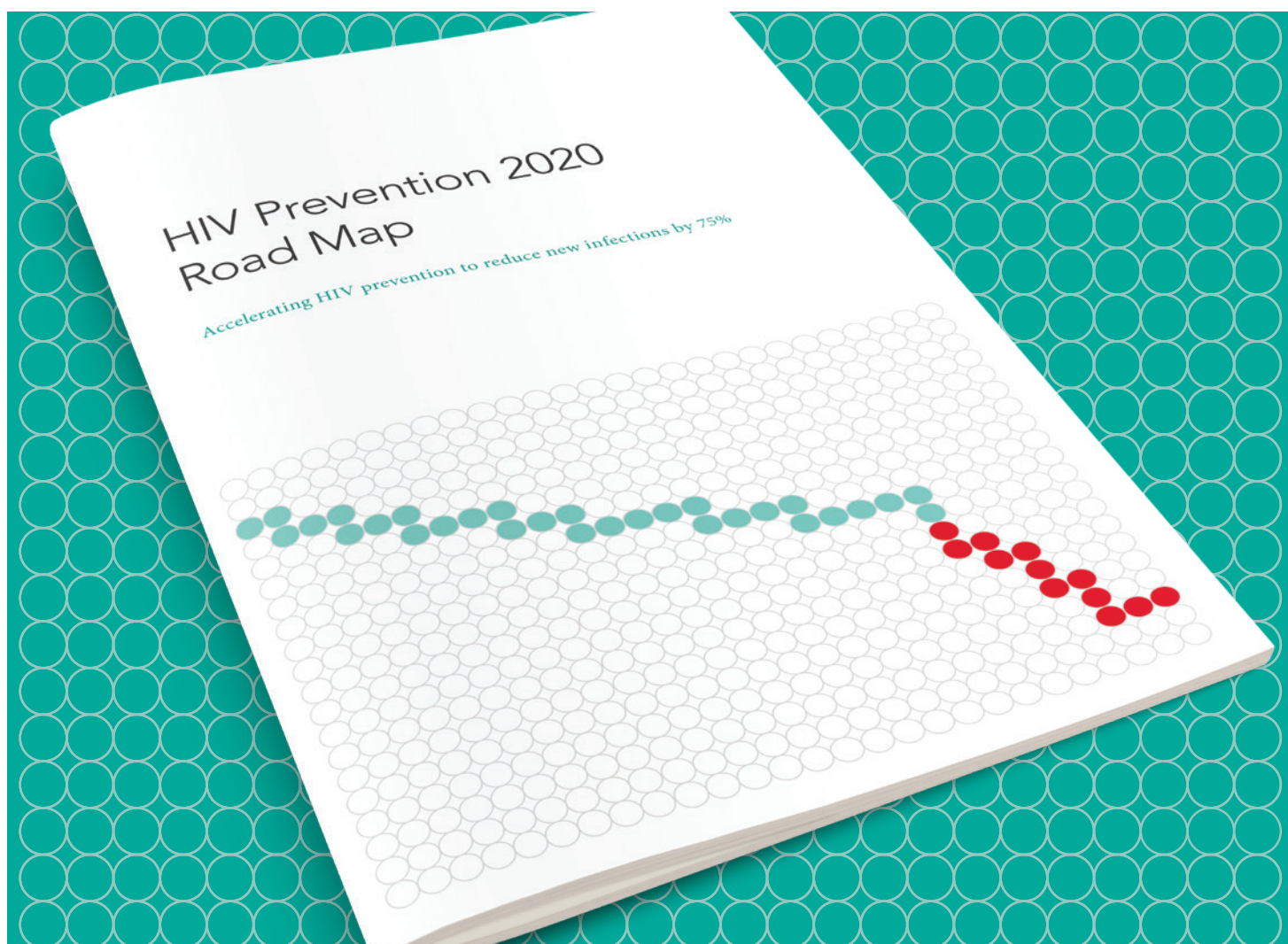


# Implementation of the HIV Prevention 2020 Road Map

First progress report, March 2018



# Targets and milestones

## 2017

### OCTOBER

Global HIV Prevention Coalition and the Prevention 2020 Road Map launched.

Coalition endorses metrics for measuring progress in primary prevention using country and coalition scorecard in line with existing global AIDS monitoring system.

Countries decide on immediate actions for first 100 days (100-day plan).

### NOVEMBER

Coalition Secretariat overseen by two Coalition co-chairs, and a robust and inclusive interagency coordination mechanism established.

Global agencies disseminate guidance, and Coalition Secretariat provides appropriate tools for targetsetting, assessments, planning, implementation and policy support, monitoring and evaluation.

### DECEMBER

Coalition Secretariat establishes and activates mechanism for rapid response technical assistance.

All countries, in an inclusive process, take stock of where they stand with reaching HIV prevention targets and addressing key legal, social, economic and gender-related barriers to service demand, access and uptake.

All countries have taken action to strengthen HIV prevention management and oversight capacity.

## 2019

### FEBRUARY

All countries have reassessed their national prevention programme, including policy barriers, financing constraints, management and capacity needs, and taken remedial action as appropriate.

### MAY

Second full Coalition meeting held to review progress in implementing Road Map activities and in moving towards Political Declaration commitments, using the agreed Coalition scorecards

All countries are implementing the Road Map in line with the 2016 Political Declaration targets.

### OCTOBER

Second country prevention programme managers' meeting held to discuss results, management and capacity issues, share experiences and identify changes in technical support needs.

## 2021

UNAIDS confirms that globally new adult infections declined by 75% to less than 500 000.

Estimated number of new HIV infections reduced by 75% from 2010 level in 20 of 25 high-priority countries.

All regions declare they have reached the regional initiative targets.

## 2018

### FEBRUARY

Countries and Coalition Secretariat review progress against 100-day plans.

All countries have set or updated national HIV prevention programme and impact targets, defined standard service packages, and updated their country road maps and plans.

All countries have identified actions for key policy changes to create an enabling environment for prevention.

### MARCH

All high-priority countries have a consolidated plan for prevention capacity-building and technical assistance.

All high-priority countries have organized a prevention financing dialogue exploring all options for adequate resource allocation for prevention.

### MAY

Initial progress against Coalition milestones and targets is presented and discussed at a ministerial meeting at the World Health Assembly, including use of the agreed Coalition scorecard.

All countries have completed or updated key population size and coverage estimates and established viable mechanisms to contract, finance, support and monitor civil society organizations.

High-level political meetings on prevention have been held or other opportunities used in three regions to develop a regional prevention agenda in support of Road Map objectives, with high-priority regional actions.

### JULY

National HIV prevention programme managers' meeting held at International AIDS Society conference in Amsterdam to discuss progress towards targets and milestones and to share lessons learned.

## 2020

### MAY

Progress against prevention coalition milestones and targets is presented and discussed at a Ministerial meeting during the World Health Assembly.

### JULY

UNAIDS reports new infections and programmatic trends for 2019 showing significant improvements.

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# Foreword

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Preventing new HIV infections is central to ending the AIDS epidemic. Despite the availability of a widening array of effective HIV prevention tools and methods and a massive scale-up of HIV treatment in recent years, we have not made sufficient progress in reducing new infections in adults and adolescents globally. The target of the 2016 United Nations Political Declaration on Ending AIDS is to reduce new HIV infections among adults to fewer than 500 000 by 2020, from more than 1.8 million in 2010, and to scale up HIV primary prevention and treatment programmes to achieve this.

Last year, we called for the acceleration of global and national prevention efforts and a road map towards reaching the 2020 prevention target. We convened a Global HIV Prevention Coalition of United Nations Member States, donors, civil society organizations -including youth and key populations- and implementers to this end. We committed to implementing the global HIV Prevention Road Map 2020, including a 10-point plan of action at the country level.

This first progress report shows that members of the Global HIV Prevention Coalition have mobilized around strengthening HIV primary prevention. There are clear signs of renewed political commitment and strengthened institutional arrangements for planning and managing prevention programmes. Most member countries have moved fast to develop HIV prevention action plans, and there are many examples of excellent and innovative new initiatives. Furthermore, interest in the HIV prevention agenda and the Coalition is growing. A global accountability process has been set up, with score cards that track progress across a range of high-priority prevention programme areas.

Many challenges remain, however, as we need to move beyond political commitment to changing policies and systematic programme implementation. This report indicates that more work needs to be done to complete prevention target-setting; to develop or update HIV prevention guidance and service packages, especially for key populations and adolescent girls and young women; to address important policy and human rights barriers to effective prevention; and to define and close financing gaps and capacity gaps in many countries. All affected communities need to be involved in Coalition work, at all levels and in a meaningful manner.

This progress, six months after the launch of the Global HIV Prevention Coalition, gives us reason for hope. Let us step up our efforts to scale up HIV prevention programmes to reach 90% of people at risk, towards ending the AIDS epidemic by 2030.

**Natalia Kanem**  
UNFPA Executive Director

**Michel Sidibé**  
UNAIDS Executive Director

# Background

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There has been tremendous progress in the AIDS response over the past 15 years, especially with regard to the roll-out of treatment. Declines in new adult infections have been slow in recent years, however, and global HIV prevention targets are being missed by a wide margin: 1.7 million [1.4–1.9 million] new infections among adults are still estimated to have occurred in 2016, a decline of only 11% since 2010. The rapid scale-up in HIV treatment during the same period is believed to have had a significant effect on preventing new infections but is insufficient on its own. Primary prevention programmes reaching young people and key populations at risk have not been implemented with sufficient coverage and intensity. Furthermore, efforts to engage and empower adolescent girls, young women and key populations, and to ensure a conducive policy and legal environment in which barriers to accessing services are eliminated, have been neglected.

The Global HIV Prevention Coalition was established in October 2017 to galvanize greater commitment and investment in HIV prevention and to agree on a road map to meet the 2020 targets. Ministers of health and other government officials from 25 countries with a high number of new HIV infections, and leaders of more than 20 international and civil society organizations participated in the inaugural meeting of the Coalition on 10–11 October in Geneva and endorsed the HIV Prevention 2020 Road Map (1).

The Road Map lists four main factors that were holding back progress: gaps in political leadership, legal and policy barriers, gaps in prevention financing, and a lack of systematic implementation of combination prevention programmes at scale. The Road Map contains a 10-point plan to address these factors, which participating countries committed to implement, as well as complementary commitments by development partners and civil society, with clear targets and milestones. All countries committed to develop 100-day action plans to jump-start implementation of the Road Map, including initial actions to set or update prevention targets, strengthen prevention programme oversight and management, and address legal and policy barriers. A Global HIV Prevention Coalition Secretariat was established within UNAIDS in Geneva to monitor progress and to activate a mechanism for rapid technical assistance.

This first progress report mainly covers the initial implementation period, from the inaugural meeting in October 2017 to March 2018.

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

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# Initial progress

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## **100-day action plans**

The launch of the Global HIV Prevention Coalition in October 2017 stimulated commitment for reinvigorating primary prevention and galvanized planning at the national level. In some countries, high-level briefings were held, such as South Africa, where the South Africa National AIDS Council (SANAC) Inter-Ministerial Committee chaired by the country's deputy president was briefed about the initiative. In other countries, major official events with international participation were organized, including an international symposium on prevention and control of HIV in China in November 2017, and the launch of national HIV prevention coalitions in Ethiopia and Zambia in February and March 2018, respectively. At their meeting in November 2017, the South African Development Community (SADC) health ministers endorsed the HIV Prevention 2020 Road Map and a regional strategy for HIV prevention, treatment, care, and reproductive health and rights among key populations.

By December 2017, 23 of 25 countries participating in the Coalition had developed 100-day action plans, and by March 2018, all 25 countries had planned a set of initial actions. All plans were submitted to the Coalition Secretariat in Geneva by UNAIDS country directors, following in-country discussions led by governments.<sup>1</sup>

In addition to establishing or strengthening institutional arrangements for national prevention leadership and oversight, most 100-day plans include actions for setting or revising prevention programme targets, for enhancing prevention management, and for addressing legal and policy barriers to effective prevention, as per the Road Map milestones. Some 100-day plans also refer to actions to define guidance and service packages and efforts to estimate and address prevention financing gaps. SADC organized a stock-taking meeting for its member states to review the target-setting process and 100-day plans.

## **Expanding the HIV Prevention Coalition**

There is growing interest in bolstering the Global HIV Prevention Coalition and the prevention agenda. At a special session on the HIV Prevention 2020 Road Map on 5 December 2017, during the International Conference on AIDS and Sexually Transmitted Infections in Africa held in Abidjan, Côte d'Ivoire, speakers from the International HIV/AIDS Alliance, Lean-on-Me, and the International Coalition of Women Living with HIV called for the increased participation of local communities in this effort.

Interest in joining the founding members of the Coalition has also been expressed by several countries, including Botswana, the Islamic Republic of Iran, Myanmar and Norway; by regional organizations such as the African Union Commission and the SADC Secretariat; and by development partners such as the International Association of Providers of AIDS Care and the Reproductive Health Supplies Coalition.

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<sup>1</sup> All plans are available at <https://hivpreventioncoalition.unaids.org/country-actions/>.

## Global support structure

As planned, global stakeholders have put arrangements in place to support the implementation of the HIV Prevention 2020 Road Map. At the country level, support for implementation is being mobilized through UNAIDS, the United Nations Population Fund (UNFPA), the World Health Organization (WHO), civil society networks, and other Global HIV Prevention Coalition stakeholders.

In December 2017, the UNAIDS Programme Coordinating Board officially took note of the Road Map and encouraged member states, stakeholders and partners to take bold and decisive actions to scale up prevention programmes and meet the targets and commitments agreed in the 2016 Political Declaration on Ending AIDS. The Board also requested the Joint Programme to support member states, civil society and key populations in their efforts to strengthen and sustain the global prevention agenda, including through, as appropriate, the Global HIV Prevention Coalition, and to make primary prevention a priority for the Joint Programme. The Board requested annual reports on progress made (2).

A Global HIV Prevention Coalition Secretariat has been established at UNAIDS in Geneva to track progress of Road Map implementation, provide technical support to national HIV prevention coalitions and strategies, and help advocate for adequate investments in HIV prevention. Additional staff are being recruited, with the support of the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation, and Germany. Sweden and China, through the United Nations Peace and Development Trust Fund, 2030 Agenda for Sustainable Development Sub-Fund, have provided additional catalytic funding, mainly to strengthen coordination of prevention and support approaches to prevent HIV among adolescent girls and young women in eastern and southern Africa.

The pre-existing informal global prevention focal point group whose role is to strategize around prevention and support Coalition co-conveners and co-chairs has been reconfigured and formalized with participation from two additional civil society organizations. Its first meeting was in March 2018 (3).

The Coalition website includes key documents such as ministerial and other key speeches from the inaugural meeting, all the 100-day action plans, and other national prevention strategy documents.<sup>2</sup> It also includes a dashboard that aims to measure and track prevention progress across participating countries, with indicators for each of the five prevention pillars (adolescent girls and young women, key populations, condoms, voluntary medical male circumcision, Pre-exposure prophylaxis), and individual country score cards (see Annex). The website also brings together resource and reference documents.

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<sup>2</sup> <https://hivpreventioncoalition.unaids.org/>.



# Strengthening national HIV prevention leadership and capacity

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## National prevention coalitions

In April 2018, 19 of 25 countries participating in the Global HIV Prevention Coalition reported they had established national HIV prevention coalitions or assigned the responsibility to equivalent existing bodies with wide representation, thereby strengthening coordination and oversight of prevention efforts. There are also clear signs of increased political support for prevention. The presidents of South Africa and Zambia have personally committed to national prevention road maps or targets. In many other countries, the minister of health or another senior political leader has chaired recent national coalition meetings.

Other institutional changes are ongoing. The establishment of a national HIV committee in the Democratic Republic of the Congo and establishment of a national prevention coalition in Ghana were awaiting ministerial approval when this report was compiled. In several countries, including Lesotho, Malawi, Mozambique, Uganda and Zimbabwe, existing national committees or partnership fora have been designated or reaffirmed to oversee the national prevention response, as an equivalent to a coalition. Only three lower-prevalence countries (China, Indonesia, Ukraine) do not appear to have taken action to set up a similar dedicated body, as the responsibility for HIV prevention was integrated in other structures.

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## The Zambian national prevention coalition: roles and responsibilities

- Provide high-level leadership to ensure supportive policies and programmes.
- Create a sociocultural, legal and financial enabling environment for all Zambian people to access HIV prevention services.
- Provide oversight and harmonization of scaled-up good-quality services and data.
- Ensure effective functioning of multisectoral coordination mechanisms and platforms.

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Source: Accelerating action to reach Fast Track targets by 2020; terms of reference for Zambia national HIV prevention coalition, 2018.

Almost all countries report that civil society organizations are represented in their coalitions or equivalent structures. A more in-depth review shows, however, that key population networks and organizations are often absent or underrepresented, including in several eastern African countries. Participants from 11 countries at a civil society consultation organized by the International HIV/AIDS Alliance in India in March 2018 and a SADC consultation engaging 27 civil society organizations in southern Africa indicated that community stakeholders had not been engaged consistently and meaningfully in all national coalition and HIV Prevention 2020 Road Map discussions (4). Civil society organizations are a vital part of the multistakeholder partnership needed to re-energize the prevention agenda and achieve the Road Map targets.

### **Technical prevention working groups**

In many countries, technical prevention working groups exist or have been newly established to coordinate, manage and support day-to-day prevention work. In Nigeria, a steering group co-chaired by the minister of state for health and the director-general of the National Agency for the Control of AIDS provides overall guidance, with the existing technical working group leading the Global HIV Prevention Coalition agenda. In the United Republic of Tanzania, a previously existing technical prevention working group was re-established. Functioning technical working groups on prevention also exist in Cameroon, Uganda, Zambia and some other countries. In Mexico, the National Council for the Prevention and Control of AIDS approved the creation of a special task force to move the prevention agenda forward, including to set prevention targets; similarly, SANAC established a new prevention technical task team.

Importantly, several countries are strengthening their technical leadership on specific HIV prevention programme components. In the United Republic of Tanzania, the three existing subcommittees of the Prevention Technical Working Group dealing with key populations, condoms and HIV prevention among adolescent girls and young women are being strengthened. In Namibia, there are dedicated working groups on four of the five prevention pillars (except for Pre-exposure prophylaxis, which is in the early stages of implementation in the country), with oversight from the national combination prevention technical advisory committee. In Pakistan, three provincial multistakeholder task forces were established, mainly to strategize around key population issues and programmes in these provinces.

A key challenge during the coming months and years will be to sustain and further strengthen these structures and empower them to effectively oversee and manage scale-up of prevention programmes across the countries.

## Capacity issues

UNAIDS offices from almost two-thirds of the Global HIV Prevention Coalition countries report significant national prevention programme capacity gaps that still need to be addressed in the context of the HIV Prevention 2020 Road Map and its action point 6, “Develop a consolidated prevention capacity-building and technical assistance plan”. There are gaps in prevention management and coordination capacity at the national level (such as in Indonesia, Lesotho and Mozambique); in technical capacity on individual pillars (for instance, Pre-exposure prophylaxis in Namibia; specific behavioural aspects of programmes for adolescent girls and young women and their male partners in the United Republic of Tanzania; and condom programming, Pre-exposure prophylaxis and programming for adolescents girls and young women and people who inject drugs in Côte d’Ivoire); and in cross-cutting functions such as monitoring and evaluation (in Ghana and Malawi), financial management (in Angola and Ghana) and procurement (in Angola).

In several countries, including Indonesia, Mozambique and Zimbabwe, key partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and to a lesser extent the United States President’s Emergency Plan for AIDS Relief (PEPFAR) cover the costs of or second prevention staff; this is an excellent solution in the short term, but it raises sustainability concerns in the longer term. In Mozambique, an in-depth assessment of the HIV prevention programme architecture in 2017 showed the presence of many core HIV prevention capacities in partner agencies that are not consistently being mobilized for the national programme.

A lack of coordination and implementation capacity at the subnational level is reported by Malawi, Nigeria and South Africa and may well exist in many other countries. In a number of countries, including Cameroon, certain states of India, Indonesia and Pakistan, insufficient capacity to effectively implement key population programmes is being reported, calling for increased efforts to strengthen community systems and civil society organizations, and to develop social contracting mechanisms. In India, traditionally a leader in key population programming, budget constraints risk reducing rather than expanding available capacity for national mentoring and support to key population programme implementers, despite an increase in new infections in some states.

# New HIV prevention targets and new national strategies

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One of the main gaps that had been identified in many countries before the launch of the Global HIV Prevention Coalition was the lack of meaningful sets of targets to guide prevention programming. While most countries had set ambitious 90-90-90 treatment targets, new targets for HIV prevention aligned with the 2016 Political Declaration had not been systematically set, or pre-existing targets had not been revised as required. Over the first months of Road Map implementation, this situation has significantly improved. Almost 20 countries have re-visited their prevention targets or set new ones.

Past prevention targets had a number of limitations. In many countries, ambitious impact targets in terms of reductions in new infections had been set but were not consistently matched with corresponding targets for prevention programme coverage and utilization. Commonly, coverage targets are only in place for specific projects, for instance funded by a donor, but not for the national response at large. The renewed effort launched through the Coalition is geared towards developing coherent results frameworks. Table 2 shows the consolidated prevention targets from Kenya as an example of a comprehensive set of prevention targets.

Despite the progress made since the launch of the Coalition, substantial gaps remain to be addressed. In some countries, national targets still need to be set for a number of programme areas, especially those related to key populations and adolescent girls and young women. This will require the involvement of organizations representing these communities. In many instances, this also implies additional work to estimate more precisely the size of populations at risk, as is under way in Nigeria and Uganda, among other countries. The focus of the remainder of 2018 will be on addressing these gaps and, for the Coalition Secretariat, to provide quality assurance to these target-setting processes.

In a number of countries, new national HIV strategic plans and results frameworks are under development and setting prevention programme targets is an integral part of the process. Angola, Côte d'Ivoire, Lesotho, the Democratic Republic of the Congo, Swaziland and the United Republic of Tanzania are all planning to finalize and launch their new multi-year frameworks in 2018, and Ukraine has started to elaborate its national AIDS programme 2019-2023. In other countries such as Cameroon, dedicated national prevention road maps are developed to supplement existing national frameworks. In Uganda, there was already a dedicated framework for HIV prevention under its Presidential Fast Track Initiative, and the country had a draft road map, which has now been revised and strengthened.

Only a minority of Coalition countries (7 out of 25) has set subnational prevention programme targets, and in some of those countries, the sets of subnational targets remain incomplete. A key priority for 2018 will therefore also be setting subnational targets and the strengthening of operational planning to take forward HIV prevention programming at all levels of implementation.

**Table 1.** Selected national HIV prevention targets, Kenya

	Indicator	Baseline 2016	Target 2020
<b>Impact</b>	Number of new adult HIV infections in people aged 15+ years	56 100	22 800
	Number of new infections among women 15-24 years	17 600	4700
<b>Condoms</b>	Number of condoms distributed/sold	90 000 000	573 000 000
	Number of condoms distributed or sold per man aged 15-64 years	7.3	40
	Condom use at last sex with non-regular partner	Women: 56% Men: 73%	90%
<b>Voluntary medical male circumcision (VMMC)</b>	Men aged 15-29 circumcised	93%	100%
	Number of VMMCs per year	220 000	180 000
	Annual VMMC target achieved	110%	100%
	Cumulative number of VMMCs conducted	431 000 (2014-2016)	1 002 000 (2014-2019)
<b>Pre-exposure prophylaxis (PrEP)</b>	Number of people enrolled on PrEP at end of year	13 000	87 000
	Number of PrEP sites	900	3000
<b>Key populations (outcome and coverage)</b>	Number of sex workers (current and projected)	134 000	209 000
	Number of sex workers reached twice with programmes in past 3 months	68 000	180 000
	Number of dedicated sites providing services to sex workers	79	91
	Sex workers who used a condom with last client	88%	95%
	Population size men who have sex with men (current and projected)	18 000	33 000
	Men who have sex with men reached twice in past 3 months	10 000	30 000
	Number of dedicated sites providing services to men who have sex with men	49	69
	Men who have sex with men who used a condom at last anal sex	77%	85%
	Number of people who inject drugs (current and projected)	18 000	24 000
	Number of people who inject drugs reached twice in past 3 months with programmes	6300	21 000
	Number of dedicated sites providing services to people who inject drugs	12	16
	People who inject drugs who used safe injecting equipment during last injection	88%	95%
	Number of needles and syringes distributed per person who inject drugs per year	135	200
	People who use opioids who receive opioid substitution therapy	4%	50% (12 000)
<b>Adolescent girls and young women</b>	Number of high-incidence districts or locations	9 counties	
	Number of high-incidence locations covered with dedicated programmes	3	9
	Number of adolescent girls and young women in high-incidence districts/ locations (population size)	1 050 000	
	Girls completing lower secondary education	79%	100%
	Condom use at last sex with non-regular partner	38%	100%
<b>HIV prevention financing: total spending on five pillars</b>	Total spending on the five pillars	(USD Million)	(USD Million)
	HIV prevention among key populations	US\$ 11.45 million	US\$ 15.5 million
	Prevention for adolescent girls and young women	US\$ 26.32 million	US\$ 36.5 million
	Condom programming	US\$ 23.72 million	US\$ 39.6 million
	VMMC	US\$ 19.17 million	US\$ 9.9 million
	PrEP	US\$ 6.37 million	US\$ 11.5 million
	Total HIV spending allocated to five priority pillars	13.7%	20.1%

Source: summary of targets provided by national experts.

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### HIV prevention targets are needed

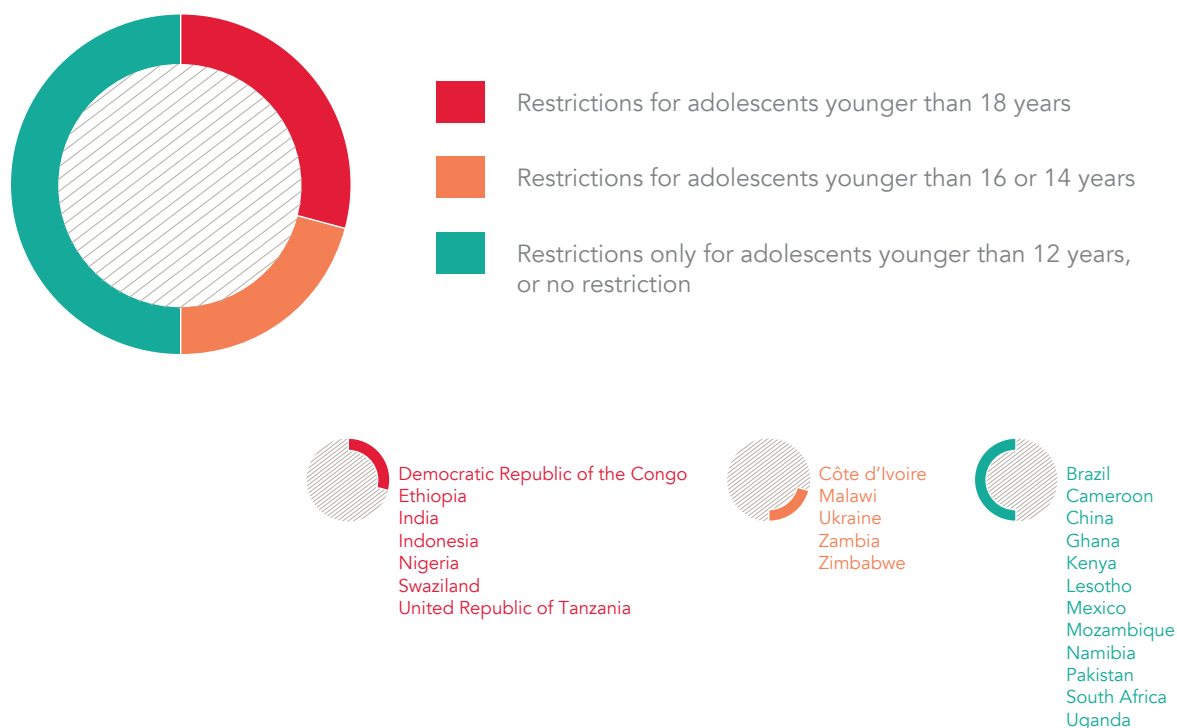
- For all priority prevention pillars relevant at the country level.
  - For programme coverage, outcomes and impact.
  - For national responses (not only projects).
  - At the national and subnational levels.
  - Translated into costed and implementable operational plans.
-

# Addressing legal and policy barriers to effective HIV prevention

Removing legal, policy and other human rights-related barriers to effective HIV prevention is an important component of the HIV Prevention 2020 Road Map. With the adoption of the Road Map, Global HIV Prevention Coalition countries committed themselves to take concrete action to remove such barriers and create an enabling environment for prevention, with two or three key policy actions that address barriers to access to prevention services to be implemented in each country in 2018.

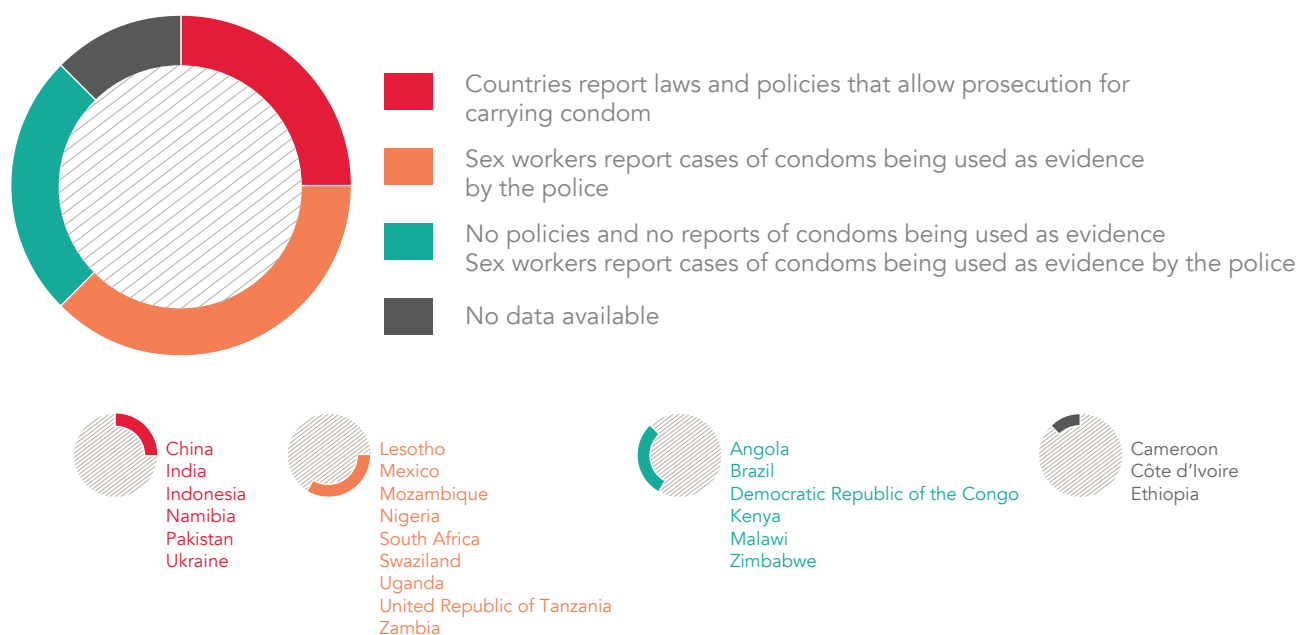
Barriers to access to services for young people are being addressed. In many Coalition countries, the need for parental consent for the provision of sexual and reproductive health services to young people has been identified as a key concern (Figure 1). A few countries have taken concrete action to address this restriction. In Namibia, the age of consent has been lowered in national guidelines, although regulatory approval has not been secured to allow for full implementation. In Zimbabwe, similar measures are being considered. In Uganda, advocacy for new national policy guidelines and standards for sexual and reproductive health services that aim to ease access by adolescent girls is ongoing.

**Figure 1.** Laws requiring parental consent for adolescents to access sexual and reproductive health services



Sources: UNAIDS, 2018 (5), The Sexual Rights Initiative, 2018 (6).

**Figure 2.** Laws, policies and law enforcement practices related to carrying condoms as evidence for prosecution



Sources: Sources: UNAIDS NCPI database, Asia Catalyst 2016 [7], Amnesty International 2016 [8], Open Society Foundation 2012 [9], Global Network of Sex Work Projects (NSWP), personal communication.

In some countries, such as Mozambique, Namibia and the United Republic of Tanzania, national condom strategies have been modified in ways that aim to improve young people's access to condoms, including by extending distribution outside health facilities and into rural areas. Other countries, including Côte d'Ivoire, Mexico and South Africa, have prioritized the strengthening of education sector policies on HIV and of sexual and reproductive health capacity. Lesotho and Swaziland, which face a very high incidence of HIV and gender-based violence, are planning to step up efforts to engage adolescent girls and young women and to enact new domestic violence legislation. In China, strengthening comprehensive sexuality education in schools is being considered.

Other major barriers to effective prevention are related to laws, policies and practices that hinder service access by key populations. Almost two-thirds of Global HIV Prevention Coalition countries have identified punitive laws or non-conducive policies and practices that act as barriers to HIV prevention. For instance, six countries report policies that allow law enforcement officials to confiscate condoms and use them as evidence to arrest and prosecute key populations, or sex workers themselves report condoms being used by the police as evidence of illicit behaviour (Figure 2).

Legal and policy reform is taking time, and there have been recent concrete changes in only a few countries. In India and Pakistan, new HIV laws are being finalized. In Pakistan, an HIV bill and a bill legalizing transgender identity are pending. In India, a protective



law has passed relevant committees but needs ministerial approval, and a transgender law will require further amendments. On the other hand, the human rights situation of sex workers in India has deteriorated, with an increasing number of raids and arrests, and community members continue to advocate for the complete decriminalization of sex work. In South Africa, the National AIDS Council is engaging parliament in a public debate from a public health perspective on decriminalizing sex work.

Short of full legal reform, there are efforts under way in Global HIV Prevention Coalition countries to protect and uphold the rights of key populations, improve the policy environment, and improve access to services at the local level. Human rights violations have been documented and access to justice reportedly expanded in Namibia, South Africa and Zimbabwe, and Cameroon is considering the establishment of a national observatory for human rights. In Zimbabwe some law enforcement officials and health-care service providers have been trained in issues relating to key populations and human rights. In Malawi and Mozambique, and possibly other countries, training of health-care providers to reduce stigma and discrimination in health-care settings is ongoing or being planned. In Malawi, Nigeria, South Africa and Zambia, AIDS programme representatives and advocates have held dialogues with community leaders, health-care providers and law enforcement officials.

In Kenya and many other countries, homosexuality, sex work, and possession or use of drugs all remain criminalized, but awareness of key populations' rights and needs is being built locally to prevent the passing of punitive county by-laws. In Indonesia, the implications of current changes to the penal code and differences between national and provincial laws and regulations are being examined to address challenges and identify potential opportunities to improve key population access to HIV services, while some civil society organizations are advocating against the proposed revisions of the penal code.

Many countries do not have policies for the provision of prevention services in prisons. India, however, is introducing HIV prevention services in prisons and other correctional institutions, and Ukraine is considering the introduction of methadone treatment services in prisons. In several African countries, including Cameroon, Mozambique and South Africa, policies that include harm reduction for people who inject drugs were lacking but are now being considered. In Namibia, the minister of health has personally advocated for policy change.

Very few Global HIV Prevention Coalition countries seem ready to repeal existing punitive homosexuality laws in the near future. In the meantime, immediate efforts can focus on local authorities and the enforcement of laws and policies that provide for access to basic prevention and treatment services. In Mexico, a new regulatory framework for health service providers on actions to prevent, detect and treat HIV has

been developed, and a protocol for the care of lesbian, gay, bisexual, transgender and intersex (LGBTI) populations in the health services has been created. In Mozambique, the registration of LGBTI organizations is now allowed. In 2017 South Africa developed an LGBTI HIV plan and began its first ever study on transgender women's health, including HIV. In Brazil, improved strategic information on transgender women's health and HIV needs is being generated by including demographic and HIV data in public information systems.

Key legal, policy and other human rights-related and structural barriers to effective HIV prevention have been identified in many countries, but efforts to remove them need to be more robust, including through closer collaboration with and stronger support to affected communities and civil society networks, movements and organizations. Recognizing this, the Global Fund is supporting 10 Global HIV Prevention Coalition countries to assess human rights-related barriers to HIV service access, to determine what efforts are already under way to reduce such barriers, and to assess how effective efforts are. Assessments also identify the programmes and interventions required, and their costs, to comprehensively address the barriers.

# Defining HIV prevention service packages and platforms

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Global HIV Prevention Coalition countries committed to developing or revising normative guidance and programme packages, particularly for key populations and adolescent girls and young women. Several countries have progressed in this regard, identifying high-priority populations, defining intervention packages, and establishing the locations where they should be implemented.

In the majority of Coalition countries, national guidance for combination prevention among key populations is reportedly in place. With the possible exception of Zambia, all countries indicate that they have defined essential or standard prevention service packages for sex workers and men who have sex with men. UNAIDS staff report the existence of defined service packages for people who inject drugs in 11 countries, and for people in prisons in 10 countries. Many of these packages, however, were likely in place previously, and it is unclear whether they have been reviewed following the launch of the Coalition. Furthermore, as low coverage data in some national scorecards and independent reports from civil society organizations show, existing guidance may not always be applied systematically so key populations can access service packages.

In some countries, development partners have established comprehensive prevention service packages for the projects they support. For example, in all high-incidence countries, essential packages have been defined for girls in and out of school, but these are generally intended for application in PEPFAR's DREAMS projects and have yet to be adapted and endorsed for use in national programmes.

Despite the apparently large number of countries reporting that defined HIV prevention service packages are in place, many have indicated they may need technical assistance to review and develop them further and to roll them out. This will be prioritized in 2018.

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## HIV service packages for sex workers in South Africa (10)

(adapted from *The South African National Sex Worker HIV Plan, 2016*)

### Six core packages of interventions:<sup>3</sup>

1. **Peer outreach/education:** Distribute male and female condoms and lubricants; social and behaviour change communication, including information and negotiations skills; facilitate access to health services; promote rights and justice literacy.
2. **Health care:** Prevention (condoms, Pre-exposure prophylaxis, and medical male circumcision for male partners and male sex workers); testing and linkage to treatment for tuberculosis, HIV and viral hepatitis; broader sexual and reproductive health and rights services.
3. **Psychosocial service:** Addressing stigma and discrimination and violence against sex workers; child protection and counselling support; alcohol and drug dependency counselling and referral.
4. **Human rights:** Legal literacy and services; work with police services to eliminate practice of using possession of condoms, lubricants, antiretroviral therapy, or other legal commodities as evidence of sex work and grounds for confiscation or arrest.
5. **Social capital building:** Collective identity mobilization and community empowerment.
6. **Economic empowerment:** Skills Building, career planning and educational improvement.

### Three tiers of service delivery:

1. **Peer outreach:** the backbone of the response.
2. **Dedicated clinics** in areas of high-density sex worker numbers (more than 3000 sex workers per district).
3. **Mobile services** in low density (fewer than 3000 sex workers per district), delivered at hotspots with support from outreach teams.

### Enabling environment:

1. All stakeholders help to **improve sex workers' well-being**.
2. **Supportive policies**.
3. Efforts towards **legal reform** in order to reduce stigma, discrimination and violence against sex workers.

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Source: adapted from The South African National Sex Worker HIV Plan, 2016–2019. Pretoria: South African National AIDS Council; 2016 (<http://sanac.org.za/wp-content/uploads/2016/03/South-African-National-Sex-Worker-HIV-Plan-2016-2019-FINAL-Launch-Copy....pdf>).

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<sup>3</sup> The interventions are based on WHO's 2014 Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations adapted to the South African context.

# Further HIV Prevention 2020

## Road Map actions

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Efforts to implement other elements of the 10-point action plan at the country level have started in many countries, and there are a few early results.

### **Assessing and closing the HIV prevention financing gap**

The ability of countries to assess their prevention funding gap depends on the availability of programmatic baselines and targets, such as the number of high-incidence districts in which programmes for adolescent girls and young women need to be newly set up, the number of girls and women to be reached, the number or proportion of key populations that do not access combination prevention, or the planned expansion of the national condom programme. At least 12 Global HIV Prevention Coalition countries (Cameroon, Democratic Republic of the Congo, Indonesia, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, United Republic of Tanzania, Uganda, Zambia) have planned to undertake a prevention expenditure and gap analysis based on their new HIV prevention targets, including subnational level targets, in 2018.

In a few cases, advocacy by national stakeholders has already led to an increase in resource allocation for primary prevention, such as in the Democratic Republic of the Congo, Lesotho and Swaziland, with new funding for HIV prevention for adolescent girls and key populations included in Global Fund applications or PEPFAR projects.

Namibia, in its 2017–2022 national strategic framework, commits to an increased resource allocation for all five prevention pillars (to over 25% compared with 17% in the previous 5-year period and less than 8% actual expenditure on HIV prevention) (11,12). In the Democratic Republic of the Congo, PEPFAR's country operational plan for October 2017 to September 2018 allocates 22% of a total of US\$ 65 million for key populations, adolescent girls and young women, condoms and Pre-exposure prophylaxis in three high-priority provinces in 2018–2019 (13), while the country coordinating mechanism has included in its latest funding request to the Global Fund US\$ 28 million for programmes for key populations, adolescent girls and young women, and condoms in 14 provinces, covering at least some of the needs (14). In South Africa, innovative financing including social impact bond and co-financing mechanisms are being explored.

At the global level, however, there are worrying signs that overall expenditure on HIV/AIDS programmes is levelling off, despite increases in government contributions, while spending on HIV prevention may be decreasing (15). While final budgets and targets for its next financial year are pending, PEPFAR is maintaining its strong level of support for prevention activities, including for voluntary medical male circumcision, the DREAMS initiative for HIV prevention in adolescent girls and young women, and Pre-exposure prophylaxis. PEPFAR has also maintained or expanded its key population targets. An analysis of HIV expenditure for the Global Fund Strategy Committee in March 2018, however, shows steadily declining prevention allocations during the past three funding

cycles until 2017, in absolute and relative terms,<sup>4</sup> a trend that urgently needs to be reversed in the next cycle.

### **Establish social contracting for Civil Society Organization implementers and expand community-based programmes**

Social contracting implies the allocation of domestic resources (or external funding channelled through government) to civil society-led programme implementers, together with mentoring and monitoring. Social contracting has already been established in a few Global HIV Prevention Coalition countries, thereby gradually increasing the scale and scope of services implemented through these schemes. In India, social contracting has expanded over a number of years to include more than 1500 nongovernmental and community-based organizations that implement programmes for all key population groups. While these programmes have been very effective in reaching key populations and reducing new HIV infections, the challenge now is to sustain these programmes and adapt and expand the model to meet new challenges. Similarly, Mexico has had a successful model of social contracting for 10 years and built up civil society organization capacity in the implementation, administration, monitoring and reporting of services. In Brazil, an increase in the scope of services that civil society can be contracted to provide, from testing only to a full range of services, has been agreed recently. In China, a fund was already established in 2015 for nongovernmental organizations, for which additional resources are now being mobilized to expand the programmes they implement. In Nigeria, civil society organizations have been contracted to provide prevention services, for example among men who have sex with men.

Other countries are in the preparatory phase. In Kenya, an assessment and stock-taking of civil society organization implementers has taken place, and a report setting out next steps is being finalized. In Malawi, institutional, technical and management capacity assessments and a capacity development plan have been completed for LGBTI community-led organizations to facilitate programming. In Indonesia, the World Bank is assisting the government to establish a social contracting mechanism. UNAIDS is collaborating with Ukraine on its plans for 2019 to implement a nationwide mechanism for social contracting for HIV prevention among key populations.

As part of the implementation of the HIV Prevention 2020 Road Map, UNAIDS is working closely with countries to document best practices and helping to design social contracting mechanisms, including mentoring, monitoring and capacity-building workshops for civil society and government structures. For example, there are plans to share India's experience with eastern and southern African countries that have expressed an interest in establishing such mechanisms, including Botswana, Namibia and Zambia.

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<sup>4</sup> Data presented at the Global Fund Strategy Committee on 22 March 2018.

## **Strengthen HIV prevention monitoring and accountability**

Several elements of the 10-point action plan included in the HIV Prevention 2020 Road Map, such as target-setting, definition of prevention service packages tailored to different population groups, and strengthening of community systems, are directly linked to, and their success is dependent on, the establishment of effective programme monitoring. For instance, countries such as India and Mexico that have a functioning system for supporting and contracting civil society organizations to provide HIV services for key populations have also developed the capacity to track implementation.

A comprehensive effort to strengthen HIV prevention monitoring and accountability is under way in South Africa, where SANAC is developing an accountability framework and a score card to regularly track the implementation of prevention activities at the subnational level, with the country's president and deputy holding provinces accountable for progress.

Another innovative approach is the inclusion of prevention indicators in real-time health situation room monitoring mechanisms, which are supported by UNAIDS in seven Global HIV Prevention Coalition countries (Côte d'Ivoire, Kenya, Lesotho, Namibia, Uganda, Zambia, Zimbabwe) to help programme managers visualize data from their health information systems. Four situation room platforms have already been launched formally, mostly focusing on HIV testing and treatment, but also including HIV prevention indicators, for example related to voluntary medical male circumcision and condoms. Kenya is leading on including indicators on additional prevention pillars such as Pre-exposure prophylaxis and key population coverage.

# Conclusion

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During the short period since the launch of the Global HIV Prevention Coalition and the HIV Prevention 2020 Road Map, significant progress has been made. All Coalition countries have developed 100-day action plans, and arrangements have been made at the global level to establish a secretariat and support mechanisms. Interest in HIV primary prevention and the Coalition is growing.

A survey among UNAIDS offices and a review by civil society organizations shows that progress with implementing the Road Map has been most advanced with regard to the first of the four factors identified as “holding us back”: gaps in political leadership. In many countries, HIV prevention is back on the national agenda, national prevention coalitions have been established, and a new wave of national HIV strategies with stronger primary prevention is under way. The setting of prevention programme targets is ongoing. Many sets of targets are still incomplete, and some baselines, population size estimates and targets are missing, but gaps are actively being closed. Good examples exist across all action points.

The other constraining factors—policy gaps, insufficient financing, and lack of systematic implementation at scale—are gradually being addressed, but much remains to be done. A significant prevention funding gap, including for specific components such as HIV prevention among key populations and condom programming, exists across many Coalition countries and needs to be addressed at the global and national level.

Civil society organizations have drawn attention to slow progress in the removal of legal, policy and other structural barriers, and a persistent lack of nationally adopted combination prevention service packages for adolescent girls, young women and key populations.

More efforts need to be made to meaningfully engage and use the expertise of civil society and key population organizations throughout the process—in national coalitions and technical working groups; in helping to estimate size and set targets for young women and key populations; and in designing, implementing and monitoring programmes.

The Global Prevention secretariat is planning to issue a second progress report by the end of 2018.



# Country progress reports

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# Introduction

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The following country progress reports confirm why the Global HIV Prevention Coalition was created: between 2010 and 2016 new adult infections stagnated or rose in 10 participating countries, but national trends declined clearly in only 14 countries. The treatment roll-out that has occurred in many of these countries is believed to have contributed significantly to averting new infections but is not sufficient on its own to reach global and country targets. All country estimates will be updated later this year using 2017 data and new estimation methods.

When establishing the score cards, the choice of indicators was informed by what is most important to measure and what data should be and are realistically available in a majority of countries through UNAIDS global AIDS monitoring. Where countries had not yet set new or revised their existing national programme targets, for instance for pre-exposure prophylaxis or voluntary medical male circumcision, countries' progress was assessed against potential new targets aligned with the global targets included in the 2016 Political Declaration. In some areas, currently available indicators are used as proxies while additional information is collected for future updates.

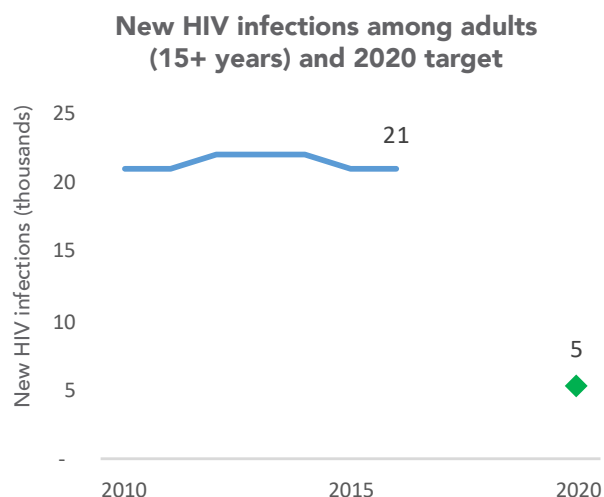
Scores are expressed on a scale of 1–10, based on programmatic coverage (e.g. proportion of people at risk reached by a programme or proportion of needed condoms distributed) and outcome coverage (e.g. protective behaviour and use of prevention service). If coverage or outcome information is unavailable, the score usually indicates "insufficient data", suggesting the need to improve strategic information—for instance, to conduct population size estimation, monitor condom availability, or measure the number of populations reached more systematically.

Many reports show some programme elements scoring quite low, or there are insufficient data, especially regarding condom availability and key population programmes. In all categories, however, there are countries that score highly, such as some condom programmes in southern Africa; voluntary medical male circumcision in several eastern African countries; Pre-exposure prophylaxis (PrEP) and PrEP preparedness in Brazil, Kenya and South Africa; and key population programmes in India and Ukraine. Systematic HIV national programming for adolescent girls and young women beyond individual projects is still in the early stages in most countries, but, appropriately, it is most advanced in the highest-incidence countries in southern Africa.

The reports describe selected key achievements made by country stakeholders to strengthen the national HIV prevention agenda in the past six months, and next steps for implementation in 2018. While these achievements and next steps vary widely between countries, the general pattern is identified in this report: national prevention coalitions have been created, prevention programme targets are being developed or revised, and policy barriers have been identified. The reports put these recent achievements and future plans in context with the epidemiological situation and the actual strength of the prevention programme in each country.

# Country summaries

## ANGOLA



SCORE	PROGRAMME AREA
■	Condom programming: Distribution and use with non-regular partners
■	Voluntary medical male circumcision: Progress towards national targets
■	Pre-exposure prophylaxis: <sup>1</sup> Index of policy and programmatic readiness
■	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
■	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

<sup>1</sup> Currently no specific population group has been identified as having sufficiently high levels of HIV incidence to require the immediate introduction of Pre-exposure prophylaxis.

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

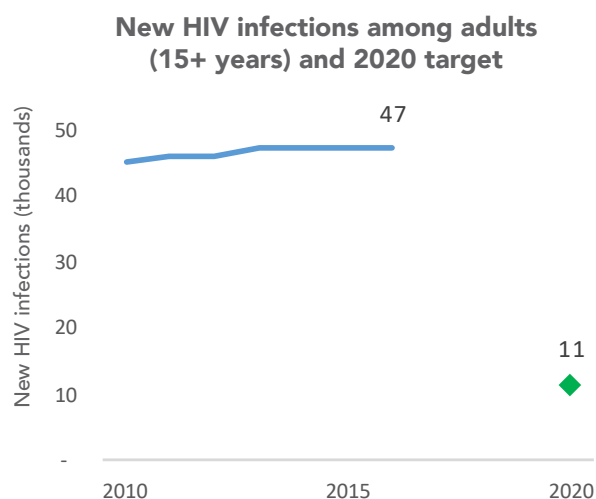
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The National HIV Institute has been reconfirmed as the lead agency for prevention, and an initial 100-day work plan for strengthening prevention has been developed.
- Geographical analysis of HIV incidence among Adolescent Girls and Young Women has been carried out, identifying locations in Luanda and Cunene provinces as most in need of HIV prevention programmes.
- A consultation engaging key populations has been conducted to inform the development of the new National Strategic Plan.

### NEXT STEPS IN 2018

- A comprehensive assessment of HIV prevention needs and barriers is required.
- Realistic prevention programme targets will be developed, integrated in the new National Strategic Plan, and used to determine the prevention financing gap.
- A mapping of civil society implementers will be conducted and their capacity built; possible social contracting approaches will be explored.
- Guidance including a definition of service packages for key populations and adolescent girls and young women will be developed.

## BRAZIL



SCORE	PROGRAMME AREA
■	Men who have sex with men: <sup>1</sup> Programme coverage and outcomes (condom use)
■	Sex workers: <sup>2</sup> Programme coverage and outcomes (condom use)
■	People who inject drugs: Programme coverage and outcomes (safe injections)
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness

<sup>1</sup> Reported condom use at last anal sex was 60%; no programme coverage information was available.

<sup>2</sup> Reported condom use at last sex with a client was 90%; reported coverage was 22%.

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

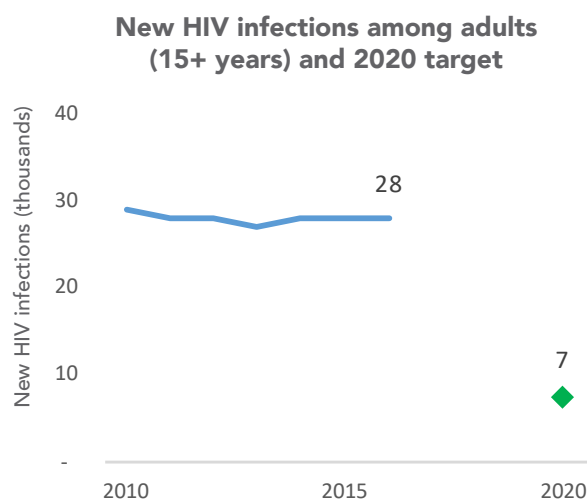
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- In January 2018 the Department of Surveillance, Prevention and Control of STIs, HIV/AIDS and Viral Hepatitis launched a public consultation on a 2018–2021 strategy for increased access to combination prevention and comprehensive care for HIV, viral hepatitis and other sexually transmitted infections among key populations.
- The booklet Conceptual framework on combination prevention for health care workers and public health managers was published to increase health-care providers' understanding of the risks and vulnerabilities to HIV for key populations and to improve the quality of HIV prevention services.
- Since the launch of the Pre-exposure prophylaxis (PrEP) programme on 1 December 2017, PrEP is now offered in 36 public health facilities, in 11 states and the federal district.
- The first combination prevention booklet with a focus on transgender men was published.

### NEXT STEPS IN 2018

- PrEP will be expanded to 65 facilities in all 26 Brazilian states and the federal district, following training of health-care workers in 29 additional facilities and strong civil society organization engagement.
- A multistakeholder strategic agenda for key populations is being developed to improve access to comprehensive health care, including access to biomedical interventions and addressing structural and social barriers.
- The lack of information regarding transgender people will be addressed. Social name, genital organ at birth, gender identity and sexual orientation will be included in public information systems, allowing the collection of HIV and demographic data for transgender people; a situation analysis study among transgender people is also being conducted.

## CAMEROON



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	Condom programming: Distribution and use with non-regular partners
Very low (0.0–4.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Insufficient data	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Very low (0.0–4.9)	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

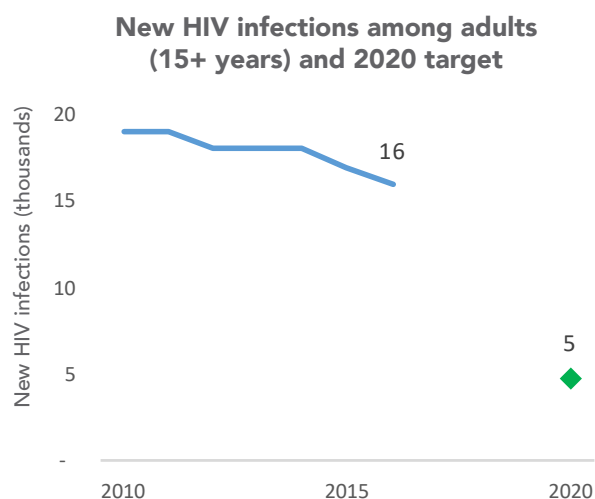
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- After a thorough rapid assessment of HIV prevention needs and barriers in 2017, a national prevention road map has been adopted and key partners mobilized for its implementation.
- A national HIV prevention coalition has been established, under the direct leadership of the minister of health; a national prevention working group also exists, with clear terms of reference.
- Key population size estimation and mapping have been undertaken to inform scale-up of plans, and a civil society platform has been established to enhance coherence of community-led programmes.

### NEXT STEPS IN 2018

- National target-setting for HIV prevention will be completed, and the targets included in a new HIV prevention strategy; sectoral strategies and operational plans for the four priority pillars relevant in Cameroon will be developed, with a view to addressing current programme coverage gaps.
- Differentiated national prevention packages and advocacy materials for key populations and young women and their partners in high-incidence communities will be developed or adapted from existing project guidance.
- Resource availability for HIV prevention will be assessed and new approaches for closing the financing gap explored, including social contracting of civil society implementers using domestic resources.

## CÔTE D'IVOIRE



SCORE	PROGRAMME AREA	
■	Condom programming: Distribution and use with non-regular partners	
■	Pre-exposure prophylaxis: <sup>1</sup> Index of policy and programmatic readiness	
■	Key populations programme coverage and outcomes (condom use/safe injections):	
■		Sex workers
■		Men who have sex with men People who inject drugs
■	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings	

<sup>1</sup> Pre-exposure prophylaxis is being considered as an option for prevention, and a decision on the scope and population focus of the programme will be made in 2018.

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

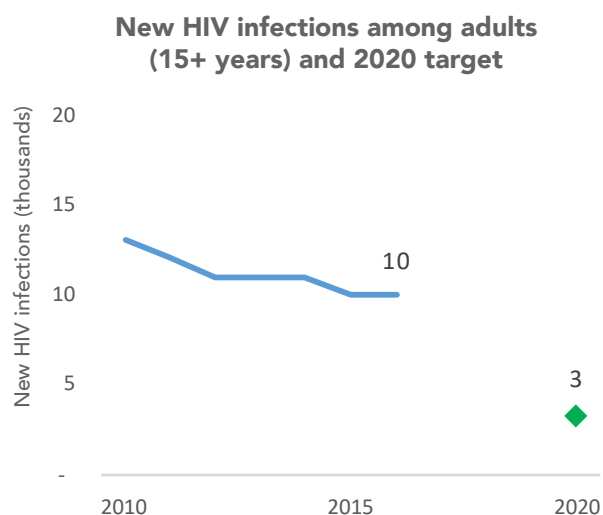
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- A national consultation on accelerating prevention was held and chaired by the minister of health.
- A national HIV prevention road map with recommendations for strengthening condom programmes and programmes for key populations and adolescent girls and young women and their partners in high-incidence communities was developed.
- Specific programmatic targets for the HIV prevention response have been developed, including coverage targets for key populations.

### NEXT STEPS IN 2018

- In the context of the mid-term review of the national strategic plan, the prevention, monitoring and evaluation framework will be revised; subnational targets for key and priority populations will be set; and costed operational plans will be developed.
- Gaps in condom distribution and promotion will be addressed by developing a condom market approach, including social marketing for condoms and lubricants.
- Specific prevention packages for adolescent girls and young women and their partners in high-incidence communities will be developed and implemented.

## DEMOCRATIC REPUBLIC OF THE CONGO



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	Condom programming: Distribution and use with non-regular partners
Very low (0.0–4.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Insufficient data	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Pillar not applicable in country	Adolescent girls and young women: <sup>1</sup> Programme coverage and outcomes (condom use) in high-incidence settings

<sup>1</sup> There is currently insufficient information to determine whether adolescent girls and young women in specific locations experience high incidence.

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

### KEY ACHIEVEMENTS IN PAST 6 MONTHS

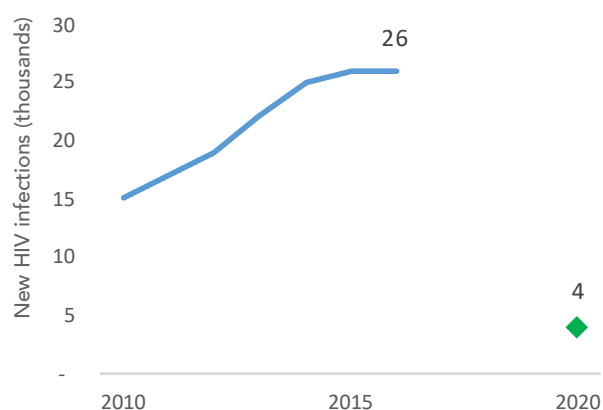
- The national HIV prevention response has been reinvigorated with leadership and support from the presidency and ministry of health; a national HIV prevention committee has been established.
- The development of a new national HIV prevention plan was initiated to guide programmatic action in key locations and populations.
- Additional resources for HIV prevention with key populations have been mobilized from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief.

### NEXT STEPS IN 2018

- National and subnational HIV prevention targets will be developed with a view to addressing low levels of condom use among key populations and non-regular partnerships in other high-incidence communities.
- Detailed costed operational plans will be developed for the priority pillars for HIV prevention, with a particular focus on key populations and, potentially, adolescent girls and young women in specific, very localized, higher-incidence communities.
- The implementation and management capacity for prevention programmes will be enhanced, in line with a prevention capacity plan to be developed.

## ETHIOPIA

**New HIV infections among adults (15+ years) and 2020 target**



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	Condom programming: Distribution and use with non-regular partners
Good (7.0–8.9)	Voluntary medical male circumcision: Progress towards national targets
Very low (0.0–4.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Insufficient data	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Very low (0.0–4.9)	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

### KEY ACHIEVEMENTS IN PAST 6 MONTHS

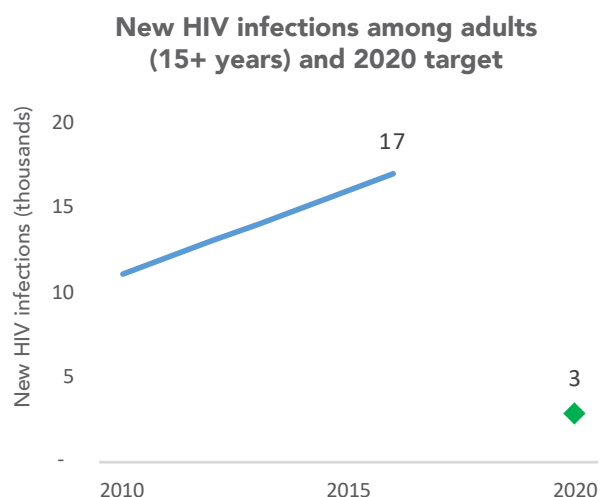
- High leadership for establishing a national HIV prevention coalition has been secured, and a multistakeholder prevention advisory group established.
- An HIV prevention assessment has been conducted and a 100-day plan of action developed; essential packages of HIV prevention are in place for some key population groups, such as sex workers and people in prison.
- A plan for intensified HIV prevention in the highly affected Gambella province has been developed and is being implemented.

### NEXT STEPS IN 2018

- National prevention targets will be reviewed and revised and included in the national prevention road map; subnational targets will also be developed.
- The size of key populations in need of services will be estimated and essential packages for additional population groups defined; population-based surveys among key populations are planned to determine risk and service access.
- A national condom strategy will be developed.



## GHANA



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	Condom programming: Distribution and use with non-regular partners
Very low (0.0–4.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Insufficient data	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Pillar not applicable in country	Adolescent girls and young women: <sup>1</sup> Programme coverage and outcomes (condom use) in high-incidence settings

<sup>1</sup> There is currently insufficient information to determine whether adolescent girls and young women in specific locations experience high incidence.

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

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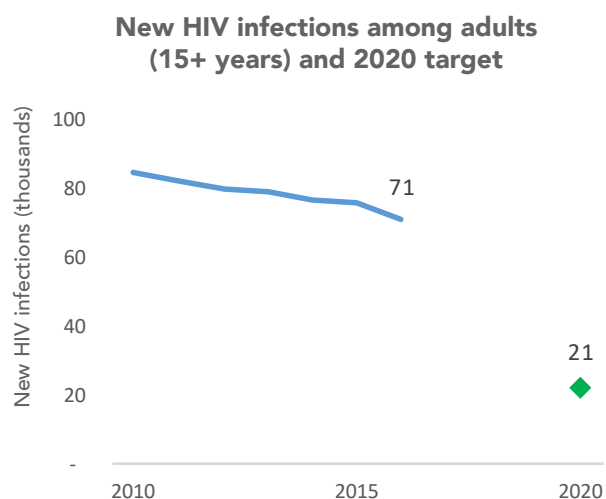
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- A national HIV prevention coalition was established and the health minister as the lead champion of HIV prevention and key champions from other sectors identified.
- The development of a detailed, costed, multisectoral work plan for HIV prevention activities was initiated; epidemiological sheets have been developed; and a sustainable financing framework for the national HIV fund has been developed.
- The country has developed specific national coverage targets for key populations, identifying substantial programme coverage gaps that need to be addressed.

### NEXT STEPS IN 2018

- The epidemiological dynamics will be reviewed further to better understand what has led to an increase in new HIV infections in recent years, including the degree to which programmes need to reach high-incidence communities (including adolescent girls and young women and their partners) other than key populations.
- A detailed capacity assessment and development plan will be developed to strengthen national prevention capacity, in particular around issues of differentiated service delivery, monitoring and evaluation staff, and civil society implementation.
- To address the limited coverage of programmes for key populations, Ghana is receiving support from a United States President's Emergency Plan for AIDS Relief project; has submitted a Global Fund to Fight AIDS, Tuberculosis and Malaria application for strengthening civil society organization implementers and communities; and will explore domestic financing for civil society implementers, including through social contracting mechanisms.

## INDIA



SCORE	PROGRAMME AREA
■	Sex workers: Programme coverage and outcomes (condom use)
■	Men who have sex with men: Programme coverage and outcomes (condom use)
■	People who inject drugs: Programme coverage and outcomes (safe injections)
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

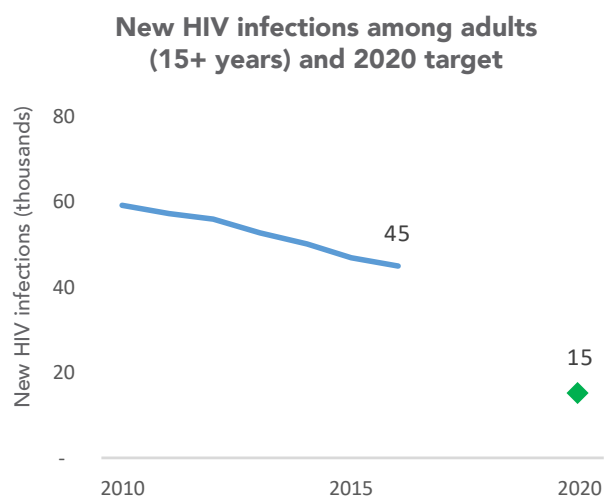
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- A national working group for prevention has been established under the leadership of the national AIDS control organization.
- Coverage targets for key population prevention are included in the national strategic plan 2017–2024, and improved population size estimates have been finalized.
- HIV prevention services are being introduced in prison settings, and service providers are trained in opioid substitution therapy; a transgender bill is under way but needs amendments.

### NEXT STEPS IN 2018

- India's traditionally strong leadership and programme coverage on targeted interventions with key populations will be maintained: targets will be reviewed, a new generation of targeted interventions developed, and an economic analysis to identify any funding gap conducted.
- An enlarged pilot project for improved Pre-exposure prophylaxis services will be implemented with men who have sex with men and transgender people.
- The implementation capacity of community-based organizations will be strengthened further, including in the northeastern states, where new HIV infections are rising.
- The recently passed HIV bill protecting the rights of people living with HIV and other vulnerable people and the transgender bill will be translated into national and state-level policies.

## INDONESIA



SCORE	PROGRAMME AREA
■	Men who have sex with men: Programme coverage and outcomes (condom use)
■	Sex workers: Programme coverage and outcomes (condom use)
■	People who inject drugs: Programme coverage and outcomes (safe injections)
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness

<sup>1</sup> The decline in new infections is believed to have resulted largely from a shift from injecting to oral drug use. New infections among men who have sex with men are increasing.

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

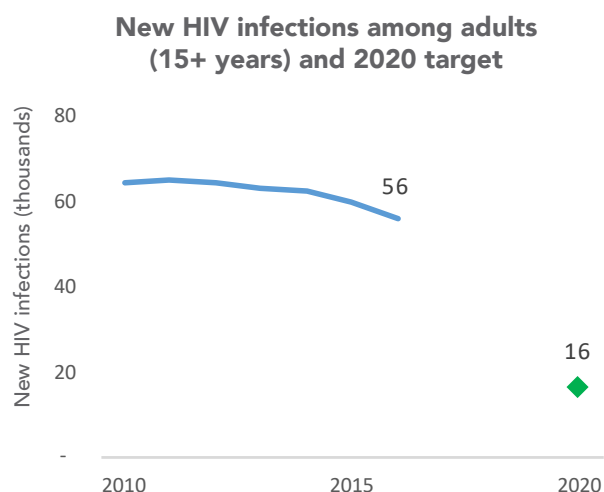
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- A thorough analysis of the HIV epidemic and of access to prevention services by key populations has been carried out.
- Critical policy, programmatic and structural gaps and barriers have been identified, including national policies that include age-related restrictions to HIV and sexual and reproductive health services, and that may promote stigma and discrimination, and local policies that limit access to HIV services specifically for key populations.
- At a coordinating meeting in late 2017, the deputy coordinating minister for culture confirmed that his ministry will assume leadership in coordinating the response (functions formerly carried out by the National AIDS Commission).

### NEXT STEPS IN 2018

- With the support of key partners, Indonesia will develop a new national strategic plan for HIV/AIDS. This will include a national prevention plan with a set of national and subnational indicators and targets.
- A detailed review of local laws and regulations that hamper access to HIV prevention and treatment in different provinces will be carried out and local advocacy action taken to reach agreements with local authorities to ensure service access for key populations.
- A concrete plan for transitioning from external to domestic funding of HIV services for key populations will be developed, including social contracting modalities for civil society organizations and piloting social contracting in two cities, with support of the World Bank.

## KENYA



SCORE	PROGRAMME AREA
Orange	Condom programming: Distribution and use with non-regular partners
Green	Voluntary medical male circumcision: Progress towards national targets
Green	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Yellow	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers
Orange	Men who have sex with men
Light Green	People who inject drugs
Red	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Green	Very good (9.0–10.0)	Yellow	Moderate (6.0–6.9)	Red	Very low (0.0–4.9)	Grey	Pillar not applicable in country
Light Green	Good (7.0–8.9)	Orange	Low (5.0–5.9)	Blue	Insufficient data		

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

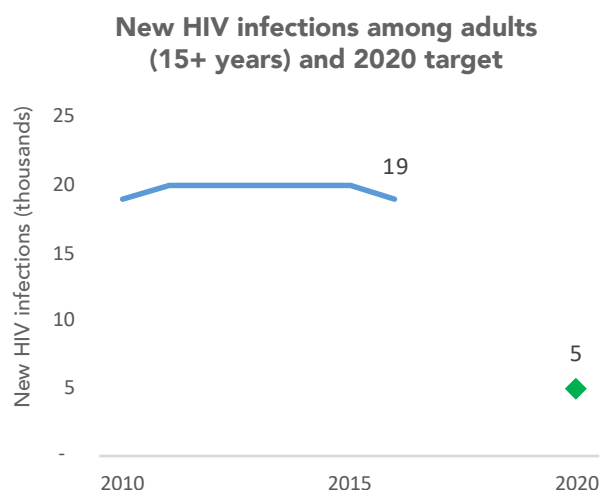
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The National HIV Prevention Technical Working Group has been transformed, expanded and mandated to serve as an HIV prevention coalition; a civil society-led meeting to take stock and discuss targets was held.
- Prevention indicators and targets have been established at the national and subnational level.
- Kenya is leading on the establishment of a situation room platform to better monitor progress and visualize HIV programme data—HIV prevention indicators related to condoms, voluntary medical male circumcision, Pre-exposure prophylaxis, and adolescent girls and young women.

### NEXT STEPS IN 2018

- A new prevention acceleration plan to fast-track the implementation of Kenya's existing prevention road map will be finalized.
- A national legal assessment including barriers to HIV prevention will be conducted, and county-level political leaders sensitized on key populations and HIV issues to prevent the enactment of retrogressive by-laws that may hinder key population programming.
- Indicators for cash transfers for adolescents and retention in secondary education and key populations will be included in the district health management system and visualized in the situation room.
- Technical leadership from the Ministry of Health National AIDS and Sexually Transmitted Infection Control Programme and the coordination of individual HIV prevention pillars will be strengthened further.

## LESOTHO



SCORE	PROGRAMME AREA
Good (7.0–8.9)	Condom programming: Distribution and use with non-regular partners
Very low (0.0–4.9)	Voluntary medical male circumcision: Progress towards national targets
Good (7.0–8.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Insufficient data	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Good (7.0–8.9)	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

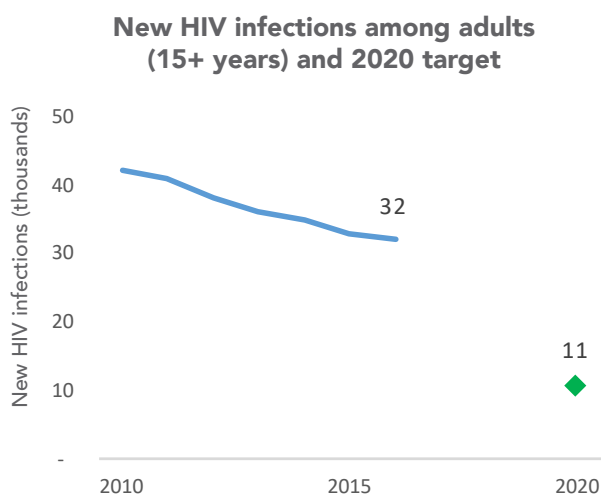
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The National AIDS Council has been reconfirmed as the lead HIV prevention agency to provide oversight over programmes.
- Key policy and programme gaps have been identified, informing national framework development; national and subnational prevention targets have been drafted.
- The roll-out of Pre-exposure prophylaxis has begun, increasing access to combination prevention for adolescent girls and young women and their male partners and key populations.

### NEXT STEPS IN 2018

- Prevention programme coverage will be reviewed and national and subnational prevention targets finalized and included in the 2018–2023 national strategic plan, together with a definition of high-priority locations and essential service packages for adolescent girls and young women and key populations.
- A dialogue on the approval of the new school health policy for provision of sexual and reproductive health and HIV service in schools will be initiated.
- The National AIDS Council will be strengthened so it can provide the required oversight over road map implementation.

## MALAWI



SCORE	PROGRAMME AREA
■	Condom programming: Distribution and use with non-regular partners
■	Voluntary medical male circumcision: <sup>1</sup> Progress towards national targets
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness
■	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
■	Adolescent girls and young women: <sup>2</sup> Programme coverage and outcomes (condom use) in high-incidence settings

<sup>1</sup> There has been an increase in numbers of voluntary medical male circumcisions in recent years, but 2017 numbers are not considered in this analysis and overall prevalence is still low.

<sup>2</sup> Malawi implements prevention programmes for adolescent girls and young women in high-priority districts, but girls' access to secondary education remains relatively low, and condom use with non-regular partners among young women is 53%.

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

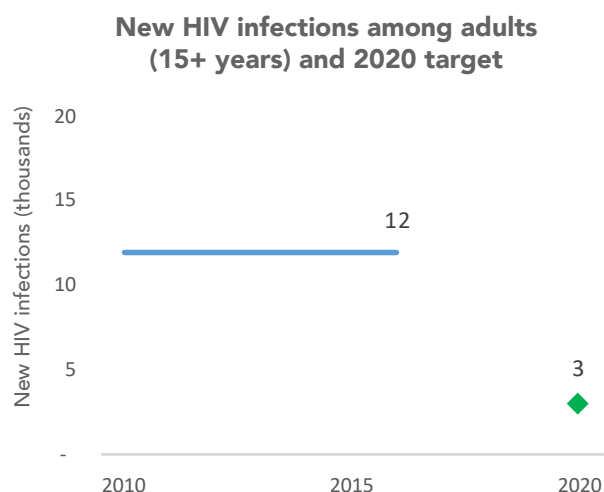
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The new HIV and AIDS Prevention and Management Act has been enacted, guaranteeing universal access to HIV services for all; the Malawi Partnership Forum has been assigned the responsibility to coordinate and oversee the implementation of the national HIV prevention road map.
- A national prevention strategy is almost completed, including a results framework and strategies and targets for all five prevention pillars.
- A national strategy on condom programming was launched, and an adolescent girls and young women empowerment/HIV prevention strategy is almost completed.
- The institutional, technical and management capacity of lesbian, gay, bisexual, transgender and intersex (LGBTI) community organizations has been assessed and a capacity-building plan completed.

### NEXT STEPS IN 2018

- The national prevention strategy will be finalized, including a full set of national targets and costing of programmes; the terms of reference of national coordination structures will be reviewed.
- The adolescent girls and young women strategy will be finalized, and standards and guidelines for comprehensive combination prevention service packages for key populations will be developed.
- A national prevention financing dialogue is planned, at which the estimated prevention funding gap will be presented and options for closing it explored.
- Malawi will launch its situation room platform to help real-time monitoring of HIV programmes, with plans to include a full set of prevention indicators from the start.

## MEXICO



SCORE	PROGRAMME AREA
■	Men who have sex with men: <sup>1</sup> Programme coverage and outcomes (condom use)
■	Sex workers: <sup>2</sup> Programme coverage and outcomes (condom use)
■	People who inject drugs: Programme coverage and outcomes (safe injections)
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness

<sup>1</sup> Reported condom use at last anal sex was 73%, but no coverage information was available.  
<sup>2</sup> Reported condom use at last sex with a client was 87%, but no coverage information was available.

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

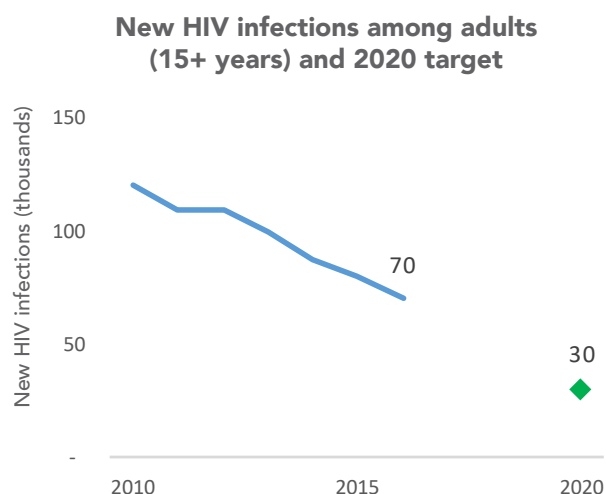
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- Mexico has traditionally had strong key populations programming, with significant investment from domestic resources.
- Following the launch of the Global HIV Prevention Coalition, the National Council for the Prevention and Control of AIDS (Mexico's main decision-making body on HIV) established a multisectoral task force to set and revise national HIV prevention targets and accelerate the implementation of a national prevention road map.
- A protocol for health-care providers for care of the lesbian, gay, bisexual, transgender and intersex population (LGBTI) has been approved. Its implementation will start with a focus on transgender people.

### NEXT STEPS IN 2018

- Best practices of civil society organizations using the existing social contracting mechanism will be documented, new technical guidelines developed, and the capacity of civil society organizations that would probably access social contracting strengthened.
- HIV prevention indicators and targets will be reviewed and advances on HIV prevention monitored.
- Monitoring and accountability will be strengthened through regular task force meetings to assess progress.
- National guidelines for HIV prevention will be finalized after public consultation.

## MOZAMBIQUE



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	Condom programming: Distribution and use with non-regular partners
Moderate (6.0–6.9)	Voluntary medical male circumcision: Progress towards national targets
Good (7.0–8.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Very low (0.0–4.9)	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Very low (0.0–4.9)	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

### KEY ACHIEVEMENTS IN PAST 6 MONTHS

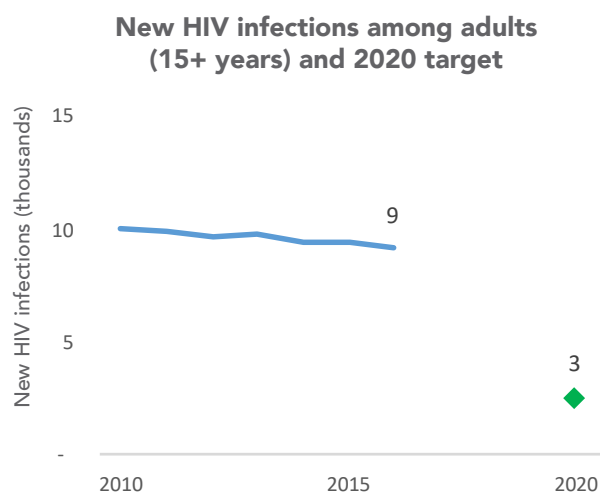
- A thorough assessment of prevention priority needs and barriers and a national consultation were conducted before the launch of the Global HIV Prevention Coalition.
- High-level leadership by the Minister of Health for the national prevention agenda has been secured, and the previously existing national multisectoral Prevention Reference Group reconstituted to function as the national prevention coalition.
- High-priority locations for HIV prevention among adolescent girls and young women have been defined.

### NEXT STEPS IN 2018

- The national prevention target-setting process will be completed and subnational prevention targets generated.
- Existing HIV prevention capacity-building plans will be reviewed, and the National AIDS Council strengthened, through the recruitment (or secondment by an implementing partner) of dedicated Prevention and Monitoring and Evaluation staff.
- A National HIV prevention framework for accelerating HIV prevention will be developed, and the national condom strategy finalized.



## NAMIBIA



SCORE	PROGRAMME AREA
■	Condom programming: Distribution and use with non-regular partners
■	Voluntary medical male circumcision: Progress towards national targets
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness
■	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
■	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

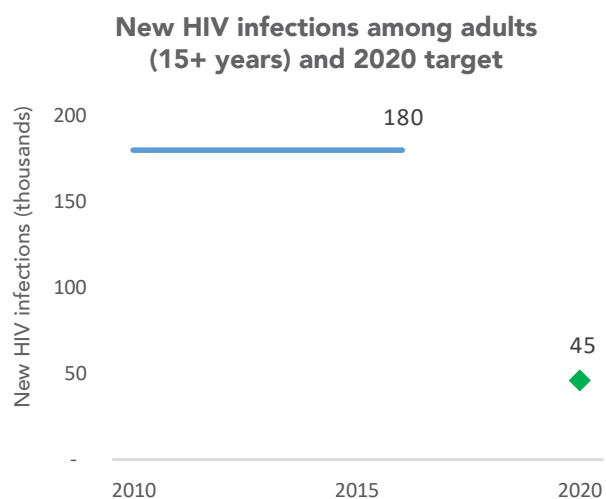
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The minister of health is championing the prevention agenda.
- National prevention road map components have been integrated into the national strategic framework 2017–2022.
- Functional technical working groups exist for four prevention pillars to guide implementation.
- Ambitious national and subnational prevention targets have been set, including for four cities.

### NEXT STEPS IN 2018

- Combination prevention guidelines and the definition of core service packages for high-priority populations will be finalized.
- The existing draft condom strategy will be completed and will include lowering the age of consent for accessing sexual and reproductive health services to 14 years.
- The appointment of a dedicated key population programme coordinator will be considered.

## NIGERIA



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	Condom programming: Distribution and use with non-regular partners
Pillar not applicable in country	Voluntary medical male circumcision: Progress towards national targets
Good (7.0–8.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Insufficient data	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Very low (0.0–4.9)	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

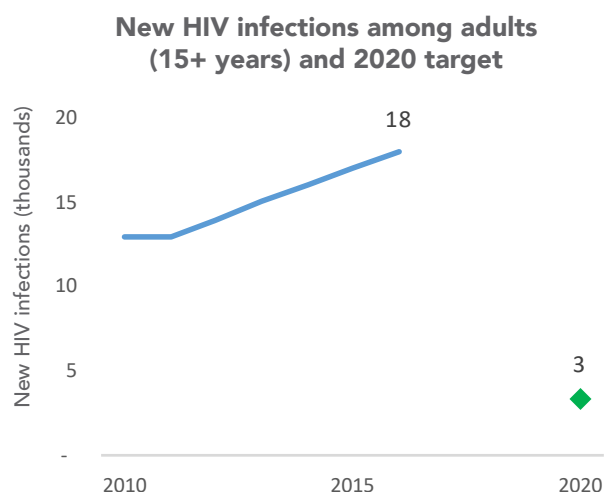
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- A prevention technical working group has been assigned to lead on the Global HIV Prevention Coalition agenda, under the overall leadership of the minister of state and the director general of the National Agency for the Control of AIDS.
- A review of the national prevention plan and its targets has been initiated; programme-specific strategies have been developed, including a condom strategy and a draft framework for the roll-out of Pre-exposure prophylaxis.
- To address uncertainty around key population size estimates, particularly for men who have sex with men and people who inject drugs, an update of key populations sizes has been initiated.

### NEXT STEPS IN 2018

- A costed national HIV prevention operational plan and plans for high-priority states will be developed, including a performance framework with updated national and subnational targets.
- The government will identify prevention resource gaps and mobilize resources, including through continued advocacy for all states to assign 1% of their federal budgets for the HIV response including prevention.
- Considering the updated performance framework and resource availability, programmes will be scaled up using standard prevention packages for adolescent girls and young women and their male partners in high-incidence communities.

## PAKISTAN



SCORE	PROGRAMME AREA
Very low (0.0–4.9)	People who inject drugs: Programme coverage and outcomes (safe injections)
Very low (0.0–4.9)	Men who have sex with men: Programme coverage and outcomes (condom use)
Very low (0.0–4.9)	People who inject drugs: Programme coverage and outcomes (condom use)
Very low (0.0–4.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

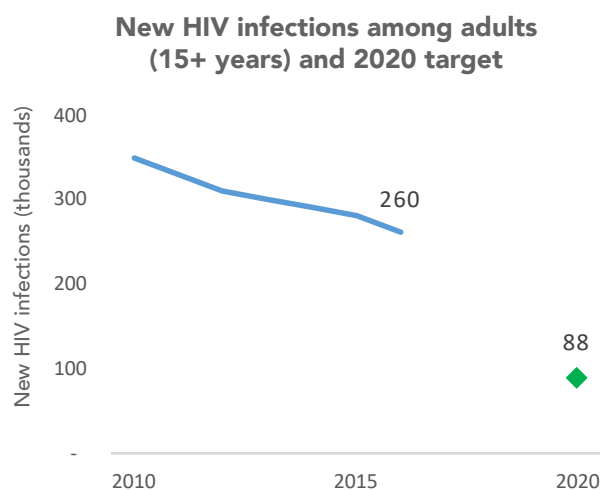
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The federal minister of health, federal secretary of health and provincial secretaries signed a declaration on HIV focusing on prevention in December 2017; three provincial multistakeholder task forces on HIV prevention were established.
- Pakistan has key population size estimates for most groups and cities and has developed a set of up-to-date national HIV prevention targets.
- As the Global Fund to Fight AIDS, Tuberculosis and Malaria principle recipient, the National AIDS Control Programme is contracting nongovernmental organizations to implement its community-based HIV prevention model, which aims to scale up services and address stigma and discrimination against key populations in prioritized cities.

### NEXT STEPS IN 2018

- National and provincial prevention plans will be developed, and coordination between national and provincial AIDS control programmes for the implementation of prevention projects will be clarified and strengthened.
- A policy dialogue including key populations on key population issues, will be held, and the technical capacities of civil society implementers built for expanded community-based programming.
- The HIV prevention gap will be assessed and a HIV prevention financing dialogue held.

## SOUTH AFRICA



SCORE	PROGRAMME AREA
■	Condom programming: Distribution and use with non-regular partners
■	Voluntary medical male circumcision: Progress towards national targets
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness
■	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
■	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

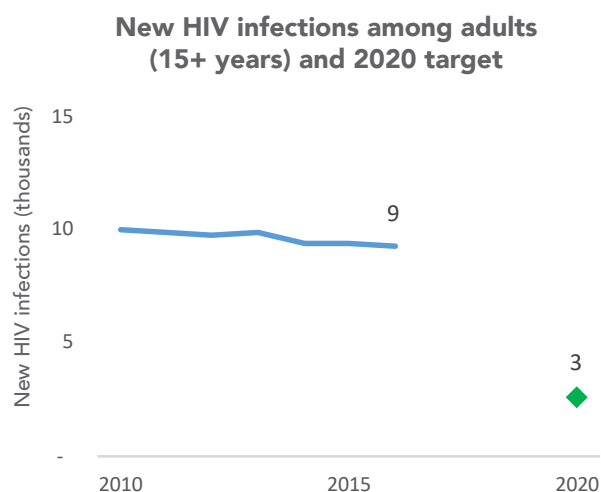
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The country's president has committed to overseeing progress towards reducing new infections by 75% to 88 000, as per the HIV Prevention 2020 Road Map.
- The South African National AIDS Council (SANAC) has re-established a prevention technical task team and technical working groups for each of the five prevention pillars; national prevention programme targets are being revised in line with 2016 Political Declaration targets.
- There is a public debate including engagements by parliamentarians on the decriminalization of sex work.

### NEXT STEPS IN 2018

- SANAC will strengthen HIV prevention programme monitoring and accountability by developing and validating a national HIV prevention score card; expanding data collection to include the private sector, the United States President's Emergency Plan for AIDS Relief, and all government departments, through an integrated focus for impact platform; and quarterly reporting.
- Policies and service packages for people who inject drugs will be defined to supplement those already existing for adolescents and young women, sex workers, and men who have sex with men.
- Prevention cascades similar to the 90–90–90 treatment cascade will be developed for all five pillars of prevention.

## SWAZILAND



SCORE	PROGRAMME AREA
9.0-10.0	Condom programming: Distribution and use with non-regular partners
6.0-6.9	Voluntary medical male circumcision: Progress towards national targets
7.0-8.9	Pre-exposure prophylaxis: Index of policy and programmatic readiness
0.0-4.9	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
6.0-6.9	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

9.0-10.0	6.0-6.9	0.0-4.9	Pillar not applicable in country
7.0-8.9	5.0-5.9	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

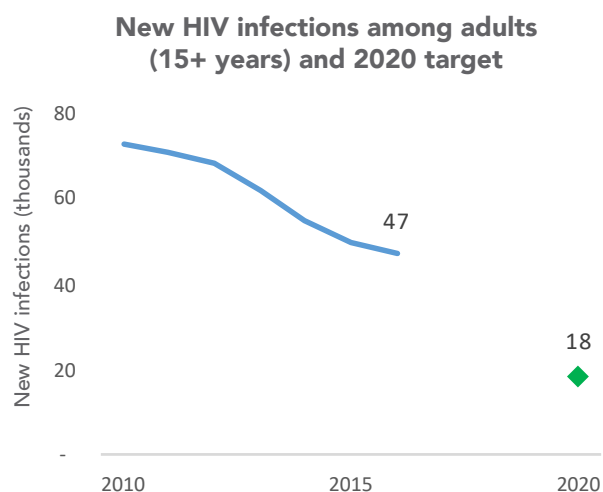
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The national HIV Prevention Road Map has been launched, and leadership ensured through the creation of a high-level oversight committee, chaired by the Principal Secretary in the Prime Minister's office.
- A comprehensive HIV Epidemiology Programme Response Analysis has been finalized.
- HIV prevention core packages have been defined for each high-priority population group.
- The 2018-2019 Global Fund to Fight AIDS, Tuberculosis and Malaria grant proposal includes increased funding to cover identified prevention programme gaps.

### NEXT STEPS IN 2018

- The new National HIV Strategic Framework 2018-2022, including prevention strategies and targets will be launched.
- Pre-exposure prophylaxis will be included in combination prevention packages, as an innovative element.
- Subnational prevention targets will be set and the monitoring and evaluation system strengthened to monitor progress.
- A prevention expenditure and gap analysis will be undertaken to facilitate efficiencies, adequate resourcing and coverage.

## UGANDA



SCORE	PROGRAMME AREA
Orange square	Condom programming: Distribution and use with non-regular partners
Yellow square	Voluntary medical male circumcision: Progress towards national targets
Light green square	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Blue square	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Red square	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

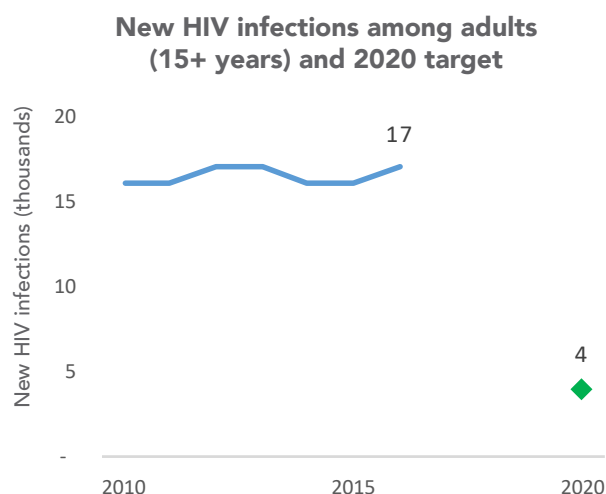
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The National Prevention Committee has been re-energized in line with Global HIV Prevention Coalition recommendations.
- National prevention targets have been developed and await approval, and selected prevention indicators have been included in the situation room monitoring platform.
- An anti-HIV stigma policy has been developed to create an enabling environment for HIV programming.
- A national sexuality education framework has been approved and will support the implementation of adolescents' programmes.

### NEXT STEPS IN 2018

- The national HIV prevention target- setting process will be completed, subnational targets set, and monitoring strengthened through the use of score cards and the inclusion of additional prevention indicators in the situation room platform.
- An assessment of the national HIV prevention programme capacity will be conducted and existing pillar specific HIV prevention working groups re-activated.
- A comprehensive framework for coordinating and planning HIV and sexual and reproductive health programmes for adolescents and young people will be developed, including further prioritization of high HIV incidence locations, tailoring of service packages and resource mobilization.
- A condom programming assessment will be conducted and access improved, including in rural areas.

## UKRAINE



SCORE	PROGRAMME AREA
Good (7.0–8.9)	People who inject drugs: Programme coverage and outcomes (safe injections)
Very low (0.0–4.9)	Men who have sex with men: Programme coverage and outcomes (condom use)
Good (7.0–8.9)	Sex workers: Programme coverage and outcomes (condom use)
Very low (0.0–4.9)	Pre-exposure prophylaxis: Index of policy and programmatic readiness

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

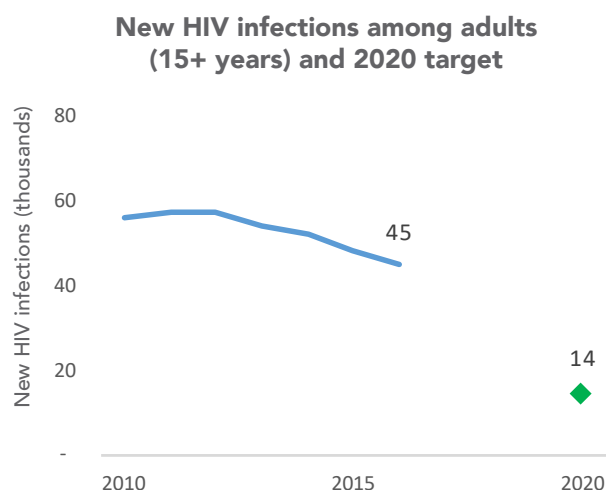
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The minister of health and the new leadership of the national public health centre have assumed leadership for the HIV prevention agenda.
- Basic and extended prevention packages for key populations have been defined, with the involvement of these populations, as an integral part of the national HIV prevention and treatment protocol, and costed in anticipation of the transfer of programmes to state funding after 2020.
- The implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria grant 2018–2020 was launched and United States President's Emergency Plan for AIDS Relief-funded prevention programmes implemented by nongovernmental organizations aligned with national HIV prevention targets.

### NEXT STEPS IN 2018

- The newly developed HIV protocols, including the packages of core HIV prevention services, still need to be endorsed and integrated into state public health service provision guarantees.
- New HIV prevention priorities and targets are being mainstreamed into the draft national AIDS programme for 2019–2023.
- The funding mechanisms to cover HIV prevention services from domestic resources will be expanded, including through social contracting, to increase key population prevention service coverage up to 70% (the national prevention target for 2018) and scale-up of opioid substitution therapy.

## UNITED REPUBLIC OF TANZANIA



SCORE	PROGRAMME AREA
Red	Condom programming: Distribution and use with non-regular partners
Green	Voluntary medical male circumcision: Progress towards national targets
Orange	Pre-exposure prophylaxis: Index of policy and programmatic readiness
Yellow	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
Red	
Red	
Red	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

Very good (9.0–10.0)	Moderate (6.0–6.9)	Very low (0.0–4.9)	Pillar not applicable in country
Good (7.0–8.9)	Low (5.0–5.9)	Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

### KEY ACHIEVEMENTS IN PAST 6 MONTHS

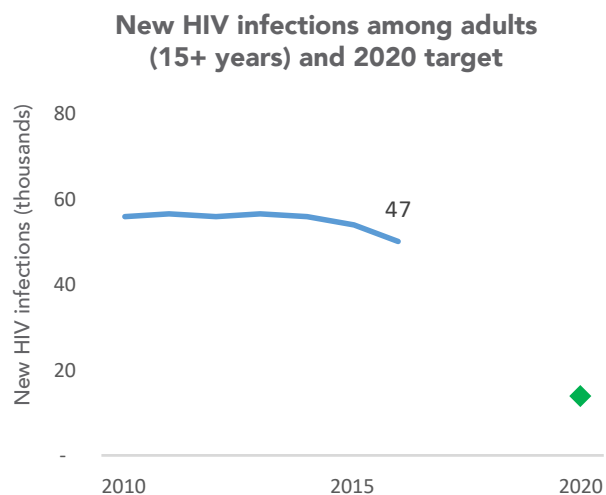
- The commitment of the HIV parliamentary committee members to champion HIV prevention was secured, and the existing HIV prevention technical working group was re-energized.
- Some prevention programme targets have been included in the health sector HIV strategic plan 2017–2022 and are also being considered for the national multisectoral HIV/AIDS strategic plan 2018–2023.
- A national condom strategy was launched to strengthen young people's access to condoms.

### NEXT STEPS IN 2018

- Some missing programme targets related to HIV prevention among adolescent girls and young women and key populations, including people who use drugs, will be set; some subnational and four city targets will be set.
- The national condom strategy using a total market approach will be operationalized, including capacity-building of key stakeholders, expanding condom access outside the health sector, and strengthened demand for condoms.
- HIV prevention funding gaps will be assessed, and the current arrangements of the National AIDS Trust Fund reviewed to advocate for increased domestic resources for HIV prevention (and treatment and care).



## ZAMBIA



SCORE	PROGRAMME AREA
■	Condom programming: Distribution and use with non-regular partners
■	Voluntary medical male circumcision: Progress towards national targets
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness
■	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
■	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

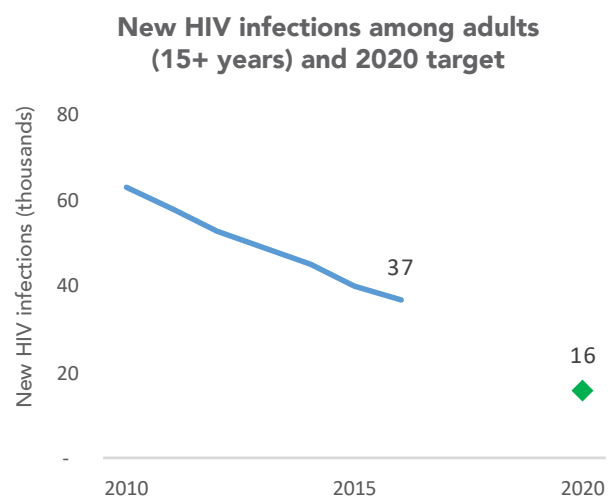
### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- The president launched the national prevention coalition, which is led by the ministers of health and finance, and a prevention technical working group has been established; a national prevention coalition work plan has been developed.
- Specific legal and policy barriers to effective HIV prevention among adolescent girls and key populations have been identified, and a dialogue on the age of consent to accessing sexual and reproductive health and HIV services by people aged under 16 years is ongoing with the parliamentary committee on health.
- Most national prevention targets have been set, and national technical guidelines on HIV prevention (and treatment) among adolescents, Pre-exposure prophylaxis and voluntary medical male circumcision implementation completed.

### NEXT STEPS IN 2018

- Subnational targets for reaching adolescent girls and young women and key populations will be set; guidance on minimum service packages for different populations and according to the epidemic burden in specific locations will be finalized.
- The size of key populations in need will be estimated and key population representation in the national coalition strengthened.
- A condom strategy is under development and will be implemented to meet targets; condom distribution has already increased in 2017.

## ZIMBABWE



SCORE	PROGRAMME AREA
■	Condom programming: Distribution and use with non-regular partners
■	Voluntary medical male circumcision: Progress towards national targets
■	Pre-exposure prophylaxis: Index of policy and programmatic readiness
■	Key populations programme coverage and outcomes (condom use/safe injections): Sex workers Men who have sex with men People who inject drugs
■	Adolescent girls and young women: Programme coverage and outcomes (condom use) in high-incidence settings

### LEGEND INCLUDING SCORING LEVELS\*

■ Very good (9.0–10.0)	■ Moderate (6.0–6.9)	■ Very low (0.0–4.9)	■ Pillar not applicable in country
■ Good (7.0–8.9)	■ Low (5.0–5.9)	■ Insufficient data	

\*Detailed information on indicator definitions and values is available at <https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>.

### KEY ACHIEVEMENTS IN PAST 6 MONTHS

- There has been strong national leadership for prevention, with the Minister of Health a champion for HIV prevention in the region.
- Zimbabwe was one of the first countries in the African region to adopt a full set of HIV prevention programme targets.
- The existing partnership forum functions as the national prevention coalition; domestic funding has been mobilized to expand the participation, capacity and leadership of HIV focal points from key line ministries.
- Coordination on HIV prevention among adolescent girls and young women has been strengthened, and funding for an expansion of programmes secured through the successful application for catalytic funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

### NEXT STEPS IN 2018

- The national combination prevention strategy will be reviewed and updated, and an operational plan developed; service packages for adolescent girls and young women and key populations will be reviewed.
- The National Prevention forum will quarterly review progress in road map implementation.
- Prevention stakeholders will hold a dialogue on the public health bill review that is under review, to address policy and legal barriers for adolescents to access health services.
- An ongoing study on the size of the population of men who have men sex with men population at risk of HIV will be finalized, and services designed and implemented accordingly.

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## Accelerating HIV prevention programmes

**1**

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

**2**

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

**3**

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

**4**

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

**5**

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

**6**

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

**7**

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

**8**

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

**9**

Establish or strengthen HIV prevention programme monitoring systems.

**10**

Strengthen accountability for prevention, including all stakeholders.



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