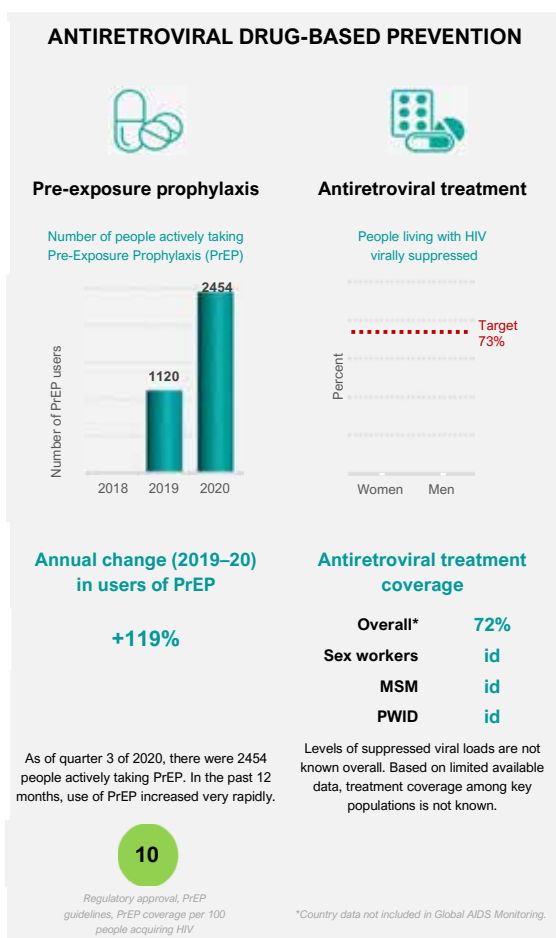
## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	No
Opioid substitution therapy (take home dosages)	No	No

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

## Linkages between HIV and sexual and reproductive health services

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



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Partly 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 development and technical assistance plan	Not done	Not done
7 - Social contracting	Done	Not done
8 - HIV prevention financial gap analysis	Not done	Not done
9 - Strengthen programme monitoring	Not done	Not done
10 - Performance review	Not done	Done

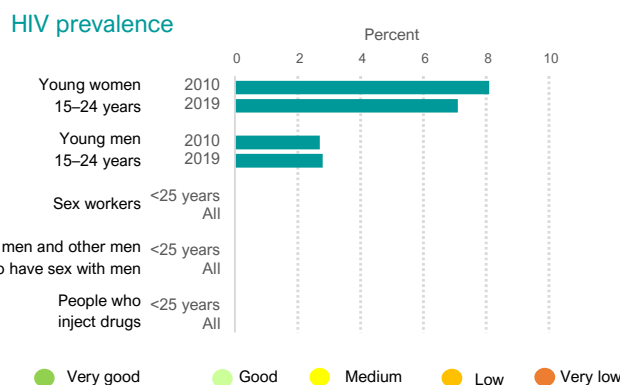
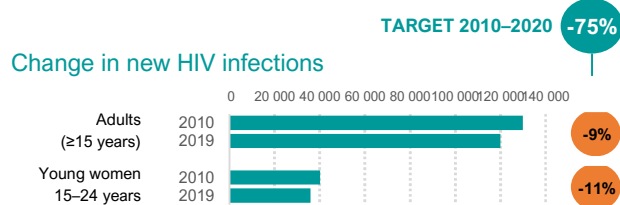
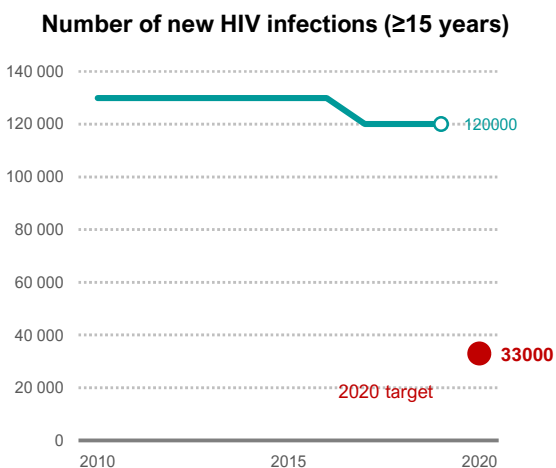
Legend: Done (Green), Partly done (Yellow), Not done (Orange), Not started (Grey)

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20. Note: the zuzu HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN MOZAMBIQUE

2020

The number of adults newly infected with HIV declined from 130000 in 2010 to 120000 in 2019, a 9% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	51	90
Young men	48	90

42 % of high-incidence locations with a programme for adolescent girls

Condom use among young women is low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**4**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	31	95

51 Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is not known. Coverage of HIV prevention programmes for sex workers is low.

**4**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	4	90

4 Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is not known. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**id**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use (%)	Target (%)
With safe injections	15	95
On opioid substitution therapy	15	40

15 Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is very low.

**2**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	42	90
Men	47	90

44 Estimated condom distribution need met (%)

Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is very low.

**4**

Condom use, condom distribution

**Scores (1-10)**   Very good (green)   Good (light green)   Medium (yellow)   Low (orange)   Very low (red)   id ... insufficient data   na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	No	No	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	Some
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	10%	16%
Girls who completed lower secondary education	10%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

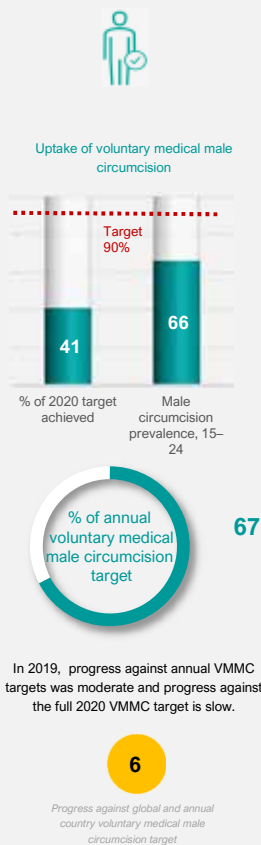
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

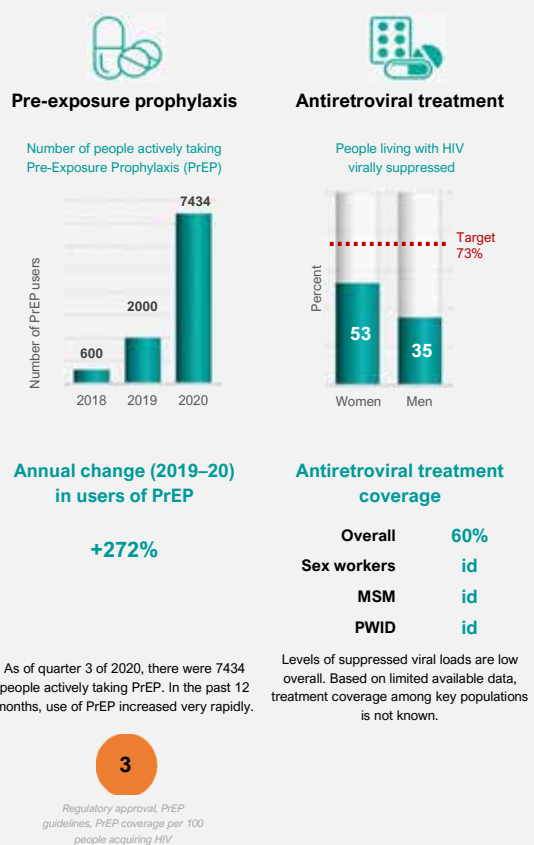
## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION



### ANTIRETROVIRAL DRUG-BASED PREVENTION



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Partly done
3 - HIV prevention strategy	Done	Not done
4 - Legal and policy reform	Not done	Done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Not done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Not done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

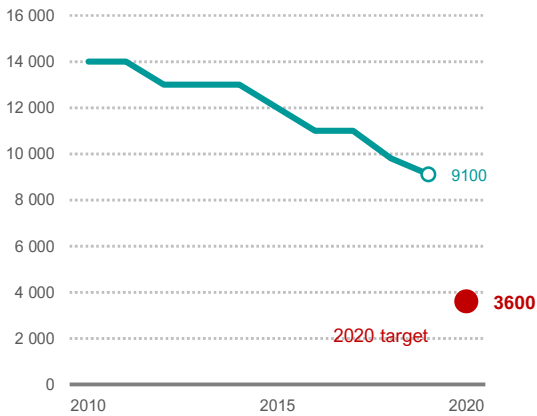
Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN MYANMAR

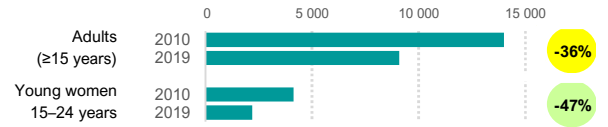
2020

The number of adults newly infected with HIV declined from 14000 in 2010 to 9100 in 2019, a 36% decline.

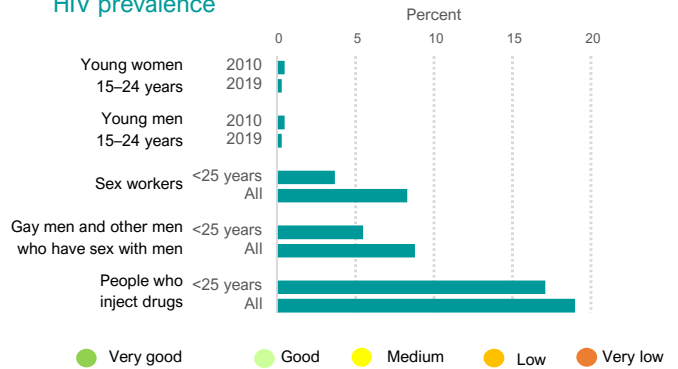
Number of new HIV infections (≥15 years)



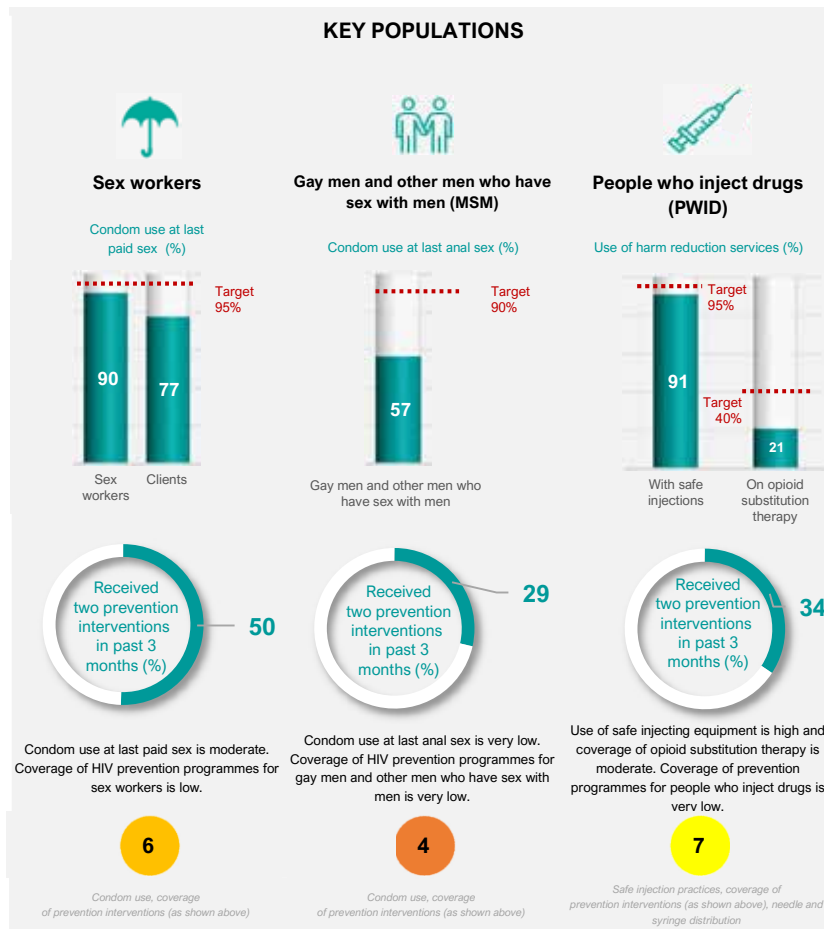
Change in new HIV infections



HIV prevalence



## HIV programme coverage and outcomes



Scores (1-10)

Very good Good Medium Low Very low

id ... insufficient data

na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	Partial
The national strategy includes critical elements of the programme package for key populations	All	All	Some
Avoided health care because of stigma and discrimination	4%	8%	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	22%	11%
Girls who completed lower secondary education	46%	
Policies on life skills-based HIV and sexuality education (secondary schools)	No	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

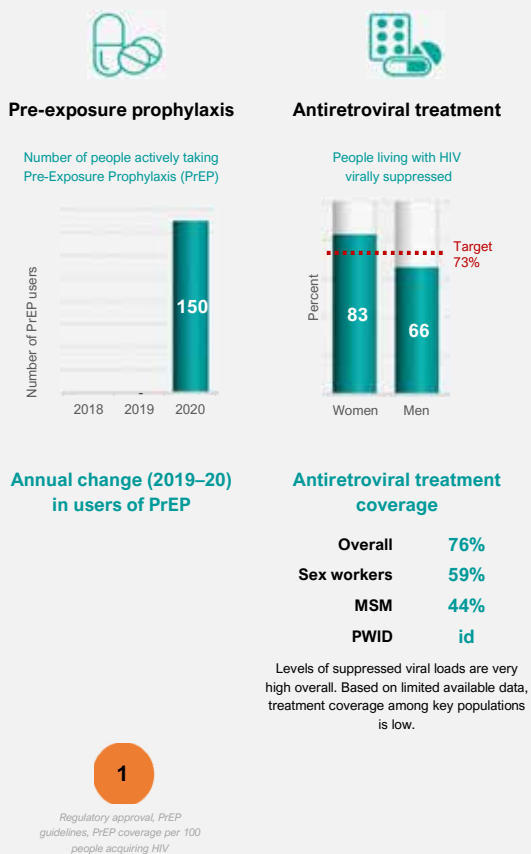
	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	No
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

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

## ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly 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 development and technical assistance plan	Not done	Partly done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

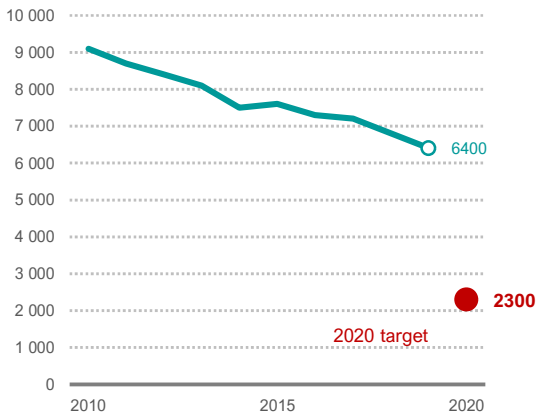
● Done ● Partly done ● Not done ●

# THE STATE OF HIV PREVENTION IN NAMIBIA

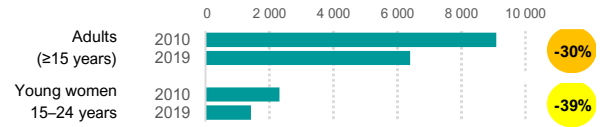
2020

The number of adults newly infected with HIV declined from 9100 in 2010 to 6400 in 2019, a 30% decline.

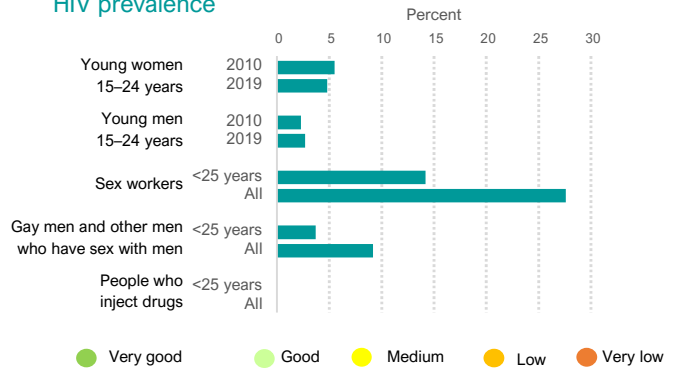
Number of new HIV infections (≥15 years)



Change in new HIV infections TARGET 2010–2020 -75%



HIV prevalence

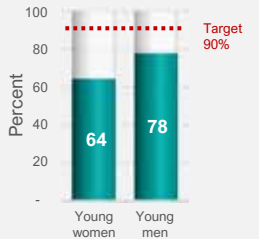


## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS



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



Condom use among young women is moderate. Coverage of high-incidence locations with dedicated prevention programmes is very low.

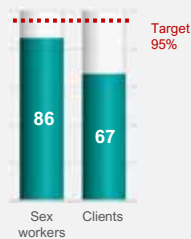
5

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



### Sex workers

Condom use at last paid sex (%)



Condom use at last paid sex is moderate. Coverage of HIV prevention programmes for sex workers is low.

6

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

### KEY POPULATIONS



### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)



Condom use at last anal sex is not known. Coverage of HIV prevention programmes for gay men and other men who have sex with men is moderate.

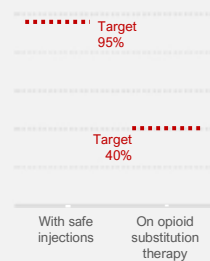
id

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



### People who inject drugs (PWID)

Use of harm reduction services (%)



Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

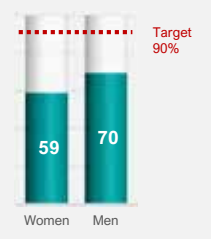
id

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

### CONDOM PROGRAMMING



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



Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is very high.

8

Condom use, condom distribution

Scores (1–10)

Very good Good Medium Low Very low

id ... insufficient data

na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	0%	1%
Girls who completed lower secondary education	62%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

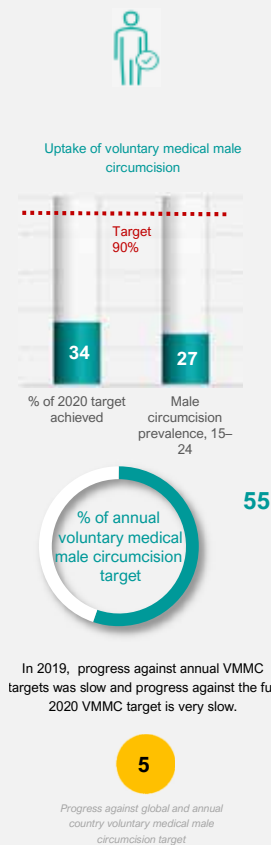
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

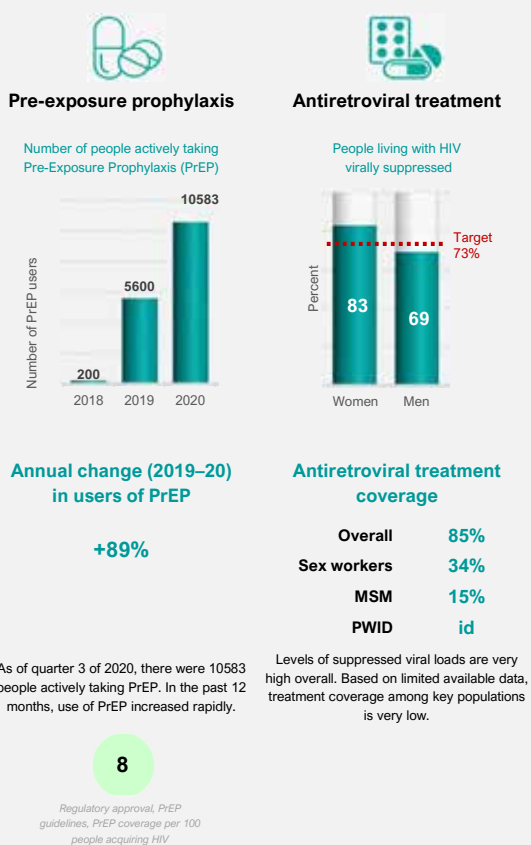
## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION



### ANTIRETROVIRAL DRUG-BASED PREVENTION



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

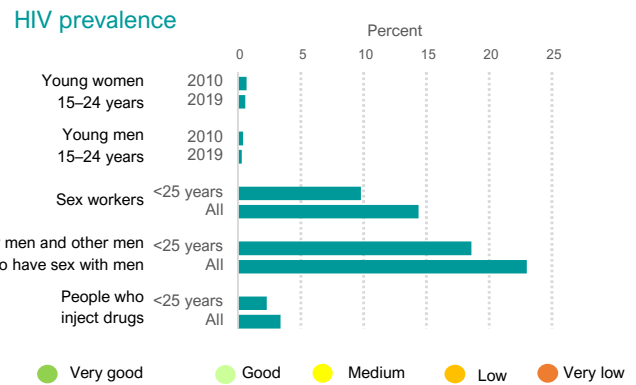
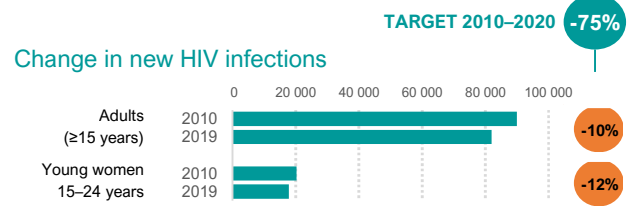
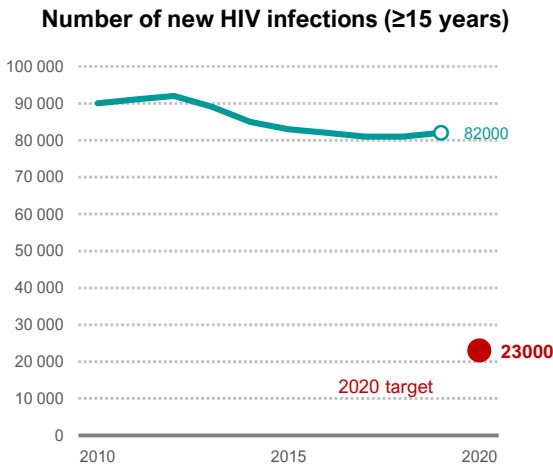
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN NIGERIA

2020

The number of adults newly infected with HIV declined from 90000 in 2010 to 82000 in 2019, a 10% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	38	90
Young men	62	90

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

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is not known.

**4**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	98	95
Clients	74	95

Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is very high. Coverage of HIV prevention programmes for sex workers is very low.

**5**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	51	90

Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**4**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use of services (%)	Target (%)
With safe injections	71	95
On opioid substitution therapy	40	95

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is low and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is very low.

**3**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	36	90
Men	65	90

Estimated condom distribution need met (%)

Condom use is low among people with non-regular partners. The proportion of the total condom distribution need met is moderate.

**6**

Condom use, condom distribution

**Scores (1-10)**    ● Very good    ● Good    ● Medium    ● Low    ● Very low    id ... insufficient data    na ... not applicable



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	All	> Half	None
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	13%	14%
Girls who completed lower secondary education	46%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION

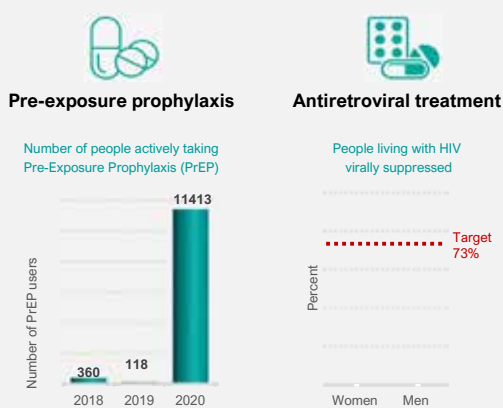


The country is not among the 15 priority countries for voluntary medical male circumcision

na

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



Annual change (2019-20) in users of PrEP

+9572%

Antiretroviral treatment coverage

Overall 65%

Sex workers 16%

MSM 14%

PWID 25%

As of quarter 3 of 2020, there were 11413 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is very low.

5

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

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Partly done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

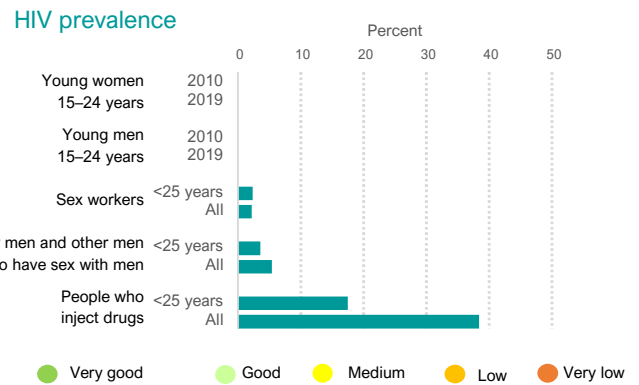
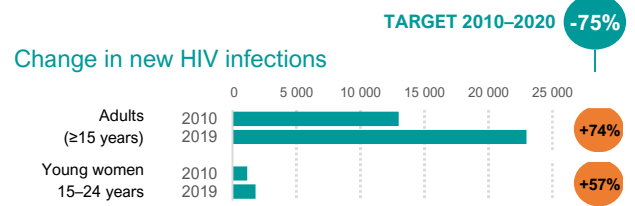
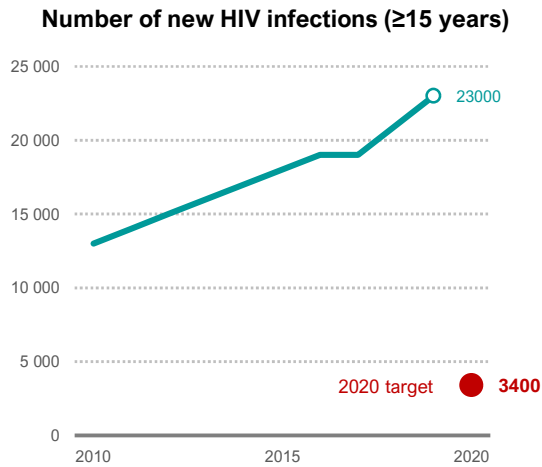
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

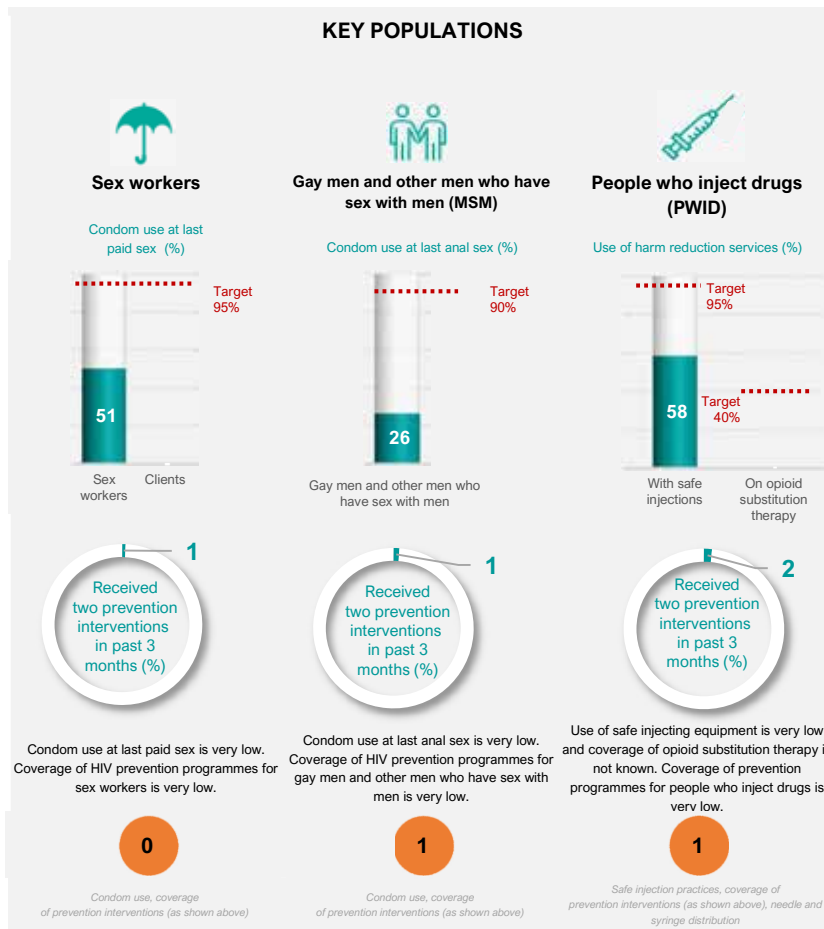
# THE STATE OF HIV PREVENTION IN PAKISTAN

2020

The number of adults newly infected with HIV increased from 13000 in 2010 to 23000 in 2019, a 74% increase.



## HIV programme coverage and outcomes



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

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	id
The national strategy includes critical elements of the programme package for key populations	> Half	< Half	Some
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education		45%
Policies on life skills-based HIV and sexuality education (secondary schools)		No
Laws requiring parental consent for adolescents to access sexual and reproductive health services		No

## HIV prevention adaptations during COVID-19

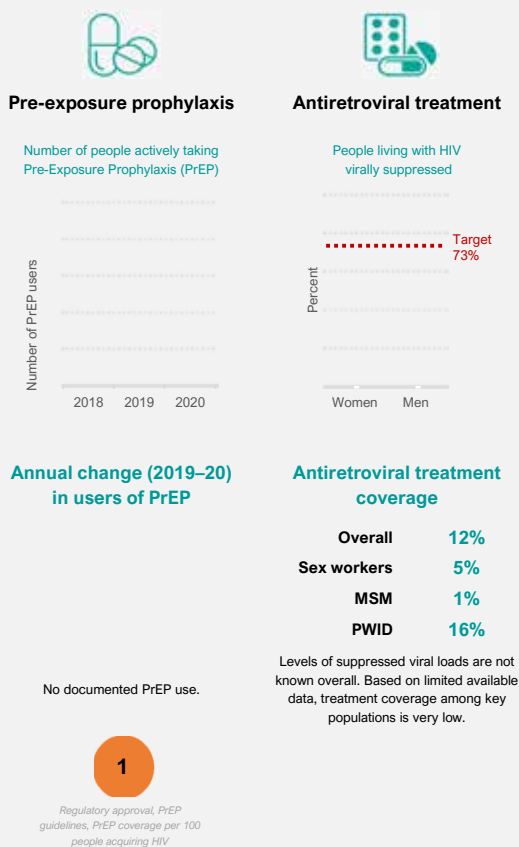
	Safe continuation of outreach	Online counselling
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	No
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

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

## ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20. Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

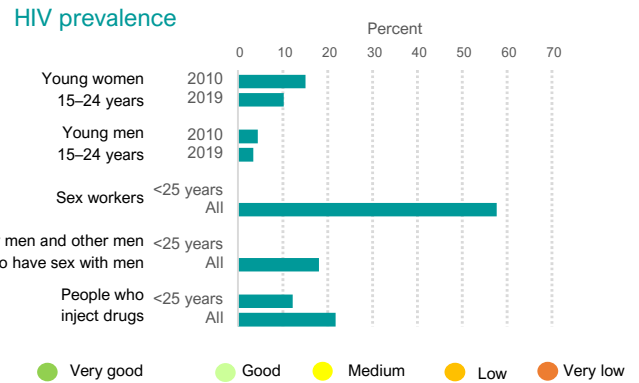
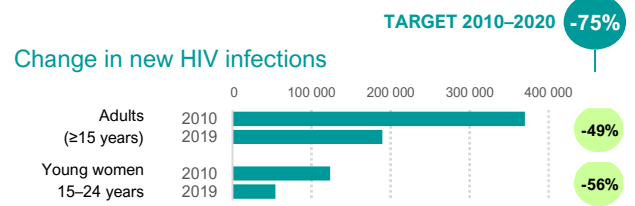
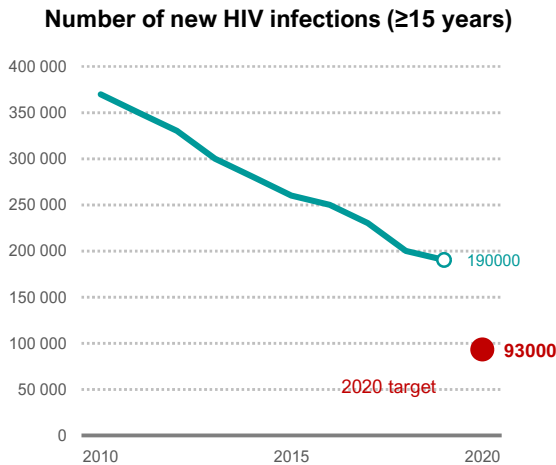
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Done
5b - Defined key population package	Not done	Partly done
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 development and technical assistance plan	Not done	Done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

# THE STATE OF HIV PREVENTION IN SOUTH AFRICA

2020

The number of adults newly infected with HIV declined from 370000 in 2010 to 190000 in 2019, a 49% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom Use (%)	Target (%)
Young women	47	90
Young men	68	90

29 % of high-incidence locations with a programme for adolescent girls

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**5**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom Use (%)	Target (%)
Sex workers	86	95
Clients	83	95

45 Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is moderate. Coverage of HIV prevention programmes for sex workers is very low.

**6**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom Use (%)	Target (%)
Gay men and other men who have sex with men	98	90

33 Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is very high. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**7**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use of Harm Reduction Services (%)	Target (%)
With safe injections	~10	95
On opioid substitution therapy	~10	40

24 Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is very low.

**2**

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

### CONDOM PROGRAMMING

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

Group	Condom Use (%)	Target (%)
Women	61	90
Men	73	90

92 Estimated condom distribution need met (%)

Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is very high.

**8**

Condom use, condom distribution

**Scores (1-10)**    ● Very good    ● Good    ● Medium    ● Low    ● Very low    id ... insufficient data    na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	No	Yes
The national strategy includes critical elements of the programme package for key populations	All	All	All
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	30%	30%
Girls who completed lower secondary education	91%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	No	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

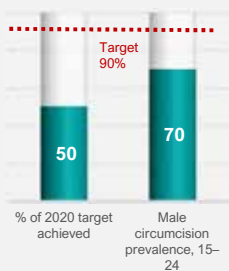
## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



In 2019, progress against annual VMMC targets was slow and progress against the full 2020 VMMC target is moderate.

6

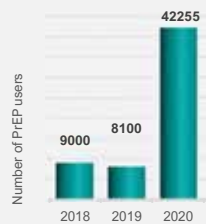
Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



#### Pre-exposure prophylaxis

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



Annual change (2019-20) in users of PrEP

+422%

As of quarter 3 of 2020, there were 42255 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

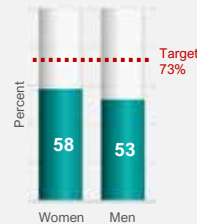
5

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



#### Antiretroviral treatment

People living with HIV virally suppressed\*



#### Antiretroviral treatment coverage

Overall 65%  
Sex workers 24%  
MSM 28%  
PWID id

Levels of suppressed viral loads are moderate overall. Based on limited available data, treatment coverage among key populations is very low.

\*Thembisa data is used for overall ART coverage and VLS.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Partly done	Done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

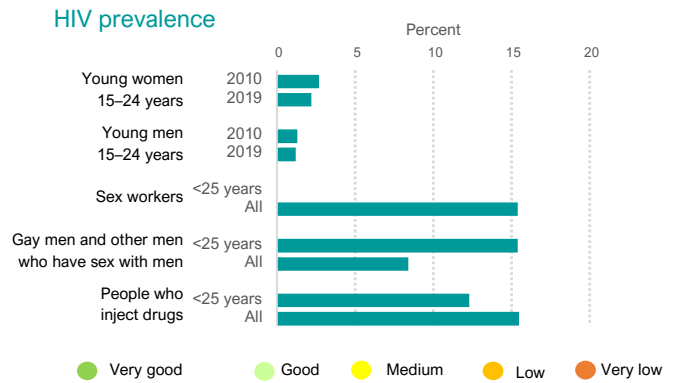
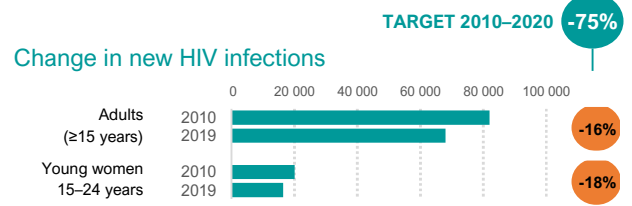
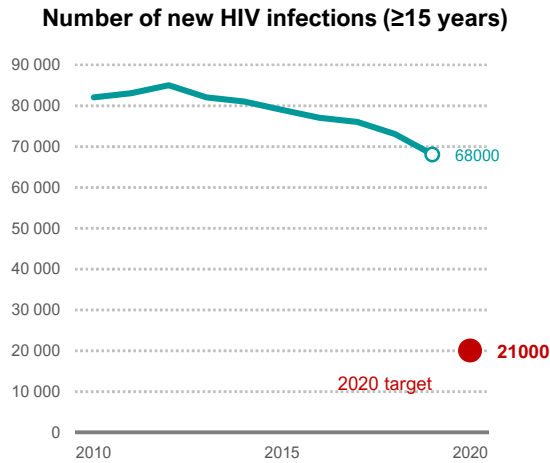
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

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

2020

The number of adults newly infected with HIV declined from 82000 in 2010 to 68000 in 2019, a 16% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom Use (%)	Target (%)
Young women	30	90
Young men	34	90

23

Received two prevention interventions in past 3 months (%)

3

### KEY POPULATIONS

**Sex workers**

Condom use at last paid sex (%)

Group	Condom Use (%)	Target (%)
Sex workers	72	95
Clients	44	95

58

Received two prevention interventions in past 3 months (%)

5

**Gay men and other men who have sex with men (MSM)**

Condom use at last anal sex (%)

Group	Condom Use (%)	Target (%)
Gay men and other men who have sex with men	14	90

28

Received two prevention interventions in past 3 months (%)

2

**People who inject drugs (PWID)**

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	84	95
On opioid substitution therapy	24	40

21

Received two prevention interventions in past 3 months (%)

4

### CONDOM PROGRAMMING

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

Group	Condom Use (%)	Target (%)
Women	28	90
Men	35	90

9

Estimated condom distribution need met (%)

2

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

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	Some
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	30%	30%
Girls who completed lower secondary education	27%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

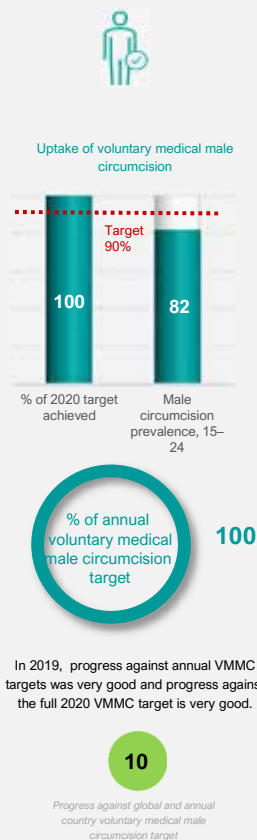
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		No

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

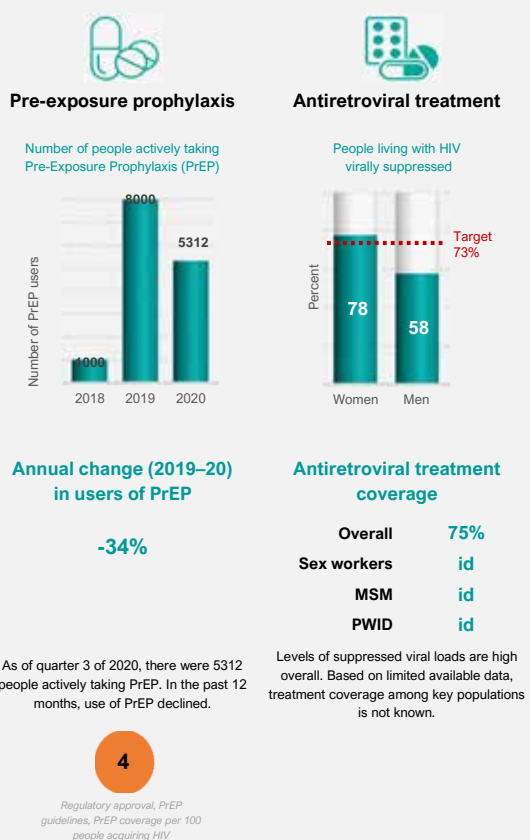
## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION



### ANTIRETROVIRAL DRUG-BASED PREVENTION



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Partly done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

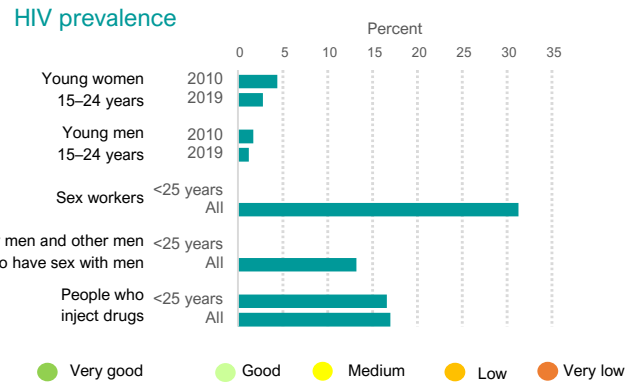
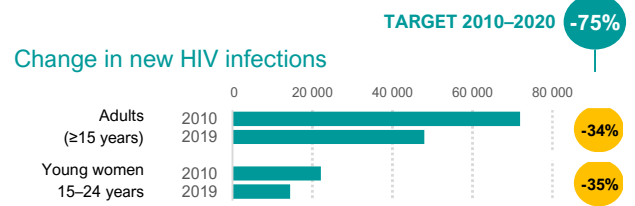
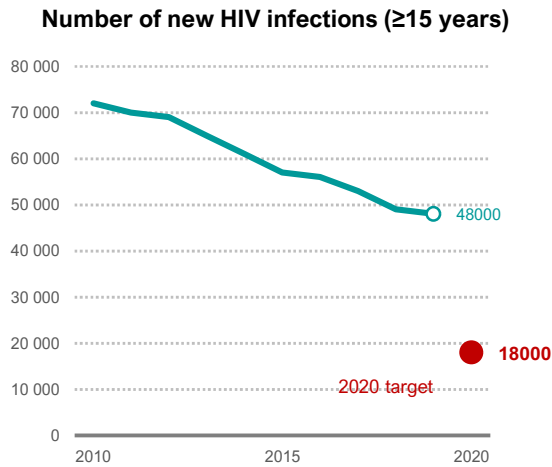
Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN UGANDA

2020

The number of adults newly infected with HIV declined from 72000 in 2010 to 48000 in 2019, a 34% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	44	90
Young men	63	90

31 % of high-incidence locations with a programme for adolescent girls

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**4**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	69	95
Clients	73	95

42 Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is very low. Coverage of HIV prevention programmes for sex workers is very low.

**5**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	39	90

12 Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is very low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**3**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	~10	95
On opioid substitution therapy	~10	40

8 Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is very low.

**1**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	38	90
Men	62	90

62 Estimated condom distribution need met (%)

Condom use is low among people with non-regular partners. The proportion of the total condom distribution need met is moderate.

**6**

Condom use, condom distribution

**Scores (1-10)** ● Very good ● Good ● Medium ● Low ● Very low    id ... insufficient data    na ... not applicable



## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	All	> Half	None
Avoided health care because of stigma and discrimination	id	id	64%

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	31%	50%
Girls who completed lower secondary education	36%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No	

## HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

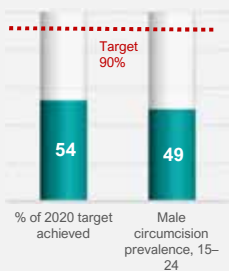
## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



**84**  
% of annual voluntary medical male circumcision target

In 2019, progress against annual VMMC targets was good and progress against the full 2020 VMMC target is moderate.

8

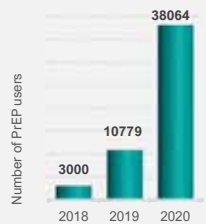
Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



#### Pre-exposure prophylaxis

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



#### Annual change (2019-20) in users of PrEP

**+253%**

As of quarter 3 of 2020, there were 38064 people actively taking PrEP. In the past 12 months, use of PrEP increased very rapidly.

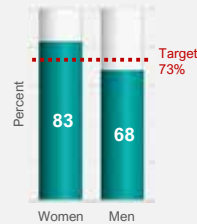
6

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



#### Antiretroviral treatment

People living with HIV virally suppressed



#### Antiretroviral treatment coverage

**Overall 84%**  
**Sex workers 65%**  
**MSM 66%**  
**PWID 78%**

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is moderate.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Not done	Partly done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Not done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Not done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

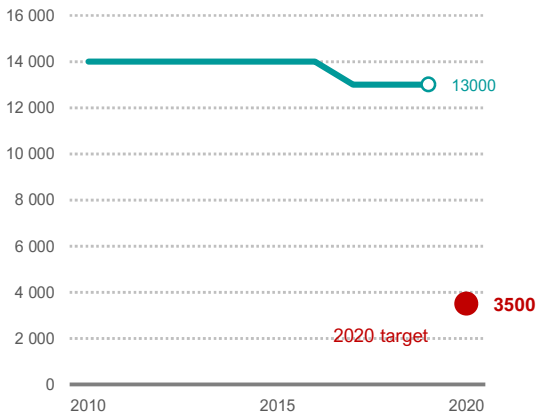
Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN UKRAINE

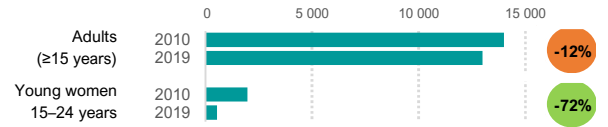
2020

The number of adults newly infected with HIV declined from 14000 in 2010 to 13000 in 2019, a 12% decline.

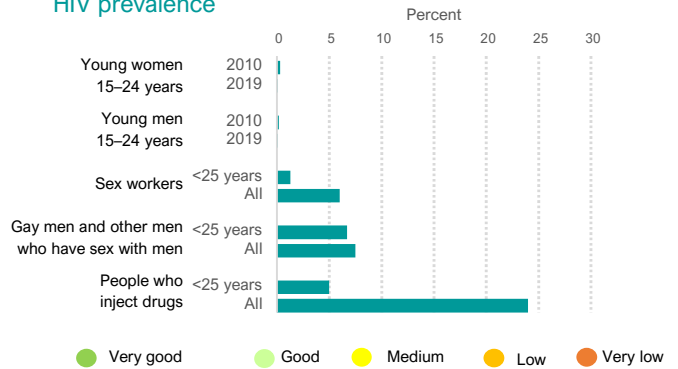
Number of new HIV infections (≥15 years)



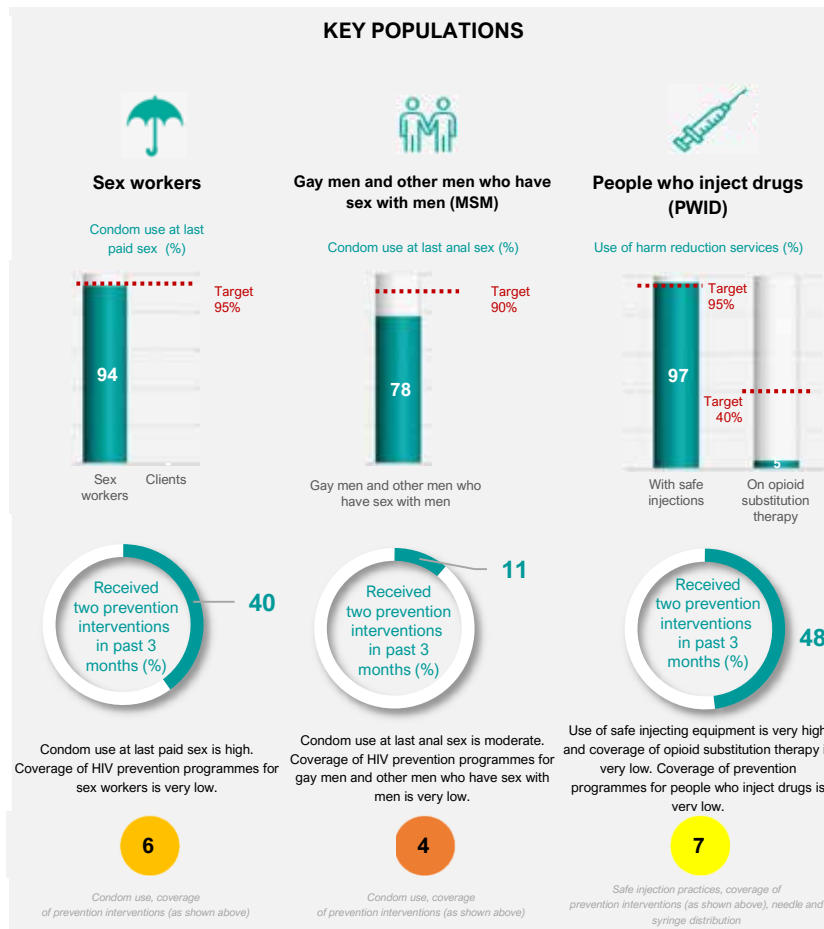
Change in new HIV infections



HIV prevalence



## HIV programme coverage and outcomes



Scores (1-10)

Very good

Good

Medium

Low

Very low

id ... insufficient data

na ... not applicable

## Policy and structural barriers

### Key populations

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

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	100%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

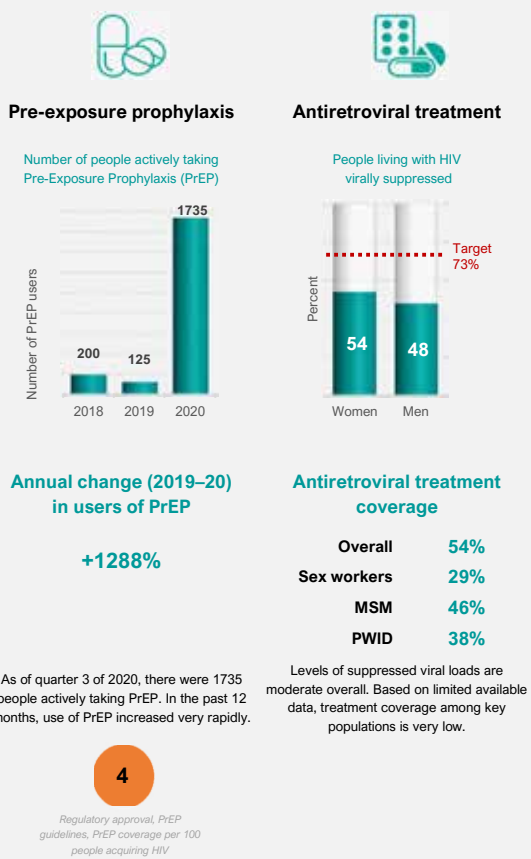
	Safe continuation of outreach	Online counselling
Key populations	No	No
Adopted multi-month dispensing	No	Expanded alternative access
Condoms	No	No
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		Yes

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

## Linkages between HIV and sexual and reproductive health services

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

## ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF – the DHS Program STATcompiler. Data sources key populations coverage: Global AIDS Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20. Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

## Implementation of Prevention 2020 Roadmap

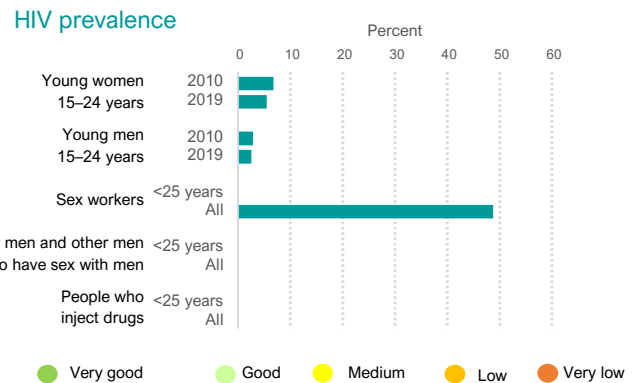
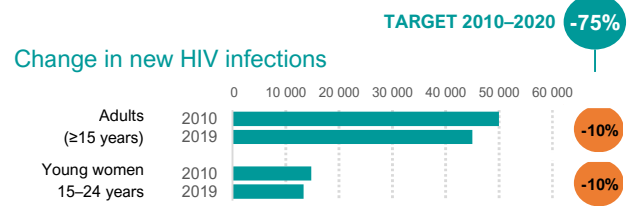
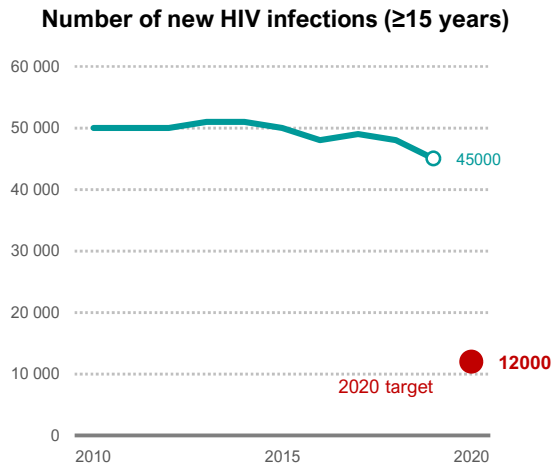
Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Partly done
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 development and technical assistance plan	Not done	Not done
7 - Social contracting	Partly done	Done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done ●

# THE STATE OF HIV PREVENTION IN ZAMBIA

2020

The number of adults newly infected with HIV declined from 50000 in 2010 to 45000 in 2019, a 10% decline.



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	34	90
Young men	49	90

16 % of high-incidence locations with a programme for adolescent girls

Condom use among young women is very low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**3**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	79	95
Clients	56	95

47 Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is low. Coverage of HIV prevention programmes for sex workers is very low.

**5**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Target 90%

13 Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is not known. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**id**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Group	Use of harm reduction services (%)	Target (%)
With safe injections	~40	95
On opioid substitution therapy	~40	95

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**id**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	35	90
Men	62	90

51 Estimated condom distribution need met (%)

Condom use is very low among people with non-regular partners. The proportion of the total condom distribution need met is low.

**5**

Condom use, condom distribution

**Scores (1-10)**    Very good (Green)    Good (Light Green)    Medium (Yellow)    Low (Orange)    Very low (Red)

id ... insufficient data    na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Partial	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None
Avoided health care because of stigma and discrimination	id	id	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	27%	25%
Girls who completed lower secondary education	48%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

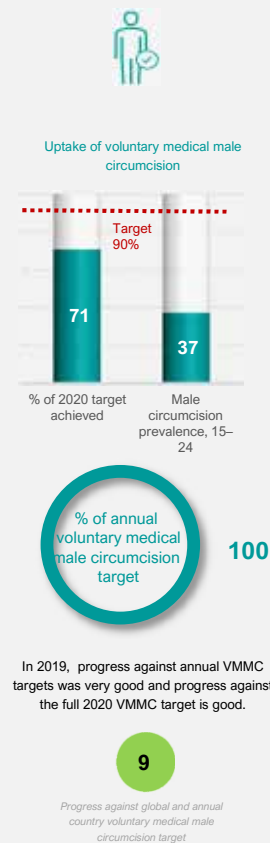
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

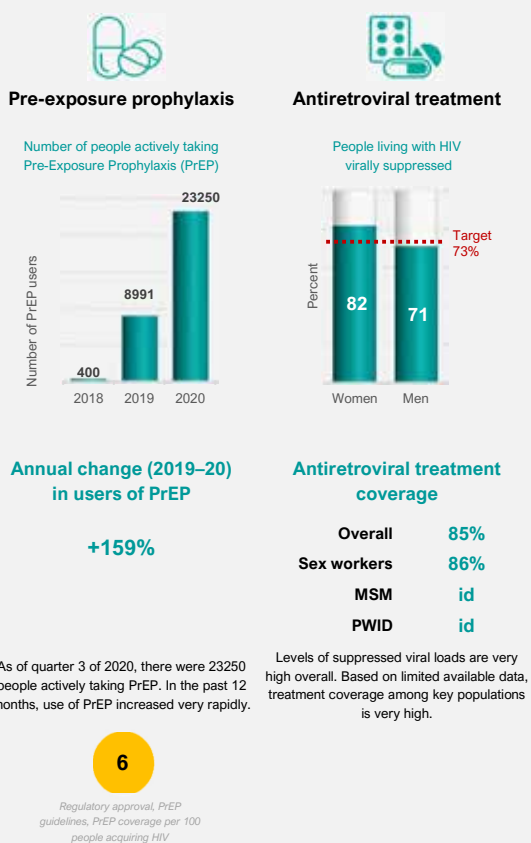
## Linkages between HIV and sexual and reproductive health services

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

### VOLUNTARY MEDICAL MALE CIRCUMCISION



### ANTIRETROVIRAL DRUG-BASED PREVENTION



## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Done	Done
4 - Legal and policy reform	Not done	Not done
5a - Key population size estimates	Not done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

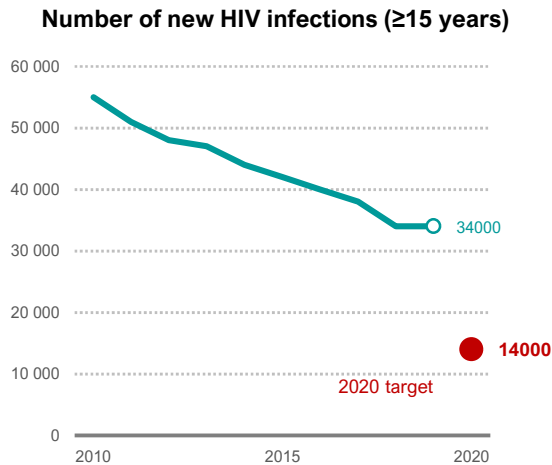
● Done ● Partly done ● Not done

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20. Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

# THE STATE OF HIV PREVENTION IN ZIMBABWE

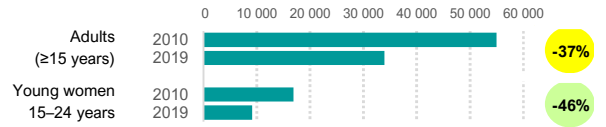
2020

The number of adults newly infected with HIV declined from 55000 in 2010 to 34000 in 2019, a 37% decline.

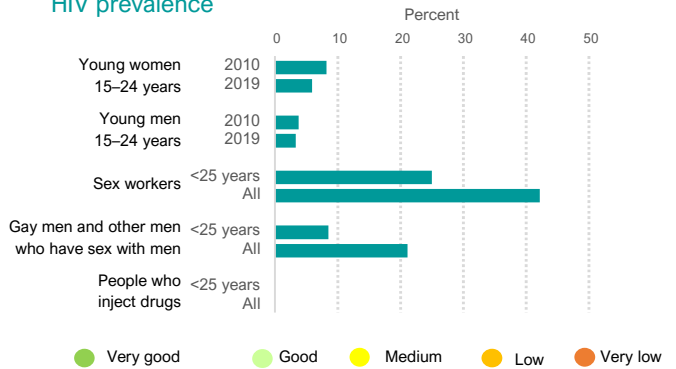


Change in new HIV infections

TARGET 2010-2020 **-75%**



HIV prevalence



## HIV programme coverage and outcomes

### ADOLESCENT GIRLS, YOUNG WOMEN & MALE PARTNERS

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

Group	Condom use (%)	Target (%)
Young women	54	90
Young men	81	90

**17**

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

Condom use among young women is low. Coverage of high-incidence locations with dedicated prevention programmes is very low.

**4**

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

### KEY POPULATIONS

#### Sex workers

Condom use at last paid sex (%)

Group	Condom use (%)	Target (%)
Sex workers	75	95
Clients	90	95

**44**

Received two prevention interventions in past 3 months (%)

Condom use at last paid sex is low. Coverage of HIV prevention programmes for sex workers is very low.

**6**

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

#### Gay men and other men who have sex with men (MSM)

Condom use at last anal sex (%)

Group	Condom use (%)	Target (%)
Gay men and other men who have sex with men	69	90

**26**

Received two prevention interventions in past 3 months (%)

Condom use at last anal sex is low. Coverage of HIV prevention programmes for gay men and other men who have sex with men is very low.

**5**

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

#### People who inject drugs (PWID)

Use of harm reduction services (%)

Service	Use (%)	Target (%)
With safe injections	na	95
On opioid substitution therapy	na	40

**id**

Received two prevention interventions in past 3 months (%)

Use of safe injecting equipment is not known and coverage of opioid substitution therapy is not known. Coverage of prevention programmes for people who inject drugs is not known.

**id**

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

### CONDOM PROGRAMMING

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

Group	Condom use (%)	Target (%)
Women	65	90
Men	82	90

**83**

Estimated condom distribution need met (%)

Condom use is moderate among people with non-regular partners. The proportion of the total condom distribution need met is high.

**8**

Condom use, condom distribution

**Scores (1-10)**   ● Very good   ● Good   ● Medium   ● Low   ● Very low   id ... insufficient data   na ... not applicable

## Policy and structural barriers

### Key populations

	Sex workers	Gay men & other men who have sex with men	People who inject drugs
Criminalization of the behaviour of key populations	Yes	Yes	Yes
The national strategy includes critical elements of the programme package for key populations	All	< Half	None
Avoided health care because of stigma and discrimination	39%	8%	id

### Adolescent girls and young women

	15-19 years	15-49 years
Proportion of women who experienced intimate partner violence	31%	19%
Girls who completed lower secondary education	74%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access sexual and reproductive health services	Yes	

## HIV prevention adaptations during COVID-19

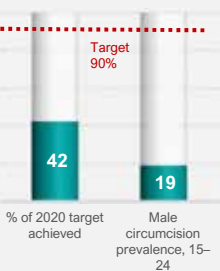
	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

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

## Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion in family planning services	Yes

### VOLUNTARY MEDICAL MALE CIRCUMCISION



In 2019, progress against annual VMMC targets was moderate and progress against the full 2020 VMMC target is slow.

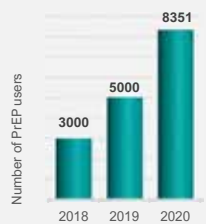
6

Progress against global and annual country voluntary medical male circumcision target

### ANTIRETROVIRAL DRUG-BASED PREVENTION



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



Annual change (2019-20) in users of PrEP

+67%

As of quarter 3 of 2020, there were 8351 people actively taking PrEP. In the past 12 months, use of PrEP increased moderately.

5

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



People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall 85%  
Sex workers 78%  
MSM 94%  
PWID id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is very high.

## Implementation of Prevention 2020 Roadmap

Ten actions	2017	2020
1 - HIV prevention needs assessment	Not done	Done
2 - HIV prevention targets	Done	Done
3 - HIV prevention strategy	Not done	Done
4 - Legal and policy reform	Not done	Partly done
5a - Key population size estimates	Partly done	Partly done
5b - Defined key population package	Not done	Done
5c - Adolescent girls and young women size estimates	Not done	Done
5d - Adolescent girls and young women package	Not done	Not done
6 - Capacity development and technical assistance plan	Not done	Not done
7 - Social contracting	Not done	Not done
8 - HIV prevention financial gap analysis	Not done	Done
9 - Strengthen programme monitoring	Not done	Done
10 - Performance review	Not done	Done

● Done ● Partly done ● Not done

Data sources: UNAIDS 2020 HIV estimates; Global AIDS Monitoring 2020; Global HIV Prevention Coalition progress survey 2020; and ICF - the DHS Program STATcompiler. Data sources key populations coverage: Global Aids Monitoring 2020, Global Fund Proposals 2020 and PEPFAR COP20

Note: the 2020 HIV estimates presented are for 2019. Other data points may refer to various years when the surveys were conducted.

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