

UNAIDS 2019
REFERENCE

Global HIV Prevention Coalition Second Progress Report: April–December 2018

Implementation of the HIV Prevention 2020 Road Map

Founding Members of the Global HIV Prevention Coalition

CO-CONVENERS

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The Global Fund to Fight AIDS, Tuberculosis and Malaria

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CIVIL SOCIETY ORGANIZATIONS AND NETWORKS

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AVAC

Global Action for Trans Equality (GATE)

Global Forum on Men who Have Sex with Men and HIV (MSMGF)

Global Network of People living with HIV (GNP+)

Global Network of Sex Work Projects (NSWP)

International Community of Women Living with HIV (ICW)

International HIV/AIDS Alliance

International Network of People Who Use Drugs (INPUD)

International Network of Religious Leaders Living with or personally affected by HIV and AIDS (INERELA+)

International Planned Parenthood Federation (IPPF)

OTHERS

Centre for the AIDS Programme of Research in South Africa (CAPRISA)

Hornet

International AIDS Society (IAS)

Joint United Nations Programme on HIV/AIDS Reference Group on HIV and Human Rights

StarTimes, China

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List of abbreviations

DHS	Demographic and Health Surveys
EAC	East African Community
GAM	Global AIDS Monitoring
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IPPF	International Planned Parenthood Federation
LGBTI	lesbian, gay, bisexual, transgender and intersex
NGO	nongovernmental organization
OST	opioid substitution therapy
PCB	UNAIDS Programme Coordinating Board
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
SADC	South African Development Community
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VMMC	voluntary medical male circumcision
WHO	World Health Organization

Background

For close to two decades, the world has made tremendous progress in the AIDS response. HIV treatment scale-up has been particularly impressive, resulting in a 34% reduction in AIDS-related deaths between 2010 and 2017 (1). However, new HIV infections among adults globally have declined by just 16% during the same period, from 1.9 million [1.5–2.5 million] in 2010 to 1.6 million [1.3–2.1 million] in 2017. Although expanded HIV treatment coverage likely has made a significant contribution to preventing new HIV infections, it is insufficient on its own, and primary prevention programmes reaching young people and key populations at risk have not been implemented with sufficient coverage and intensity. Efforts to engage and empower adolescent girls and young women, young men, and key populations have been neglected, as has work to ensure a conducive policy environment in which barriers to service access are eliminated. As a result, the current pace of decline in new HIV infections is not enough to reach global HIV prevention targets.

The 2016 Political Declaration on Ending AIDS provides the overarching framework for taking forward HIV responses and monitoring progress (2). It has set the ambitious impact target of reducing the annual number of new HIV infections globally to fewer than 500 000 by 2020, and for the first time in the history of the HIV response, this high-level impact target for HIV prevention was accompanied by global programmatic prevention targets (Figure 1).

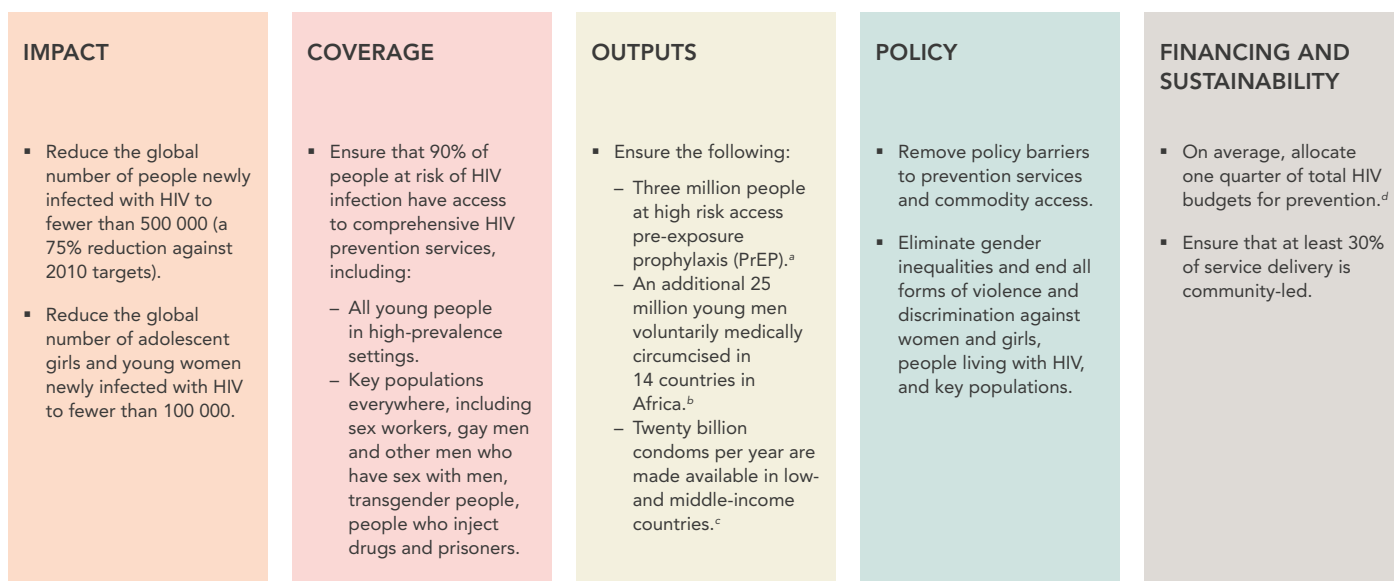
The Global HIV Prevention Coalition was established in October 2017 to galvanize greater commitment to and investment in HIV prevention, and to agree on a road map to achieve the 2020 targets. Ministers of health and other government officials from 25 countries with a high number of new HIV infections and leaders of more than 20 international and civil society organizations participated in the inaugural meeting of the Coalition on 10–11 October 2017 in Geneva. Together, they endorsed the HIV Prevention 2020 Road Map (3).

The Road Map identifies four main factors that were holding back progress:

1. Gaps in political leadership.
2. Legal and policy barriers.
3. Gaps in prevention financing.
4. Lack of systematic implementation of combination prevention programmes at scale.

Participating countries committed to implementing the Road Map, which contains a 10-point action plan to address these factors. It also features complementary commitments by development partners and civil society with clear targets and milestones.

Figure 1. 2020 HIV prevention targets and commitments from the 2016 Political Declaration on Ending AIDS



^a Equals approximately 10% of people at high risk.

^b This equates to 90% of voluntary circumcisions among those aged 10–29 years.

^c Equals 25–50 condoms per male per year in high-prevalence countries.

^d Depends on HIV prevalence and treatment costs.

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. The Global HIV Prevention Coalition Secretariat was established within UNAIDS in Geneva to monitor progress and activate a mechanism for rapid technical assistance.

The first progress report of the implementation of the Road Map covered the six-month period from the inaugural meeting in October 2017 to March 2018 (4). This second progress report summarizes progress for the period of April to December 2018, with additional information about implementation progress in the period since the first report (between April and December 2018). It is based on responses to a survey sent by the Global HIV Prevention Coalition Secretariat to the UNAIDS Secretariat and to United Nations Population Fund (UNFPA) staff, with additional input from UNAIDS country teams, national HIV prevention partners and HIV Prevention Working Group members.

This report is presented in two parts.

1. A narrative report that summarizes:
 - a. Progress on the implementation of the Global HIV Prevention Coalition 10-point action plan at the country level and significant activities since April 2018 at the international and regional levels to support the implementation of the HIV Prevention 2020 Road Map. This includes key contributions from civil society.
 - b. Key achievements and critical gaps in the implementation of the 10-point action plan of the Road Map since the inaugural meeting.
2. Country progress reports showing progress on the 10-point action plan at the country level, together with country scorecards updated with 2017 Global AIDS Monitoring (GAM) data.

Progress in the implementation of the HIV Prevention 2020 Road Map



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

By December 2017, 23 of the initial 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

The launch of the Global HIV Prevention Coalition in October 2017 stimulated commitment for reinvigorating primary prevention and galvanized planning at the national level. As noted in the first Coalition report, participating countries initially focused on setting or revising prevention programme targets, establishing or strengthening institutional arrangements for national prevention leadership and oversight, and developing national strategies to reach these targets.

Some countries took swift and concrete action to address significant policy barriers to service access for vulnerable populations. Progress on remaining action points has developed more slowly, and results remain uneven from country to country (as shown in the scorecards). Some countries have been able to take bold and innovative steps in implementing the 10-point plan (as highlighted in the following paragraphs), but many countries are facing significant prevention capacity gaps and are hampered by limited financial resources. Progress in removing policy and legal barriers to service delivery also remains insufficient. On the whole, not enough effort is being made to engage nongovernmental and community structures in prevention efforts or to make the most of their potential for advancing the agenda and scale-up of services.

Overall progress and critical gaps in the implementation of the 10-point action plan of the Road Map since the inaugural meeting are summarized below. Key achievements in individual countries and their progress in reaching prevention targets can be found in the respective country progress reports.

HIV prevention target-setting and national strategic planning

One of the main gaps identified in many countries before the launch of the Global HIV Prevention Coalition was the lack of robust, data-informed targets to guide national prevention programming (in contrast to donor or project prevention programming). While most countries had set ambitious testing and treatment targets, new targets for HIV prevention aligned with the 2016 Political Declaration on Ending AIDS had not been systematically set, or pre-existing targets had not been revised as required.

By December 2017, 23 of the initial 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; almost 20 countries had revisited their prevention targets or set new ones. In several countries, new strategic plans and results frameworks were in the works, and targets were an integral part of the process. Seven out of the initial 25 countries had set subnational prevention programme targets.

Since April 2018, when the total number of Coalition countries increased to 28, 19 out of the 26 reporting countries have developed a set of national prevention targets for all of the relevant prevention pillars (Table 1). An additional seven countries have an incomplete set of targets. In these countries, national targets have yet to be determined for some programme areas, including those related to pre-exposure prophylaxis (PrEP) and to adolescent girls and young women and their partners.

More countries have now set subnational targets, although in some countries, the sets of subnational targets remain incomplete, according to the specific prevention pillar as outlined in the Road Map. A total of 14 countries report subnational targets for key populations, 10 for condoms, six for adolescent girls and young women and their partners, and three for PrEP (Table 1).¹

More work is required to set national and subnational targets and to strengthen planning for HIV prevention scale-up at all levels of implementation. Recently updated targets highlight coverage gaps, but the resulting efforts to scale up programmes are only just starting. Particular attention is needed to close the large coverage gaps that persist in the provision of prevention services to key populations, and to adolescent girls and young women and their male partners who live in communities with high HIV incidence.

Throughout 2018, the Road Map and the early experience gained by countries participating in the Global HIV Prevention Coalition have informed HIV prevention action in other countries and regions, creating momentum for intensifying HIV prevention beyond the initial 25 countries. For example, as mentioned above, countries in the Latin America and the Caribbean region are working together, with support from UNAIDS and partners, to plan the expansion of HIV prevention in key populations, with an emphasis on PrEP. Similar efforts are under way in the Middle East and North Africa region to Fast-Track combination prevention programmes at the country level, informed by new data on HIV trends and in keeping with the Road Map.

Strengthening leadership, oversight and management

By the end of March 2018, 19 of the initial 25 Coalition countries had revitalized in-country HIV prevention and leadership structures, either by establishing a national HIV prevention coalition or by designating or reaffirming existing structures to oversee the national prevention response. In many countries, technical prevention working groups existed or were newly established to coordinate, manage and support day-to-day prevention work.

¹ The five prevention pillars are: (a) combination prevention for adolescent girls and young women and their male partners in high-prevalence locations; (b) combination prevention programmes for all key populations; (c) strengthened national condom and related behavioural change programmes; (d) voluntary medical male circumcision (VMMC) in countries with high levels of HIV prevalence and low levels of male circumcision; and (e) PrEP for population groups at substantive risk and experiencing high levels of HIV incidence.

The latest progress reports received from all reporting Coalition countries (26) indicate that either a national prevention coalition or a functioning prevention technical working group has been designated to coordinate national prevention efforts

The latest progress reports received from all reporting Coalition countries (26) indicate that either a national prevention coalition or a functioning prevention technical working group has been designated to coordinate national prevention efforts (Table 2). In most countries, these leadership and management entities met regularly (usually on a quarterly basis, but sometimes monthly in several countries). Several countries reported technical subworking groups addressing individual prevention pillars.

Through the launch of the Coalition and subsequent country activities, substantial progress has been made in reinvigorating leadership and political commitment for HIV prevention. Nonetheless, despite substantial improvement, the lack of sufficient attention to HIV prevention in the years prior to the launch of the HIV Prevention 2020 Road Map has resulted in gaps in staffing and capacity for prevention oversight, and it has led to coordination challenges in some countries.

Need to reinforce meaningful civil society engagement in prevention leadership, oversight and management at the country level

While almost all countries reported that civil society organizations are represented in their coalition or coordination structures, a more in-depth review indicates that key population networks and organizations are often absent or underrepresented. Civil society organizations do report improved levels of participation in prevention programme planning in many countries, such as target-setting or the development of intervention packages for key populations. However, there is a need to strengthen processes for ensuring the meaningful engagement of civil society organizations and peer-led networks and organizations in strategy development, programme implementation, budget planning and accountability systems. Improved communication of the Global HIV Prevention Coalition's work at the country level and the wider dissemination of programmatic and financial data would further enhance accountability. In that regard, civil society organizations have signalled their desire to be involved in monitoring Road Map activities, possibly via periodic reviews, policy evaluations or ongoing shadow reporting. Shadow reporting approaches are discussed on page 15.

Addressing legal and policy barriers

Removing the legal, policy and other human rights-related barriers to effective HIV prevention is a crucial 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 improve the environment for prevention.

Key legal, structural, policy and other human rights-related barriers to effective HIV prevention have been identified in many Coalition countries. This was also highlighted in the Global Commission on HIV and the Law's July 2018 update (14). In particular, the Coalition's first progress report on the implementation of the Road Map identified major legal and policy barriers to service access for young people and key populations. These included laws that require parental consent for access to health services at specific ages, and laws, policies and practices that hinder access to critical services for key populations (types of barriers that were identified in about two thirds of the countries). Some countries were taking steps to address these issues through legal and policy reform or through improvements in the local policy environment.

In the last several months, there have been modest gains in the policy arena in some countries. A few countries report progress on allowing access to sexual and reproductive health services for adolescents at a younger age without parental consent, including for young key populations. Some countries, such as Ghana and Uganda, have made progress in adopting comprehensive sexuality education in schools as part of the curriculum and through the operationalization of sexual and reproductive health services that are provided in schools or through referrals. This is in keeping with technical guidance updated in 2018 or with ministerial declarations such as in eastern and southern Africa (15–17). Similarly, a handful of countries have seen progress for key populations in a number of areas, including legal reform, service provision in prisons (often for the first time), work with police around the confiscation of condoms from sex workers, and advocacy within parliaments on the decriminalization of sex work. For instance:

- In India, Section 377 of the Penal Code was abolished by the Supreme Court, thereby decriminalizing consensual sex between adults of the same gender.
- In Eswatini, a national Domestic Act was enacted to enable the protection of adolescent girls and young women against abuse.
- The South African Police Service pledged not to confiscate condoms and other HIV prevention commodities from sex workers.
- The Islamic Republic of Iran documented a reduction of HIV incidence in prisons through the systematic implementation of harm reduction, including opioid substitution therapy (OST).

Defined services packages are reported to be in place for the vast majority of Coalition countries

More needs to be done to address laws and policies that act as barriers to access to prevention services among key populations, particularly laws that criminalize them and their behaviours.

Efforts to remove legal and policy barriers must continue, and concrete actions are required to end HIV-related stigma and discrimination, as called for by the new Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (18). Closer collaboration with affected communities and civil society networks, movements and organizations is critical, as is support to enable their engagement and finance their activities. Additionally, efforts at the local level that focus on local authorities and the enforcement of existing laws and policies need to continue to ensure access to prevention and treatment services for key populations.

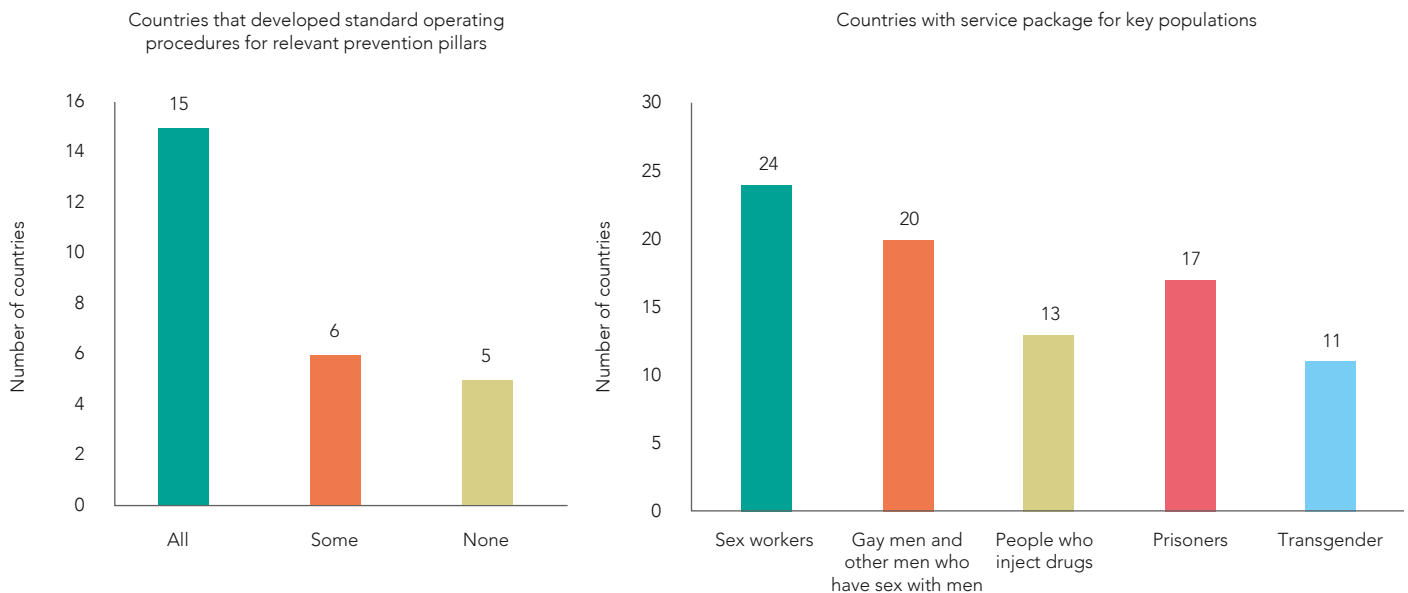
Developing national guidance, intervention packages, service delivery platforms and operational plans

Several countries have progressed in the development or revision of normative guidance and programme packages—particularly for key populations and adolescent girls and young women—and in the specification of locations where these packages should be delivered.

Defined services packages are reported to be in place for the vast majority of Coalition countries, including packages for sex workers, gay men and other men who have sex with men, and adolescent girls and young women and their male partners (see Figure 2). However, fewer than half of the participating countries report having defined service packages for prisoners, transgender persons or people who inject drugs.

Even where packages exist, it remains the case in many countries that different packages for key and vulnerable populations with different implementation models (i.e., packages that are not harmonized) are being taken forward through a range of projects. More effort is required to work towards articulating national strategies for truly scaling up harmonized packages that are delivered through a defined set of platforms, with specific targets and close monitoring of progress. In this regard, the South African Development Community (SADC) has established a platform for sharing experiences on the implementation of initiatives for adolescent girls and young women, and it is supporting its member states to define intervention packages (only six countries in the region have developed minimum packages for this population).

Figure 2. Service packages and standard operating procedures for prevention programmes in 26 countries participating in the Coalition



Addressing prevention capacity gaps and technical assistance planning

In the previous reporting period, almost two thirds of the Global HIV Prevention Coalition countries signalled significant national prevention programme capacity gaps that still needed 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 were gaps in prevention management and coordination capacity at the national level, in technical capacity on individual prevention pillars, in cross-cutting functions (such as monitoring, financial management and procurement), in coordination and implementation capacity at the subnational level, and with respect to community systems and civil society organizations.

At this time, countries continue to report prevention capacity gaps in leadership and management, and with regards to specific technical areas related to the five pillars. As in the previous reporting period, gaps include unfilled key prevention positions and limited prevention implementation capacity among existing prevention staff. Capacity needs also are highlighted for programme areas such as condoms and for adolescent girls and young women and their partners. Only a few countries have formulated remedial action and prepared consolidated capacity development and technical assistance plans for their HIV prevention responses.

One positive development, however, is that nearly 60% of reporting countries indicated that they had received capacity and technical support through international or national assistance, and almost 30% indicated that they had received other forms of technical assistance. For instance, Angola reports receiving support for developing prevention capacity through South–South exchanges with Mozambique. A range of technical and civil society partners also have been very active in providing training and technical support to countries across all prevention pillars.

A total of 12 Coalition countries reported that social contracting mechanisms were in place, although data on the number of civil society organizations contracted were limited

Engagement of civil society

Social contracting is a process by which government resources are used to fund entities that are not part of government, such as civil society-led programme implementers, to support HIV programme implementation. This includes health services that the government has a responsibility to provide in order to assure the health of its citizenry. It implies that the civil society organization is working in partnership with the government, is involved in planning, implementing and evaluating the intervention, and is held responsible for results. Social contracting had previously been established in a few of the Global HIV Prevention Coalition countries (including China, India, Mexico and Ukraine), and by the end of 2018, a total of 12 Coalition countries reported that social contracting mechanisms were in place, although data on the number of civil society organizations contracted were limited. As part of the implementation of the Road Map, the Joint Team is working closely with countries to document best practices around social contracting mechanisms, including mentoring, monitoring and capacity-building for civil society and government structures. Mexico, for example, has had a successful model of social contracting for over 10 years, and it is currently documenting various approaches to the implementation, administration, monitoring and reporting of services, as well as developing new technical guidelines and strengthening the capacity of concerned civil society organizations.

Closing financial gaps

Coalition countries have undertaken to assess their prevention funding gap and make concrete plans for adequate investments in HIV prevention as part of a fully funded national response. Most countries report having some sort of prevention dialogue that identifies resources for HIV prevention. Some of these conversations were a result of new targets, but many were driven by other considerations (such as catalytic funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria). Prevention targets in some countries also precipitated the revision or development of new prevention strategies and related budgets as part of national HIV strategic plans. The Coalition Secretariat is currently working with countries, United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to develop programmatic and financial gap tables based on current targets and funding levels.

Programme monitoring

Several elements of the 10-point action plan included in the Road Map—such as target-setting, monitoring of progress against targets and strengthening accountability—are directly linked to (and dependent upon) the establishment of effective programme monitoring. This implies that key programme data are routinely collected and reviewed

Strengthening community-based reporting and data systems for condom programming is critical for supporting scale-up across the prevention pillars

at the appropriate level for corrective action, and that they are reported upwards to obtain a national picture of progress. All reporting countries indicated that they had at least a partially functional system to monitor progress with the implementation of relevant prevention pillars. In six countries, civil society and community organizations are working to produce shadow progress reports (see text box below).

Pillars for which there are identified weaknesses in reporting systems include the non-health facility-based programmes, specifically those for condoms, key populations, and adolescent girls and young women. The monitoring of prevention efforts for key populations and adolescent girls and young women needs to expand from the project level to the programme level. As mentioned above, this requires more work in many countries in order to specify the intervention packages to be delivered through a defined set of platforms, to determine national and subnational coverage targets, and to define the indicators to be used for monitoring results. It also calls for greater investment in assessing population sizes and risk profiles. The monitoring of programmes for adolescent girls and young women and their male partners is especially hampered in many countries by the lack of an overarching and harmonized national strategy with defined targets and associated indicators, and by the complexity of monitoring “layered” interventions.

Strengthening community-based reporting and data systems for condom programming is critical for supporting scale-up across the prevention pillars. Condom programming needs reliable and periodic data to allow for condom movement and distribution visibility, and to enable forecasting and procurement decisions to be based on reliable consumption data rather than assumptions about uptake and use. Some countries have also identified weak reporting systems around PrEP, which is a relatively new intervention.

Strengthening accountability for prevention

Accountability for prevention should occur at all levels. The Global HIV Prevention Coalition has established the prevention dashboard and country scorecards to enable high-level monitoring of progress against the five pillars. At the country level, the Coalition is advocating that managers be identified for each of the five pillars; they will then be responsible for achieving targets. Such moves to strengthen accountability are necessarily tied to a strong monitoring system for the five pillars, as discussed above.

In 2019, the Coalition will work with implementers, governments and civil society to strengthen routine data use and establish regular meetings to review routine programme data and address implementation bottlenecks. This effort is bearing dividends beyond the Coalition countries: as previously mentioned, SADC has institutionalized a scorecard for HIV prevention across the region in support of accelerating prevention in yet more countries.

A key role for civil society in strengthened accountability mechanisms

Civil society organizations, supported by the International HIV/AIDS Alliance (now Frontline AIDS), have developed HIV Prevention 2020 shadow progress reports for six countries² (19). These reports provide important perspectives from civil society and community organizations on how countries are meeting the milestones and targets of the 10-point action plan, and they include specific recommendations for accelerating action. Workshops with civil society advocates representing key populations, young people and people living with HIV preceded the development of the shadow reports, building capacity and impetus for participation in (and focus on) the HIV Prevention 2020 Road Map. During these workshops, country teams analysed their country's progress against the 10-point action plan. Six country teams—India, Malawi, Nigeria, Uganda, Ukraine and Zimbabwe—agreed to continue this collaboration, and they have developed a series of shadow reports based on this analysis.

Both the shadow reports and official scorecards show a lack of country-level quality data on key populations, especially gay men and other men who have sex with men and people who use drugs. No countries report on transgender populations. Shadow reports show that when size estimations have been performed, not all key population groups have been included in developing key population size estimates, and in some cases where new studies have been initiated, the findings still must be validated.

Evidence on target-setting is also somewhat contradictory. Official scorecards suggest that each of the six countries have set national targets across each of the five prevention pillars. While this is true in some countries, national target-setting processes are still ongoing in other countries or remain dependent on the finalization of other strategy documents. Where national targets do exist, they often are not comprehensive, or they do not include all key population groups. There is also ambiguity around the development of subnational targets.

Shadow reports shed some light on issues relating to coordination and management, providing civil society perspectives on how countries are faring and highlighting how progress on financing was delayed in many countries. Most efforts are marked by inconsistent civil society inclusion: while financing dialogues have taken place in some countries, civil society was not included and therefore was unable to contribute. There also is a lack of financial data available to track HIV prevention spending and/or budget allocations effectively, preventing accurate analysis by key stakeholders.

While most countries have committed to scaling up combination prevention, there is little detail on how these gains will be achieved or measured, and this is particularly evident in policy and legal barriers that need to be addressed. Indicators measuring stigma and discrimination towards key populations also are not tracked, suggesting that these important aspects of prevention are not sufficiently prioritized at the national level.

2 India, Malawi, Nigeria, Uganda, Ukraine, Zimbabwe

Global and regional activities

Several global and regional events have contributed to maintaining momentum since the first progress report of the Global HIV Prevention Coalition. In particular:

- At the 71st World Health Assembly in May 2018, the Ministers of Health of Kenya and Zimbabwe—as champions of the Global HIV Prevention Coalition—chaired an event entitled “Achieving universal coverage of HIV prevention services and commodities.” More than 200 delegates—including 14 ministers of health from Coalition countries, ministers of health from three new Coalition member countries (Botswana, the Islamic Republic of Iran and Myanmar), the UNFPA Deputy Director, and the heads of the World Health Organization (WHO), UNAIDS, the Global Fund, and International Planned Parenthood Federation (IPPF)—attended the event. At this event, UNAIDS launched the first progress report on the implementation of the HIV Prevention 2020 Road Map (5). Following the event, Norway, the Reproductive Health Supplies Coalition and the SADC Secretariat also joined the Global HIV Prevention Coalition.
- A consultation entitled HIV Prevention with Adolescent Girls and Young Women’ was held in May 2018 with representatives of the United Nations Children’s Fund (UNICEF), UNFPA, WHO, UNAIDS, the Global Fund, PEPFAR, and the governments of Eswatini and Malawi. Civil society representatives of Botswana and Kenya—as well as various foundations and nongovernmental organizations (NGOs)—were also present. The consultation emphasized the need to improve geographic coverage, identify service delivery platforms and service packages, lift policy barriers and strengthen the monitoring of programmes for adolescent girls and young women and their male partners (6). The meeting was an important milestone towards better aligned and strengthened responses to HIV prevention among adolescent girls and young women. It reaffirmed a growing consensus among key stakeholders regarding priority locations and programming approaches for HIV prevention among adolescent girls and young women. It also was agreed that increased efforts will be needed to engage with stakeholders at the national level, address policy barriers and strengthen community-based service strategies, including by setting clear programme targets and improving monitoring. A coverage indicator for community-based services for adolescent girls and young women is under development for inclusion in the GAM.
- The 2018 global AIDS update, *Miles to go—closing gaps, breaking barriers, righting injustices*, served as a stark warning that the pace of progress in the AIDS response is not matching global ambition (7). The report pointed to an HIV prevention crisis and noted that new HIV infections are rising in around 50 countries, and that almost half of all new HIV infections are among key populations and their sexual partners, who are still not getting the services they need. It called for immediate action to put the world on course to reach critical 2020 targets.

- A consultation of national AIDS programme managers from 21 Coalition countries was organized at the International AIDS Conference in Amsterdam in July 2018 to assess achievements and gaps in reaching the 2018 milestones for the HIV Prevention 2020 Road Map (8). Participants agreed to do the following:
 - Strengthen institutional arrangements for prevention at the country level, with meaningful engagement of civil society organizations.
 - Update or set HIV prevention targets.
 - Review or develop national strategic plans or prevention strategies.
 - Develop needs-oriented capacity-building and technical assistance plans.
 - Further define service packages for key populations, and for adolescent girls and young women and their male partners.
- A special session on leadership for HIV primary prevention at the 2018 International AIDS Conference gathered global leaders, including the Executive Directors of UNFPA and UNAIDS, the Minister of Health of South Africa, the heads of the Global Fund, PEPFAR and IPPF, the Swedish Global Health Ambassador, the Director of the National AIDS Programme in Kenya, and government and civil society representatives of Malawi, Mexico, South Africa and Ukraine (9). In front of more than 500 participants, the panel stressed both the progress made since the Coalition launch and the need for increased investment in prevention, particularly for key populations and condom programming, and for scaling up services.
- Of note was a satellite session on condoms at the 2018 International AIDS Conference. Entitled “Condoms 2.0: reinvigorating effective condom programming in the era of epidemic control,” it underscored the urgent need to address gaps in distribution, demand generation and stewardship of condom programmes (10).
- UNAIDS established a Technical Support Mechanism in May 2018 to enable high-quality technical assistance provision to accelerate AIDS response implementation (including Global Fund grants) towards the Fast-Track Targets and the 2016 Political Declaration on HIV and AIDS Goals. The Global HIV Prevention Secretariat—in collaboration with the Technical Support Mechanism—has trained around 40 senior consultants to provide technical support to national HIV programmes in implementing the 10 key actions set out in the HIV Prevention 2020 Road Map. A community of practice and an expert pool in support of Road Map implementation at the country level are now in place and can be drawn upon through the Technical Support Mechanism.
- A Global HIV Prevention Coalition progress review and consultation with donor countries, development partners and philanthropic institutions was held 12–13 November 2018. This provided the opportunity for an in-depth discussion on the status of the implementation of the HIV Prevention 2020 Road Map, and for consideration of the approaches needed to accelerate action related to key populations and condom programming, both of which have remained neglected and underfunded.

- A global consultation on HIV and sex work was held 27–28 November 2018, bringing together community members, government representatives, United Nations (UN) agencies, academia and donor agencies engaged in the HIV response among sex workers (11). Participants shared updates on actions taken to accelerate the response, exchanged new programmatic and epidemic developments, and defined priorities in HIV prevention and sex work for the next two years that were in keeping with the commitments made in the HIV Prevention 2020 Road Map.
- At its 43rd meeting in December 2018, the UNAIDS Programme Coordinating Board (PCB) took note of the first *Annual Progress Report on HIV Prevention 2020*. This was prepared in response to the PCB's request at its 41st meeting that the Joint Programme report back annually on progress made on HIV prevention (12). The PCB invited its Member States to consider joining the Coalition, and it called upon them, in collaboration with civil society and community-based organizations, to continue to accelerate a scaled-up prevention response (13). It also stressed the importance of continued investment in prevention and requested the Joint Programme to support countries in developing and implementing robust prevention plans that include sustainable capacity development and resource mobilization strategies (13).
- Regional entities have been critical for institutionalizing Global HIV Prevention Coalition priorities within regional development frameworks and for supporting countries (both those in the Coalition and those that are not) in implementation. For example, the SADC and the East African Community (EAC) organized regional meetings on HIV prevention stocktaking and strategic plan review. The SADC institutionalized a scorecard for prevention and identified HIV prevention among adolescent girls and young women as a focus for the regional response, and two meetings on estimating condom needs in SADC and EAC member states were held, demonstrating the need for stepping up investment and activities in condom programming. Other regions are moving forward with specific components of the prevention agenda in ways that support intercountry sharing and support. For example, support for scaling up PrEP among key affected populations in the Latin America and the Caribbean region is ongoing, with support from UNITAID for implementation in Brazil, Mexico and Peru that should benefit a total of 7500 people over three years. Lessons learned while piloting PrEP in other countries—such as Argentina, Chile, Colombia, Cuba, Dominican Republic, El Salvador and Panama—are being shared, and opportunities are being found for strengthening PrEP literacy among civil society. Two regional meetings on PrEP also were held in the Asia and the Pacific region, and support is ongoing for developing clinical guidelines, removing regulatory obstacles and investigating various means of increasing demand and access, including through social marketing.

Table 1. Development of national and subnational targets aligned to the five prevention pillars

Country	Adolescent girls and young women		Key populations		Condoms		VMMC		PrEP	
	NT	SNT	NT	SNT	NT	SNT	NT	SNT	NT	SNT
Angola	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable	Not applicable	No	No
Botswana	No	No	Yes	No	Yes	No	Yes	No	Yes	No
Cameroon	Yes	No	Yes	No	Yes	No	Not applicable	Not applicable	No	No
China	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable	Not applicable	No	No
Côte d'Ivoire	Yes	Yes	Yes	Yes	Yes	No	Not applicable	Not applicable	No	No
Democratic Republic of the Congo	Yes	No response	Yes	No response	Yes	No response	Yes	No response	Yes	No response
Eswatini	No	No	Yes	No	Yes	No	Yes	No	Yes	No
Ethiopia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ghana	Not applicable	Not applicable	Yes	Yes	Yes	Yes	Not applicable	Not applicable	No	No
India	Not applicable	Not applicable	Yes	No response	Not applicable	Not applicable	Not applicable	Not applicable	No response	No response
Indonesia	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable	Not applicable	No	No
Iran (Islamic Republic of)	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable	Not applicable	No	No
Kenya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Lesotho	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Malawi	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Not applicable	No response
Mexico	Not applicable	Not applicable	Yes	No	Not applicable	Not applicable	Not applicable	Not applicable	Yes	No response
Mozambique	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No
Namibia	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nigeria	No response	No response	No response	No response	Yes	No	Not applicable	Not applicable	No response	No response
Pakistan	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes
South Africa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Uganda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ukraine	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable	Not applicable	No	No
United Republic of Tanzania	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Zambia	No	No	Yes	Yes	Yes	No response	Yes	Yes	Yes	No
Zimbabwe	Yes	No response	Yes	No response	Yes	No response	Yes	No response	Yes	No response

Yes No Not applicable No response

VMMC – voluntary medical male circumcision, PrEP – pre-exposure prophylaxis, NT – national targets, SNT – subnational targets

Table 2. Progress in reinvigorating national prevention programmes and aligning strategies around priority pillars

Country	Prevention coalition and/or prevention technical working group in place	Prevention strategy in place
Angola	Yes	Yes
Botswana	Yes	Yes
Cameroon	Yes	No
China	Yes	No
Côte d'Ivoire	Yes	Yes
Democratic Republic of the Congo	Yes	Yes
Eswatini	Yes	Yes
Ethiopia	Yes	Yes
Ghana	Yes	Yes
India	Yes	Yes
Indonesia	Yes	Yes
Iran (Islamic Republic of)	Yes	Yes
Kenya	Yes	Yes
Lesotho	Yes	Yes
Malawi	Yes	Yes
Mexico	Yes	Yes
Mozambique	Yes	Yes
Namibia	Yes	Yes
Nigeria	Yes	Yes
Pakistan	Yes	Yes
South Africa	Yes	Yes
Uganda	Yes	Yes
Ukraine	Yes	Yes
United Republic of Tanzania	Yes	Yes
Zambia	Yes	Yes
Zimbabwe	Yes	Yes

Yes No

The status of country HIV prevention responses and country achievements

Country progress reports

Progress in implementing HIV prevention programmes is tracked through the Global HIV Prevention Coalition dashboard and country scorecards (20). These scorecards synthesize progress made at the level of programmatic coverage, outcomes and impact, and they allow for comparing progress across countries.

As noted in the first progress report, the choice of indicators when establishing the scorecards was informed by what is most important to measure and what data should be and are realistically available in most countries through the GAM system. Scores are expressed on a scale of 1–10, based on programmatic coverage (e.g., the proportion of people at risk reached by a programme or the proportion of needed condoms distributed) and outcome information (e.g., adoption of protective behaviour and use of prevention services). If coverage or outcome information are unavailable, the score usually indicates “insufficient data,” suggesting the need to improve strategic information, such as conducting more systematic population size estimates, monitoring condom availability or estimating the number of persons reached.

HIV incidence estimates

Trends in new HIV infections are based on the UNAIDS 2018 estimates and are presented in the form of line graphs against the 2020 target of a 75% reduction in new infections. The coloured arrows on the top of each page show the percentage reduction in new HIV infections between 2010 and 2017.

New HIV infections among adults declined by an estimated 16% between 2010 and 2017 globally, and by 21% in the 28 focus countries of the Global HIV Prevention Coalition. In order for countries to be on track to reduce new HIV infections by 75% by 2020, they should have achieved a 53% reduction by 2017. Estimates for two countries (Eswatini and Uganda) suggest reductions that are close to that 2017 progress target (50%), but progress among the majority of countries remains too limited, and new infections actually increased in six of the focus countries.

Scorecard

Each country page also provides a snapshot of the country’s HIV prevention scorecard in the form of a summary score for each pillar of HIV prevention that is relevant to a country.

In interpreting the scores, the following points need to be considered:

- All scores reflect a combination of programme coverage (people covered by programs) and outcomes (utilization/behavior at population-level). All scores are expressed on a scale of 0–10. For most indicators the score is directly aligned to the percentage value of the indicator, for example 48% coverage and 53% condom use

makes a score of 5. Coverage and outcome indicators have the same weight (50% each). The choice of indicators was both informed by what is most important to measure and what is realistically available in a majority of countries.

- For prevention programmes among adolescent girls and young women, the score includes the percentage of priority locations covered with programmes and condom use among young women aged 15 to 24. For key populations, the score reflects the percentage of key populations reached with prevention services as well as condom use (for sex workers and men who have sex with men) and use of safe injecting equipment (for people who inject drugs). For condom programmes, the score is based on the percentage of condom distribution need met and condom use with non-regular partners among women and men aged 15 to 49. For Voluntary Medical Male Circumcision (VMMC), the score is based on progress against annual VMMC targets and cumulative 2020 VMMC targets. For PrEP the score is based on a combination of preparedness in terms of regulatory approval, guidelines and target setting as well as the estimated number of people on PrEP relative to epidemic size.
- Scores were updated based on 2018 GAM data. This means that in most areas, data refer to 2017, because 2018 GAM reporting is based on 2017 data. Other data sources used include the STATcompiler database of Demographic and Health Surveys (DHS) data.
- Scores in the 2017 and 2018 versions of the scorecard are not directly comparable because some indicator definitions have changed, particularly for PrEP and VMMC.

Detailed information on the indicators used to develop the scores can be found in the detailed country scorecards available on the Global HIV Prevention Coalition website (21). An updated report reflecting 2018 data reported in 2019 will be developed between July and September 2019.

The scorecards illustrate that for each pillar of HIV prevention, there are country examples of good programme coverage and outcomes.

By pillar, the scorecards indicate the following:

- For prevention programmes among **adolescent girls and young women**, there are major coverage gaps in the majority of countries. The average level of condom use among young women with non-regular partners was 48%, ranging from 19% in Ghana to 82% in Lesotho. Depending on the country, between about 10% and 100% of subnational areas with high HIV incidence have specific prevention programmes in place for adolescent girls and young women and their male partners. Only a few small countries with high HIV prevalence have achieved high national coverage. Programmes in many of these subnational areas are in the early stages of implementation and are still fine-tuning coordination mechanisms and monitoring systems.

- Coverage of prevention programmes among **key populations** also remains limited, particularly for gay men and other men who have sex with men and people who inject drugs. Coverage of programmes among gay men and other men who have sex with men is more difficult to compare between countries due to different approaches to population size estimates. Information on transgender populations and prisoners remains markedly limited. Even among the highly affected population of sex workers in African countries that are part of the Coalition, coverage with dedicated prevention programmes remains below 50%. More effort is needed to build national programmes and address critical barriers to achieve the 90% coverage targets for key populations. There is also great variation in reported condom use at paid sex for sex workers and at last anal sex for gay men and other men who have sex with men. Removing legal, policy and other human rights-related barriers to effective HIV prevention is particularly crucial for key populations. For instance, most Coalition countries still have laws that criminalize key populations and their behaviours. These laws—and the stigma and discrimination and violence they engender—drive key populations underground, making it more difficult to reach them with HIV prevention services and to gather reliable data for effective programming.
- There is large variation in the scale and success of **condom distribution and promotion**. Countries with the highest reported levels of condom use at last sex with a non-regular partner (Botswana, Lesotho, Namibia and Zimbabwe) also report a high number of condoms distributed per adult male per year, ranging from 27 in Zimbabwe to 46 in Lesotho. In countries in sub-Saharan Africa, the average number of condoms distributed annually per adult man ranges from fewer than 5 to more than 45. The latest available data from sub-Saharan Africa show that the vast majority of countries recorded increases in condom use in their most recent surveys, although condom use levels among men vary considerably, with only Namibia and Zimbabwe having achieved 80% condom use among non-regular partners (22). However, these trends are uneven, and setbacks are a real risk due to limited programme sustainability and excessive reliance on external funding. For example, condom sales through social marketing in sub-Saharan Africa decreased by 600 million condoms, from more than 1.6 billion in 2012 to slightly more than 1 billion in 2017 (23). This decrease is associated with funding declines and the lack of a transition strategy for sustaining condom access when social marketing funding is reduced. The decline in condom social marketing funding has resulted in reduced availability of condoms outside health facilities—a major problem for low-income groups, rural communities and young people (23). It is therefore important to build sustainable national condom programmes and develop condom markets in all priority countries to ensure wide access to condoms through a range of distribution and sales points (including in health facilities and non-health sector outlets). UNFPA is leading efforts to increase commercial sector involvement in condom markets, particularly in sub-Saharan Africa.

- The 2018 scorecards show an increase in **VMMC** performance, from 2.8 million in 2016 to 4 million in 2017. This means an 80% performance against the aggregate annual target of 5 million VMMCs for the 14 VMMC priority countries. Achievement of annual national targets in countries varied from 28% to 100%, with four countries (Ethiopia, Kenya, the United Republic of Tanzania and Zambia) exceeding the target. Progress has been strongest in eastern Africa, where male circumcision was already practised before the introduction of VMMC programmes. Progress remains slower in most southern African countries, although the pace did quicken in 2017 in a few countries. The challenge is to build on the momentum, broaden the impact of programmes for men beyond VMMC and develop sustainable services.
- The number of people accessing **PrEP** in the 28 focus countries of the Coalition more than doubled from 21 000 in October 2017 to 47 000 in October 2018. Absolute numbers in the 28 focus countries, however, remain too low for population-level impact on HIV incidence. Nonetheless, implementation continues to make steady progress: a total of 14 Coalition countries now have regulatory approval in place, and 13 have guidelines for PrEP. By October 2018, individuals were initiated on PrEP in a total of 17 Coalition countries. Among the 12 countries reporting PrEP initiation in 2017, the number of people taking it increased between 14% and 500% by October 2018. The PrEP indicator is a combination of coverage relating to the number of new HIV cases and progress indicators. As relevant targets are strengthened, this indicator will be developed to reflect the proportion of need that is being met.

Narrative summary of achievements by country

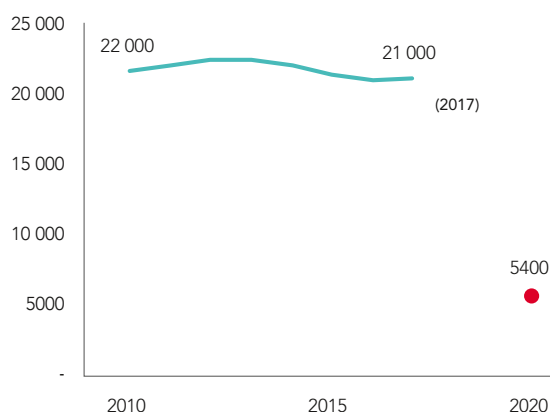
Finally, the country summaries provide a brief narrative of three to five key achievements for each country. This section synthesizes any major changes in programme outcomes (use of prevention services such as condoms, VMMC or PrEP) and progress in improving programme coverage (reaching key and priority populations). It also summarizes any significant implementation processes or policy changes in the context of the Global HIV Prevention Coalition.

Country summaries

New HIV infections
2010–2017
-2%

ANGOLA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Angola stagnated between 2010 and 2017. An estimated 21 000 new infections occurred in 2017, which means that Angola is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 6000 new infections). The lack of progress in reducing new infections corresponds with low coverage of core prevention programmes for key populations and young women and limited condom programming.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

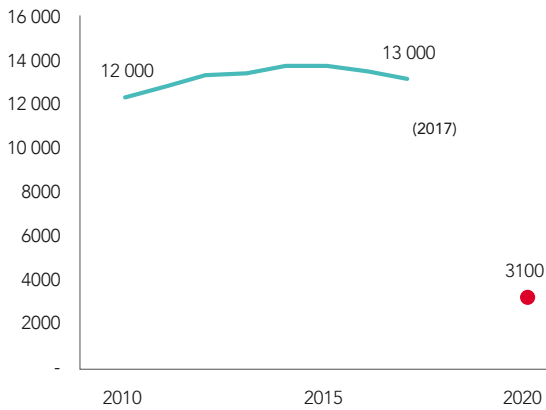
Low coverage of condom promotion and distribution programmes and HIV prevention among key populations and young women

SELECTED ACHIEVEMENTS

- According to new data released in 2018, condom use among women increased from 29% in the 2017 scorecard to 32%. Among men, the increase was from 53% to 63%.
- Angola launched an action plan for the operationalization of the Global HIV Prevention Coalition, and it integrated the main prevention components into its National Strategic Plan for HIV, Syphilis and Hepatitis B (2019–2022).
- Prevention capacity development included a South–South exchange with Mozambique and training of provincial staff and representatives of civil society organizations on monitoring and evaluation.

BOTSWANA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



2018 HIV estimates suggest that new adult HIV infections in Botswana stagnated between 2010 and 2017. An estimated 13 000 new HIV infections occurred in 2017, which means that Botswana is not on track to achieve the target of a 75% reduction in new infections by 2020 (around 3 000 new infections). While both HIV testing and treatment coverage are very high, there are gaps in coverage of primary prevention interventions, particularly in sex worker and VMMC programmes.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

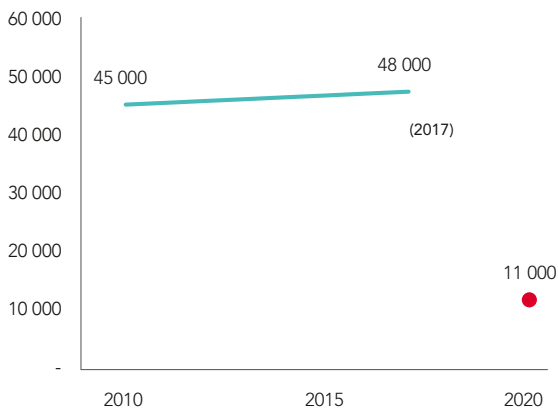
Low coverage of programmes for VMMC and HIV prevention (including demand generation) among young women and key populations

SELECTED ACHIEVEMENTS

- The HIV primary prevention agenda was revitalized as a key strategy for ending AIDS by 2030. The National Strategic Framework 2018–2023 adopted all Fast-Track HIV prevention targets (90% coverage), representing a strategic shift for primary prevention.
- Normative guidance—specifically standard national packages that included standard operating procedures for adolescents, young people and key populations—were developed.
- PrEP was launched as an additional HIV prevention option, and gay men and other men who have sex with men, sex workers, and adolescent girls and young women began accessing services.
- Re-branded and scented condoms have been launched to increase choice.
- Prevention programmes for adolescent girls and young women are being scaled up with support from PEPFAR, the Global Fund and domestic government resources.

BRAZIL

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Brazil stagnated between 2010 and 2017. An estimated 48 000 new infections occurred in 2017, which means that Brazil is not on track to achieve a 75% reduction in new infections by 2020 (around 11 000 new infections). Among key populations, sex workers report relatively high condom use, while reported condom use among gay men and other men who have sex with men is lower. There is need to further expand coverage of effective HIV prevention services.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)



Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of HIV prevention services among key populations

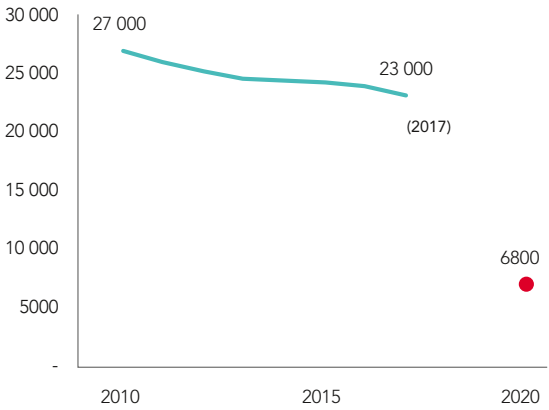
SELECTED ACHIEVEMENTS

- The number of people active on PrEP in Brazil increased from 1000 in October 2017 to 6669 in October 2018. This represents an increase in coverage of 567%.
- Condom use at last anal sex among gay men and other men who have sex with men increased moderately, up from 60% to 64% compared to the 2017 scorecard. Despite this increase, the level of condom use is still relatively low.
- Condom use among sex workers is high at 90%.

New HIV infections
2010-2017
-14%

CAMEROON

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Cameroon declined by 19% between 2010 and 2017. An estimated 23 000 new infections occurred in 2017, which means that Cameroon is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 7000 new infections). The lack of sufficient progress in reducing new infections corresponds with low coverage of core prevention programmes for key populations and young women. An HIV prevalence of 28% among young sex workers and 29% among young men who have sex with men suggests an extremely high HIV incidence among these populations.

HIV PREVENTION PROGRAMME AREA

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Low coverage of condom promotion and distribution programmes and HIV prevention services among key populations and young women in high-incidence settings

SELECTED ACHIEVEMENTS

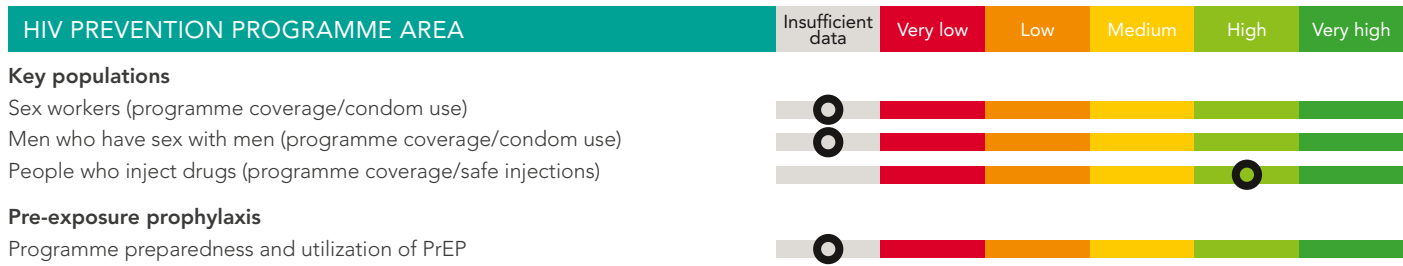
- Condom use reported by sex workers stands at 96%. However, among men paying for sex, reported condom use is 81%, and among gay men and other men who have sex with men, it is 78%. This suggests that condoms are widely used by people reached by biobehavioural surveillance. However, a large proportion of key populations are not covered by services and therefore possibly are partially missed by biobehavioural surveillance, which means that actual condom use among key populations might be lower.
- A technical working group on HIV prevention was established, and a plan to accelerate HIV prevention was developed.
- Key partners were mobilized for the implementation of the HIV Prevention 2020 Road Map.

CHINA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET

No estimates available

UNAIDS did not publish 2018 HIV estimates for China. In the meantime, HIV estimates were completed with improved methods, and data used for World AIDS Day advocacy served to inform the national HIV prevention strategy and optimize resource allocation. Available data on new HIV diagnoses suggest a stagnating number of new infections between 2010 and 2017, which implies that China is not on track to achieve the target of a 75% reduction in new HIV infections by 2020. The high reported HIV prevalence among young men who have sex with men (8%) is indicative of a growing HIV epidemic in this population.



MOST CRITICAL GAPS

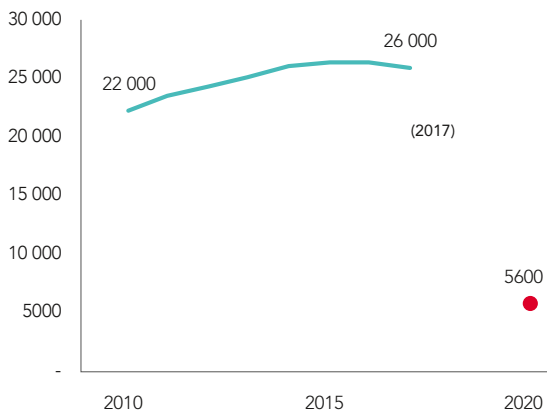
Limited coverage information and programme coverage of HIV prevention services for gay men and other men who have sex with men

SELECTED ACHIEVEMENTS

- The uptake of HIV prevention practices among key populations in China remains high: there was 94% reported condom use among sex workers at last sex with a client, 88% reported condom use at last anal sex among gay men and other men who have sex with men and 87% reported use of safe injecting equipment.
- As part of China’s approach of social contracting HIV prevention services to NGOs, the China AIDS Fund for NGOs completed the applications for 2019–2020 projects. Best practices were shared at the 2018 International AIDS Conference.
- A PrEP implementation feasibility and acceptance project was launched in six cities.

CÔTE D'IVOIRE

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Côte d'Ivoire increased by 17% between 2010 and 2017. An estimated 26 000 new infections occurred in 2017, which means that Côte d'Ivoire is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 6000 new infections). The lack of progress in reducing new infections corresponds with relatively low coverage of condom programmes, core prevention programmes for gay men and other men who have sex with men, and programmes for young women at highest risk of HIV infection.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of condom promotion/distribution programmes and HIV prevention services among gay men and other men who have sex with men and young women in high-incidence settings

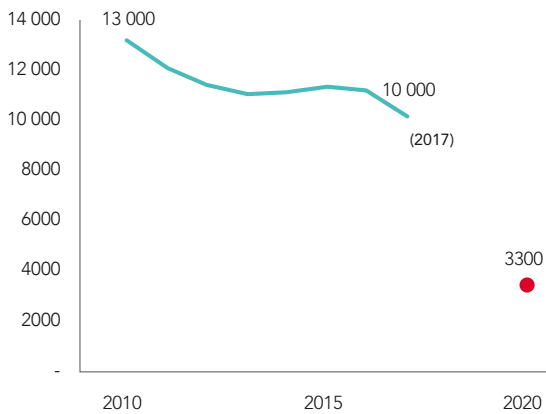
SELECTED ACHIEVEMENTS

- Coverage of HIV prevention programmes among sex workers is high, reportedly increasing from 82% in 2016 to 95% in 2017 (according to the 2018 scorecard). It is necessary to clarify if this represents near universal coverage, or if it reflects an underestimate in the population size or non-representative surveys. Condom use reported by sex workers for last sex with clients increased from 90 to 94%.
- A national consultation on accelerating prevention was conducted, and a prevention road map was developed. Specific HIV prevention programmatic targets have been defined.
- Normative documents were developed and disseminated, including a combined prevention technical guide on key populations, comprehensive condom programming and self-testing. A PrEP technical guidebook and a comprehensive sexuality education handbook for out-of-school young and adolescent girls are being validated.
- A regional workshop organized by Alliance Côte d'Ivoire on civil society's contribution to prevention acceleration was conducted.

New HIV infections
2010–2017
-23%

DEMOCRATIC REPUBLIC OF THE CONGO

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in the Democratic Republic of the Congo declined by 23% between 2010 and 2017. An estimated 10 000 new infections occurred in 2017, which means that the Democratic Republic of the Congo is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 4000 new infections). The limited progress in reducing new infections corresponds with relatively low coverage of primary prevention programmes for key populations and condom programmes.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of condom promotion and distribution programmes and primary prevention programmes among key populations

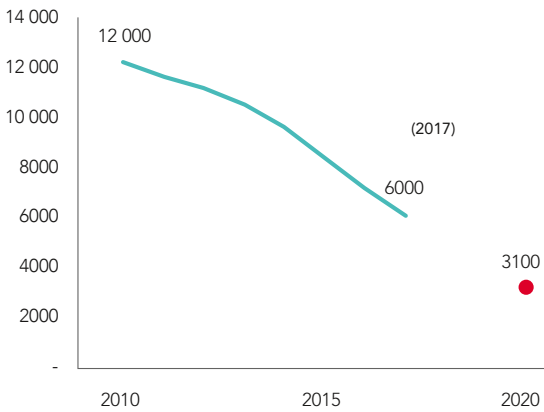
SELECTED ACHIEVEMENTS

- Political commitment to strengthen national primary HIV prevention efforts was reaffirmed and national planning was initiated.
- PrEP service provision was introduced: as of October 2018, 400 people were receiving PrEP in the Democratic Republic of the Congo.
- A national consultation on HIV primary prevention was held in September 2017 under the leadership of the Head of the State and the National AIDS Council. It saw participation from different stakeholders, including civil society, youth, key populations, the private sector, the Joint UN Team and donors.
- Operational road map action plans have been implemented, and HIV prevention targets have been set for the 2018–2021 period.

New HIV infections
2010–2017
-50%

ESWATINI

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Eswatini declined by 50% between 2010 and 2017. An estimated 6000 new infections occurred in 2017, which means that Eswatini is virtually on track to achieve a 75% reduction in new infections by 2020 (around 3100 new infections). Eswatini has made progress in introducing PrEP and scaling up HIV treatment, condom programmes, and programmes for adolescent girls and young women, but there are still gaps in coverage for all prevention pillars.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP

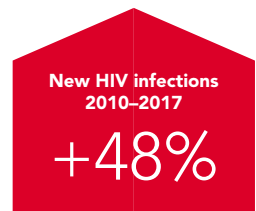


MOST CRITICAL GAPS

Limited coverage of VMMC (including demand generation) and of programmes for adolescent girls and young women and their male partners in high-incidence communities and key populations

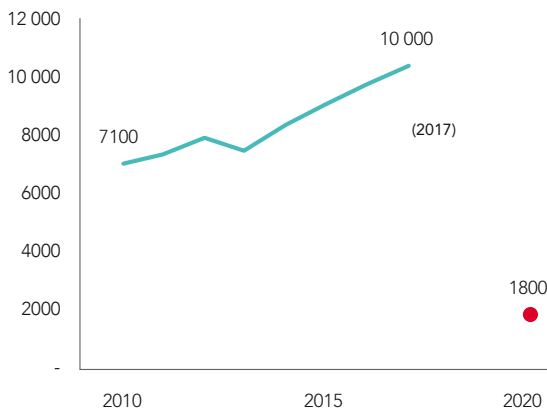
SELECTED ACHIEVEMENTS

- According to 2018 reporting, the number of VMMCs in Eswatini increased by 4% (from 17 374 in 2016 to 18 138 in 2017).
- The number of people on PrEP in Eswatini increased from 250 in October 2017 to 300 in October 2018, an increase in coverage of 20%. The Ministry of Health has endorsed PrEP scale-up as part of an HIV prevention package to 200 facilities by the end of 2019 based on early lessons from the PrEP demonstration projects (which will be completed in the first quarter of 2019).
- A national strategic framework including all five pillars of combination prevention that focuses on key and priority populations was completed. A national VMMC integration strategy also was completed and endorsed by government. A national condom strategy was finalized and launched, and it is guiding condom programming in the country.
- Standard operating procedures were developed for reducing stigma towards key populations in health-care facilities, and they are being implemented by service providers to create key population-friendly services. The Eswatini Domestic Act was enacted to protect adolescent girls and young women against abuse.



ETHIOPIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



When looking at the full trajectory of the HIV epidemic, Ethiopia recorded one of the most substantial reductions in new infections: more than 90% compared to the peak of new HIV infections in 1993. However, compared to 2010 as a baseline, Ethiopia is not on track to achieve a 75% reduction in new infections by 2020 (around 1800 new infections). Given uncertainty about the reliability of the 2010 data, modelling estimates need further review to reconsider trends in new HIV infections after 2010.

HIV PREVENTION PROGRAMME AREA



Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage information and programme coverage of HIV prevention services for key populations

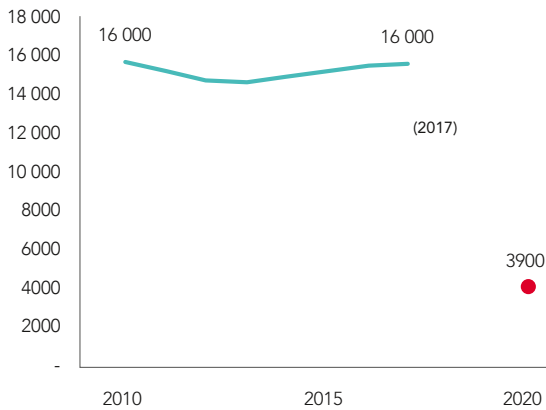
SELECTED ACHIEVEMENTS

- The number of VMMCs performed in the national programme increased by 53% (from 10 306 in 2016 to 15 789 in 2017). Ethiopia is on track to achieve 100% VMMC coverage for HIV prevention in its priority region.
- The National HIV Prevention Road Map was completed and includes an operational plan with national and subnational targets.
- Country-specific minimum service packages for key populations have been developed and are being finalized.
- A national condom strategy was developed and finalized.

New HIV infections
2010-2017
0%

GHANA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Ghana stagnated between 2010 and 2017. An estimated 16 000 new infections occurred in 2017, which means that Ghana is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 4000 new infections). The lack of progress in reducing new infections corresponds with relatively low coverage of condom programmes and population-specific programmes for key populations and young women at highest risk.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of condom promotion and distribution programmes and HIV prevention services for key populations

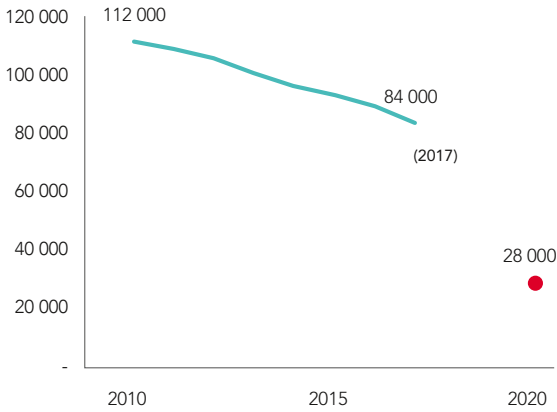
SELECTED ACHIEVEMENTS

- There is strengthened commitment for coordinating the prevention agenda through the National HIV Prevention Coalition.
- Reported condom use at last sex with a client among sex workers is 90%, but coverage of programmes for sex workers and other key populations remains low. A strengthened prevention programme for key populations was established with funding from the Global Fund.
- The Ministry of Health reaffirmed its commitment to condom programming through opening and evaluating a tender of 26.9 million condoms in July 2018 with support from UNFPA and USAID.
- The Ministry of Education has completed the integration of comprehensive sexuality education into primary and secondary school curricula with support from UNICEF, UNFPA and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

New HIV infections
2010-2017
-25%

INDIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in India declined by 25% between 2010 and 2017. An estimated 84 000 new infections occurred in 2017, which means that India is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 28 000 new infections). There is a need to better understand the relatively slow reductions in HIV incidence that have occurred, despite good prevention and treatment coverage. One question to be explored is whether key population size estimates need adjustment, particularly for gay men and other men who have sex with men and people who inject drugs. If population sizes are underestimated, improved outreach is necessary, including through new technologies to achieve high coverage.

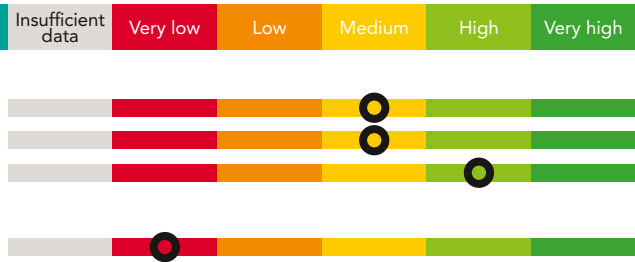
HIV PREVENTION PROGRAMME AREA

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)

Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Adequate population size estimates to assess programme coverage of HIV prevention services for gay men and other men who have sex with men and people who inject drugs

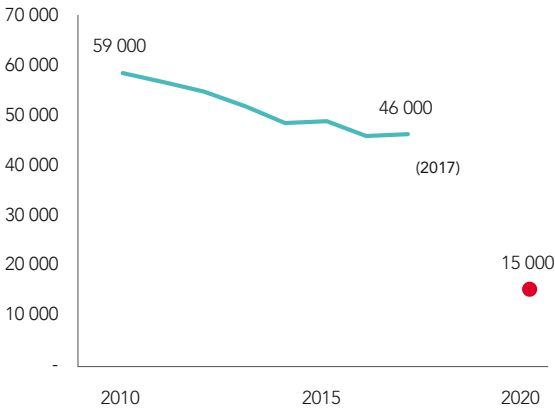
SELECTED ACHIEVEMENTS

- Reported condom use at last sex with a client among sex workers was 91%. Although both the coverage of programmes among female sex workers and condom use reported by sex workers are high, recent DHS data suggest that only 48% of men used a condom when they last paid for sex.
- The number of people on PrEP in India increased from 750 in October 2017 to 1500 in October 2018, a 100% increase.
- Section 377 of the Indian Penal Code, which made same-sex sexual activities illegal, was abolished by the Supreme Court. The HIV Act entered in force and the Transgender Persons (Protection of Rights) Bill was resubmitted to parliament for approval.
- A national HIV prevention meeting was held, and areas of HIV prevention research and innovative focused interventions were identified. A white paper was drafted on key population size estimation.
- OST programmes were introduced in Gujarat State with support from Punjab State professionals.

New HIV infections
2010–2017
-21%

INDONESIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Indonesia declined moderately, down 21% between 2010 and 2017. An estimated 46 000 new infections occurred in 2017, which means that Indonesia is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 15 000 new infections). The limited progress in reducing new infections corresponds with relatively low coverage of primary prevention programmes for key populations.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)



Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP

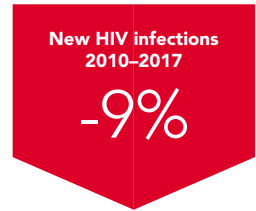


MOST CRITICAL GAPS

Low coverage of HIV prevention programmes for key populations and the need for an enabling programming environment

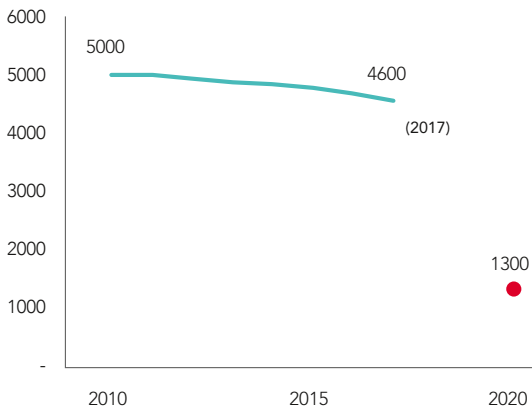
SELECTED ACHIEVEMENTS

- HIV prevention coverage among sex workers increased moderately (from 38% to 40%) and coverage among people who inject drugs rose from 41% to 44% compared to the 2017 scorecard.
- Condom use at last anal sex among gay men and other men who have sex with men was reported to be 81%.
- The National HIV Strategy 2018–2020 was updated, and the development of the 2020–2024 Strategy has started. It will include revised prevention targets, key population size estimates, coverage estimates, HIV prevention service packages and PrEP as an additional HIV prevention option.



ISLAMIC REPUBLIC OF IRAN

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in the Islamic Republic of Iran declined moderately, down 9% between 2010 and 2017. An estimated 4600 new infections occurred in 2017, which means that the Islamic Republic of Iran is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 1300 new infections). The limited progress in reducing new infections corresponds with relatively low coverage of primary prevention programmes for key populations.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)



Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage information and low programme coverage of HIV prevention services for key populations

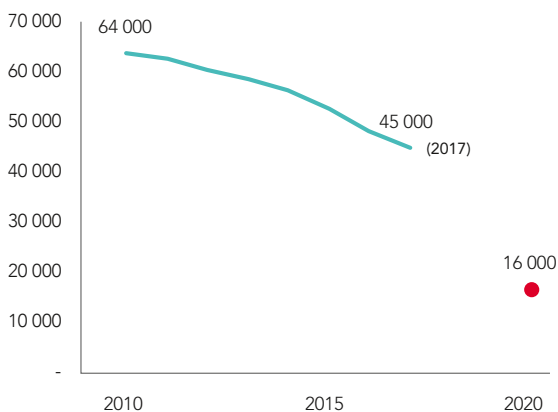
SELECTED ACHIEVEMENTS

- The Islamic Republic of Iran documented a reduction of HIV incidence in prisons through the systematic implementation of harm reduction, including OST.
- The country joined the Global HIV Prevention Coalition in 2018, and it has developed its first-ever version of a budgeted national HIV prevention programme based on the national strategic plan. A 100-day action plan was also developed.
- HIV prevention targets were adjusted based on new objectives informed by the Coalition agenda, with a focus on key populations, PrEP and condom programming.

New HIV infections
2010–2017
-30%

KENYA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Kenya declined by 30% between 2010 and 2017. An estimated 45 000 new infections occurred in 2017, which means that despite its important achievements, Kenya is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 16 000 new infections). Kenya made substantial progress across different areas of combination HIV prevention, particularly VMMC uptake and PrEP availability, but also in programmes for key populations and young women. Coverage gaps remain in condom promotion and distribution.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of condom promotion and distribution

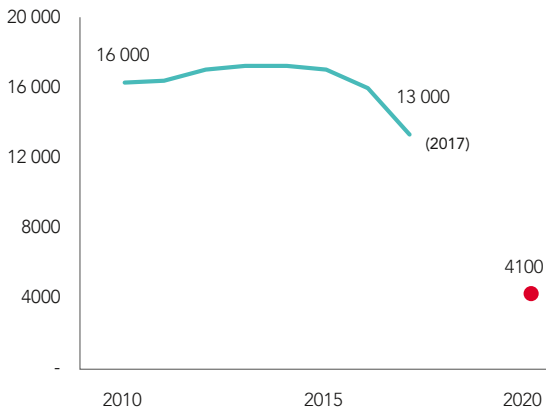
SELECTED ACHIEVEMENTS

- The number of VMMCs performed in Kenya increased by 7% (from 219 086 in 2016 to 233 879 in 2017). Kenya is on track to achieve its 2020 VMMC target.
- The number of people on PrEP in Kenya increased by 90% (from 10 000 in October 2017 to 19 000 in October 2018).
- Increases in coverage also were reported for programmes among adolescent girls and young women, and for needle–syringe distribution to people who inject drugs.
- There is increased momentum in the HIV prevention agenda at the national and subnational levels. Decentralization of the HIV Prevention 2020 Road Map has started. Granular data on population–location have strengthened the refocusing of prevention efforts to reach informal settlements with key services.
- A national condom strategy was finalized to address gaps in condom programming, which remains the pillar with the relatively largest gaps in the country, despite the 2018 round of reporting identifying moderate increases in condom use.

New HIV infections
2010–2017
-19%

LESOTHO

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Lesotho declined moderately, down 19% between 2010 and 2017, with estimates suggesting an accelerated decline since 2016. An estimated 13 000 new infections occurred in 2017, which means that Lesotho is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 4100 new infections). Lesotho made substantial progress in rolling out programmes for young women, increasing condom distribution and implementing VMMC and PrEP programmes. Coverage gaps still need to be further addressed, particularly for sex worker programmes.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of VMMC and prevention programmes for key populations

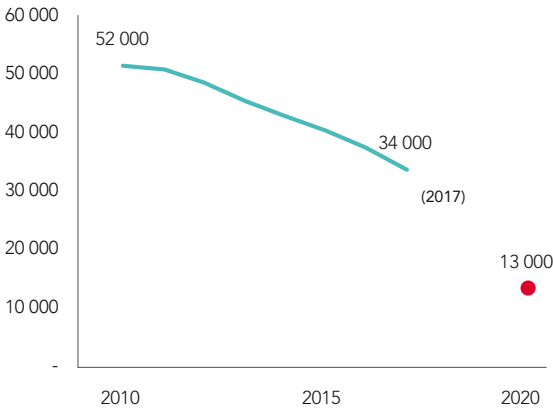
SELECTED ACHIEVEMENTS

- Condom use reported by young women in non-regular partnerships was 82%, the highest in the region. Coverage of programmes for young women and condom distribution is also relatively high.
- Strengthened political commitment for HIV primary prevention found its expression in the launch of the national HIV Prevention Road Map by the Minister of Health in May 2018. Champions (parliamentarians, political leaders and princes) were identified to advocate for ending child marriage and for promoting the integration of sexual and reproductive health and rights with HIV, including the prevention of gender-based violence.
- A new National Strategic Plan (2018–2023) that has national and subnational prevention targets was finalized and launched on World AIDS Day, 1 December 2018. Various guidelines and standard operating procedures, including for key populations, have been revised based on international guidance.
- Innovative HIV prevention approaches were rolled out, including index testing and self-testing, service corners for men and adolescent boys in all districts, and PrEP. The new approaches contributed to increased service access for young women and adolescent girls, men and key populations.

New HIV infections
2010-2017
-34%

MALAWI

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Malawi declined by 34% between 2010 and 2017. An estimated 34 000 new infections occurred in 2017, which means that despite substantial progress, Malawi is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 13 000 new infections). Malawi made progress in scaling up HIV testing and treatment, and it recorded relatively high levels of condom use among non-regular partners and during paid sex. Coverage gaps remain substantial across all components of primary prevention.

HIV PREVENTION PROGRAMME AREA

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)

Men who have sex with men (programme coverage/condom use)

People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

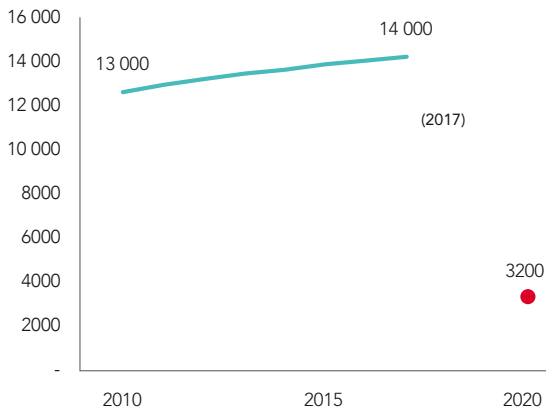
Limited coverage of VMMC, condom programming and prevention programmes for young women and key populations

SELECTED ACHIEVEMENTS

- According to 2018 reporting, the number of VMMCs performed in Malawi increased by 28% (from 129 975 in 2016 to 166 350 in 2017). Overall coverage remains low.
- There is increased political commitment for HIV prevention. The existing Malawi HIV and AIDS Partnership Forum was mandated to track and oversee the implementation of the HIV Prevention 2020 Road Map and have it as a standing agenda item. The HIV Prevention and Management Law was enacted by Malawi Parliament and its dissemination has begun.
- The National HIV Prevention Strategy 2015–2020 was revised, costed and complemented with a comprehensive monitoring and evaluation framework and standard service packages for key populations.
- Prevention and key population technical working groups were strengthened, and civil society leadership was oriented on social contracting mechanisms and results accountability.
- PrEP is now included in policy, and implementation has started.

MEXICO

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Mexico increased by 13% between 2010 and 2017. An estimated 14 000 new infections occurred in 2017, which means that Mexico is not on track to achieve a 75% reduction in new infections by 2020 (3000 new infections per year). There are gaps in coverage data of programmes for key populations, and it is not clear to what extent key populations are reached with services.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)



Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage information and limited coverage of programmes for key populations

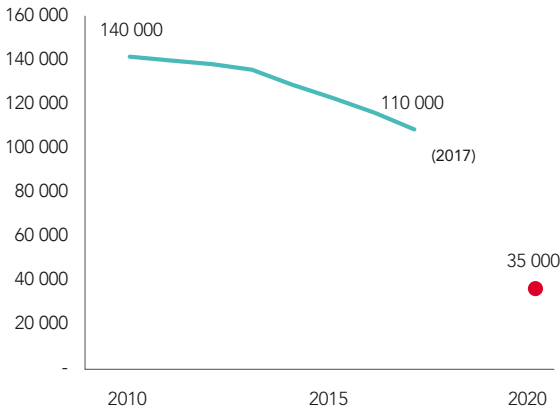
SELECTED ACHIEVEMENTS

- Mexico provides HIV prevention services for key populations through a social contracting model, and it records moderately high (but not universal) condom use among sex workers (87%) and gay men and other men who have sex with men (73%).
- HIV prevention coordination was strengthened by the establishment of an HIV prevention technical working group to supervise implementation of the National HIV Prevention Road Map.
- Social contracting mechanisms for civil society organizations were strengthened, and a compendium on the Mexican experience in social contracting was developed.
- PrEP was included in the consolidated and updated guidelines under the Mexican Norm of HIV/AIDS, which is equivalent to a national law.

New HIV infections
2010-2017
-24%

MOZAMBIQUE

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Mozambique declined by 24% between 2010 and 2017. This means that Mozambique is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 35 000 new infections). Since Mozambique also did not record any declines in new HIV infections prior to 2010, the absolute number of new infections remains high (110 000 in 2017). Mozambique made some progress in scaling up VMMC and programmes for sex workers and young women, but gaps remain very large.

HIV PREVENTION PROGRAMME AREA

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of condom promotion and distribution, VMMC, and programmes for young women and key populations

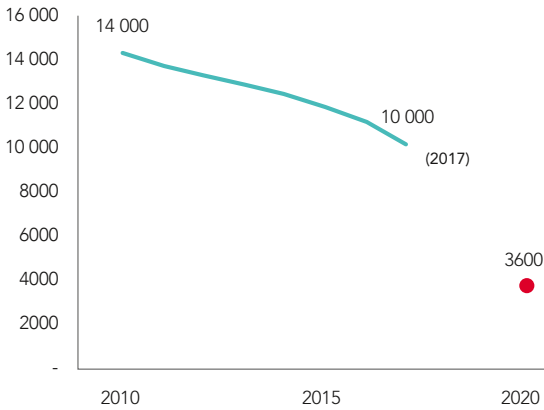
SELECTED ACHIEVEMENTS

- The number of VMMCs performed in Mozambique increased by 25% (from 253 079 in 2016 to 315 380 in 2017).
- According to 2018 reporting, coverage of HIV prevention programmes for female sex workers increased from 28% in 2016 to 51% in 2017.
- The number of people on PrEP in Mozambique increased from 400 in October 2017 to 600 in October 2018, a 50% increase in coverage.

New HIV infections
2010-2017
-29%

MYANMAR

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Myanmar declined by 29% between 2010 and 2017. An estimated 10 000 new infections occurred in 2017, which means that despite some progress, Myanmar is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 4000 new infections). Myanmar did make progress in providing services for people who inject drugs, but there are data gaps, especially coverage data, for other key population programmes.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)



Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage information and limited coverage of programmes for sex workers and gay men and other men who have sex with men

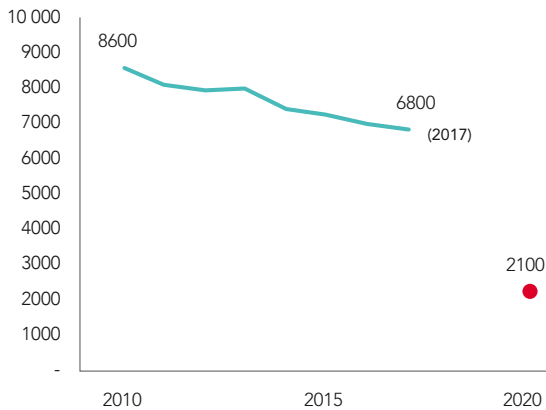
SELECTED ACHIEVEMENTS

- Myanmar joined the Global HIV Prevention Coalition in 2018.
- According to 2018 reporting, 91% of people who inject drugs in Myanmar use safe injecting equipment, and 15% of people who inject opioids reported accessing OST.
- According to 2018 reporting, condom use among key populations is moderate: condom use reported by gay men and other men who have sex with men at last anal sex was 77%, and among sex workers, it was 81%.

New HIV infections
2010-2017
-20%

NAMIBIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Namibia declined by 20% between 2010 and 2017. An estimated 7000 new infections occurred in 2017, which means that despite some progress, Namibia is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 2100 new infections). Coverage of HIV treatment and condom programmes in Namibia is high, but there are gaps in other primary prevention programmes, particularly VMMC and key population programmes.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP

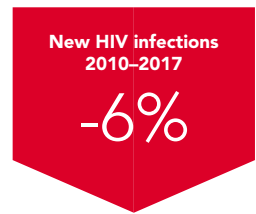


MOST CRITICAL GAPS

Limited coverage of VMMC and HIV prevention programmes for key populations and young women in high-incidence settings

SELECTED ACHIEVEMENTS

- The number of VMMCs performed in Namibia increased by 10% (from 27 340 in 2016 to 30 134 in 2017).
- Condom use at last sex with a non-regular partner in Namibia remains among the highest in the region: 80% among men and 66% among women.
- There is continued high-level political leadership on the five HIV prevention pillars through the Ministry of Health and Social Services. Revised guidelines on the five prevention pillars were put in place, and coordination was strengthened through multisector and inclusive technical working groups.
- Discussions of sustainability of the HIV response are continuing, and planning of social contracting mechanisms is underway.
- Programmes for adolescent girls and young women and key populations have been scaled up since the launch of the Global HIV Prevention Coalition.

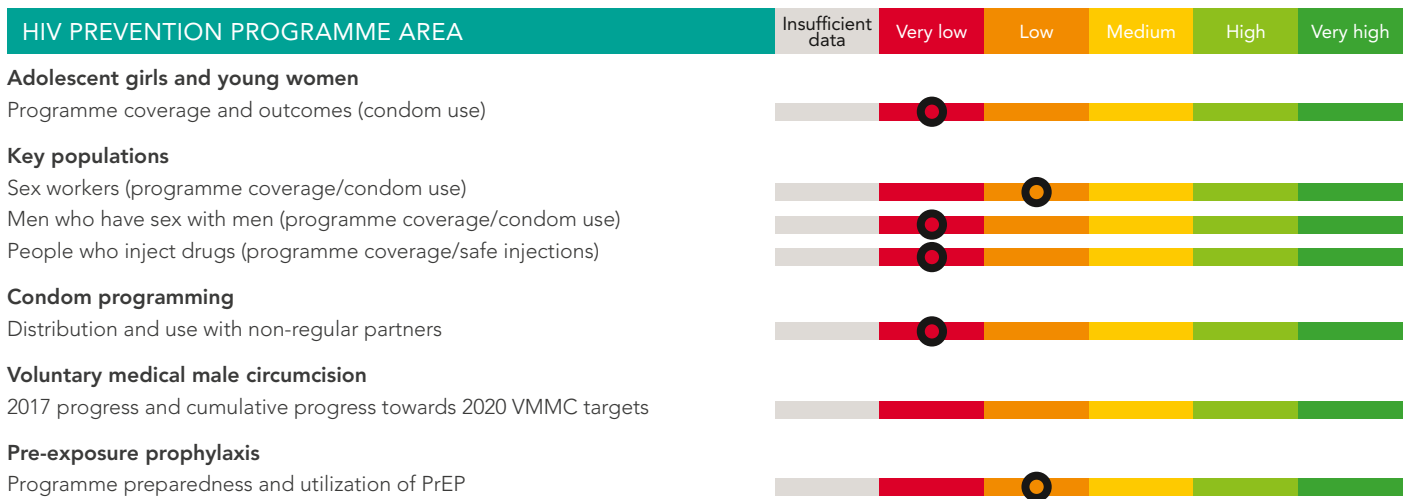


NIGERIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET

No estimates available

Estimates on new HIV infections are currently being revised following survey results that indicate a national HIV prevalence of 1.4% among adults aged 15–49 years. This is about half of what it was assumed to be before. Nigeria made some progress in scaling up HIV prevention programmes among female sex workers, but substantial coverage gaps remain across all components of primary prevention.



MOST CRITICAL GAPS

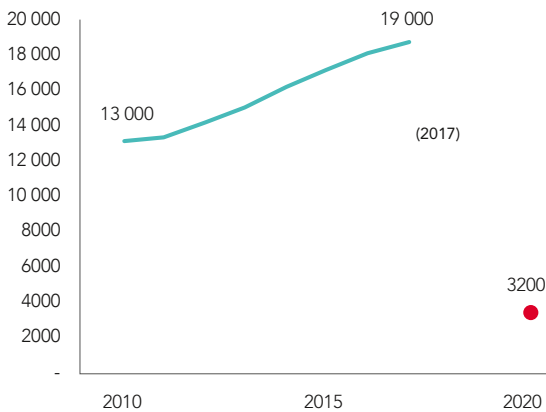
Limited coverage information and limited coverage of programmes for key populations and young women in high-incidence settings

SELECTED ACHIEVEMENTS

- According to 2018 reporting, condom use among sex workers during last sex with a client was 98%, which is very high. At the same time, only 66% of men reported use of a condom during paid sex. This suggests that a substantial proportion of sex workers are not covered in behavioural surveillance surveys.
- The number of people on PrEP in Nigeria increased from 240 in October 2017 to 360 in October 2018, which represents a 50% increase in coverage. The absolute number of people on PrEP remains limited, however.
- The National HIV Prevention Plan 2018–2021 has been developed. It includes deliberate efforts for multisector coordination of HIV primary prevention efforts through quarterly prevention technical working group meetings that drive achievement of Global HIV Prevention Coalition targets.
- A condom total market approach dashboard was developed, including condom use promotion material.
- The National AIDS Impact and Indicator Survey (which includes key population size estimation) was completed.
- An HIV prevention campaign for adolescents and young people was launched and is being piloted in four states. A youth scorecard to monitor meaningful involvement of young people in the HIV prevention response also was developed.

PAKISTAN

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Pakistan increased by 45% between 2010 and 2017. An estimated 19 000 new infections occurred in 2017, which means that despite important achievements, Pakistan is not on track to achieve a 75% reduction in new HIV infections by 2020 (fewer than 3200 new infections). Pakistan made progress in providing HIV prevention services for people who inject drugs, but substantial coverage gaps remain for all key populations.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)



Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of programmes for key populations

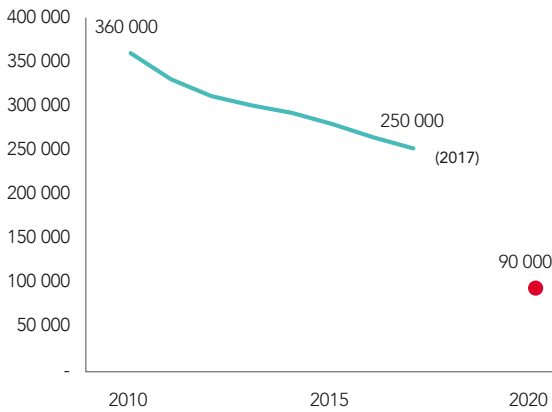
SELECTED ACHIEVEMENTS

- There is progress in the coordination of HIV prevention efforts through consultations with key federal (national and subnational) stakeholders, which informed the development of the National HIV Prevention Road Map 2020.
- Despite a slowdown in the implementation of the Road Map due to elections in July 2018, the National AIDS Control Programme led an Expert Consultation Meeting on the HIV Epidemic and Response in November 2018 to review the current HIV response and provide recommendations on surveillance, programme monitoring and cascade data.
- A National Partnership Forum with civil society organizations is being supported to amplify the voice of key populations and to strengthen coordination and cooperation on HIV prevention activities.
- HIV and AIDS guidelines and standard operating procedures are being developed for gay men and other men who have sex with men, transgender people, people who inject drugs and female sex workers.

New HIV infections
2010-2017
-30%

SOUTH AFRICA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in South Africa declined by 30% between 2010 and 2017. An estimated 250 000 new infections occurred in 2017, the largest number of new infections recorded in any country. This means that, despite substantial progress, South Africa is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 90 000 new infections). South Africa made progress in scaling up HIV testing and treatment and recorded some progress across various primary prevention programmes, but substantial coverage gaps remain across all components of primary prevention.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

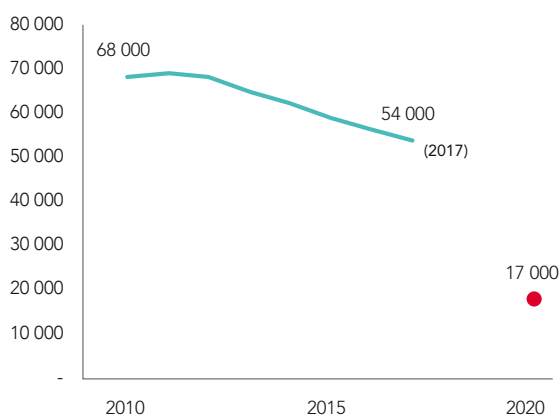
Limited coverage of programmes for key populations and young women and their male partners in high-incidence communities, and significant gaps in condom and VMMC demand generation

SELECTED ACHIEVEMENTS

- The number of people on PrEP increased by 64% (from 5500 in October 2017 to 9000 in October 2018). PrEP service delivery was expanded to adolescent girls and young women in specific sites.
- The number of VMMCs performed in South Africa increased by 3% (from 497 186 in 2016 to 511 000 in 2017). A VMMC demand generation implementation guide was developed.
- Through a prevention expert working group and a high-level prevention task team, there is strengthened coordination of research, innovation and implementation on the prevention pillars.
- Plans for sex workers and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons were revised based on new biobehavioural surveillance. A pledge was made by the South African Police Service not to confiscate condoms and other HIV prevention commodities from sex workers.
- A programme operation plan for adolescent girls and young women is being developed, as are condom and VMMC communication strategies.

UNITED REPUBLIC OF TANZANIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in the United Republic of Tanzania declined by 21% between 2010 and 2017. An estimated 54 000 new infections occurred in 2020, which means that despite some progress, the United Republic of Tanzania is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 17 000 new infections). While the United Republic of Tanzania has made substantial progress against VMMC targets, there are major gaps in all other components of primary HIV prevention.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of programmes for condom promotion and distribution, key populations, and young women and their male partners in high-incidence communities

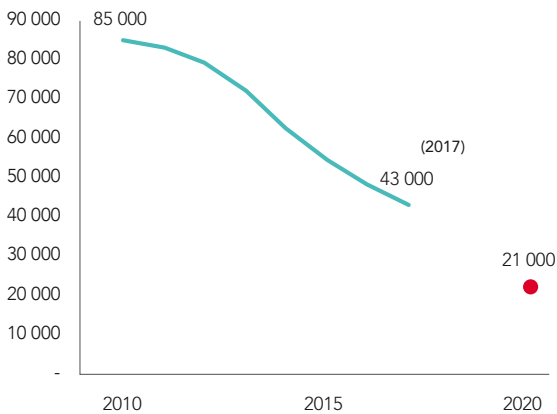
SELECTED ACHIEVEMENTS

- The number of VMMCs performed in the United Republic of Tanzania increased by 33% (from 548 390 in 2016 to 730 435 in 2017). This was the second largest total in the 14 priority countries. The United Republic of Tanzania is on track to achieve the 2020 VMMC target.
- The number of people on PrEP in the United Republic of Tanzania increased from 650 in October 2017 to 1000 in October 2018, and increase in coverage of 54%.
- An HIV prevention, testing and treatment campaign was launched by the Prime Minister, Kassim Majaliwa. Advocacy with parliamentarians to lower the age of consent for HIV testing has been initiated, and a consolidated adolescent sexual and reproductive health and HIV plan (including a monitoring and evaluation plan) was developed.
- A condom total market assessment was carried out to inform improved local demand generation. A draft review of condom distribution guidelines was conducted and community dialogues to define community-specific approaches to condom distribution were held.
- Guidelines for programmes among key and vulnerable populations were revised to improve services and monitoring. Communication strategies for promoting service uptake were improved, including the comprehensive community radio series "Shuga" in the mainland of the country and a socio-behavioural strategy in Zanzibar to address behaviour change and demand.

New HIV infections
2010–2017
-50%

UGANDA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Uganda declined by 50% between 2010 and 2017. An estimated 43 000 new infections occurred in 2017, which means that Uganda is virtually on track to achieve a 75% reduction in new infections by 2020 (fewer than 21 000 new infections). Uganda has made substantial progress in VMMC and some progress in condom programming, but there are gaps in the other primary prevention programmes.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of condom promotion and distribution programmes, and of programmes for key populations and young women and their male partners in high-incidence communities

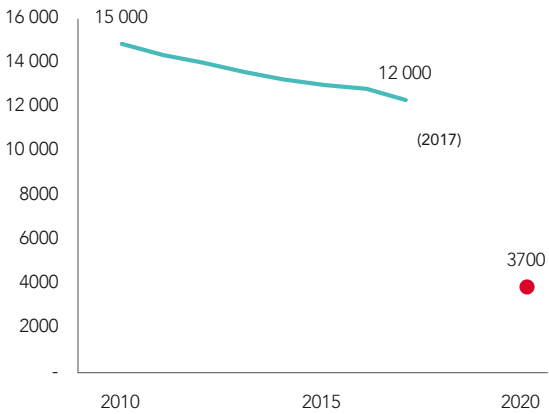
SELECTED ACHIEVEMENTS

- The number of VMMCs performed in Uganda increased by 106% (from 411 459 in 2016 to 847 633 in 2017). This total was the largest number of VMMCs among the 14 priority countries in 2017. This increase brought Uganda's VMMC programme close to the scale required to meet the 2020 targets, but high uptake needs to be sustained up to 2020 in order to meet the target.
- Reported condom use among men who paid for sex increased from 44% to 73%. Reported condom use among sex workers with their last client was 69%, which is low. To increase condom access, 14 528 condom dispensers were installed in HIV infection hotspots.
- The number of people on PrEP in Uganda increased from 450 in October 2017 to 8400 in October 2018. This represents a fifteenfold increase of coverage after PrEP roll-out in 35 sites.
- There is reinvigorated leadership and commitment to the prevention agenda through the multisector Uganda AIDS Commission, a national HIV prevention road map, the adoption of the National Sexuality Education Framework and the roll-out of national consolidated HIV prevention and treatment guidelines.
- A training curriculum and manual for key populations were developed, and a national size estimation exercise was launched.

New HIV infections
2010-2017
-17%

UKRAINE

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Ukraine declined by 17% between 2010 and 2017. An estimated 12 000 new infections occurred in 2017, which means that despite some progress, Ukraine is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 4000 new infections). Ukraine has large-scale programmes in place for sex workers and people who inject drugs, but coverage is lower for OST and programmes for gay men and other men who have sex with men.

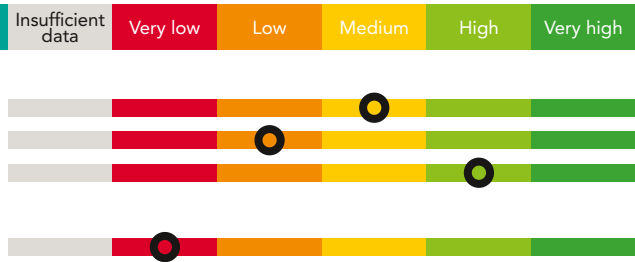
HIV PREVENTION PROGRAMME AREA

Key populations

- Sex workers (programme coverage/condom use)
- Men who have sex with men (programme coverage/condom use)
- People who inject drugs (programme coverage/safe injections)

Pre-exposure prophylaxis

- Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of programmes for OST and gay men and other men who have sex with men

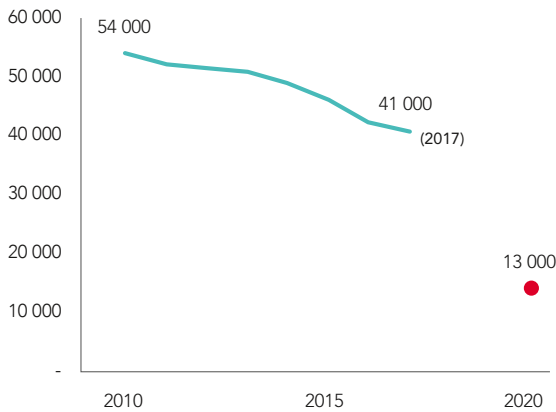
SELECTED ACHIEVEMENTS

- According to 2018 reporting, coverage of HIV prevention programmes for key populations increased between 2016 and 2017: from 45% to 48% for sex workers, from 21% to 24% for gay men and other men who have sex with men, and from 63% to 65% for people who inject drugs.
- The number of people active on PrEP in Ukraine increased from 50 in October 2017 to 200 in October 2018. The results of the PrEP pilot for gay men and other men who have sex with men in Kyiv were reviewed, and they paved the way for both technical discussions on PrEP and scale-up planning in priority regions.
- HIV prevention priorities were mainstreamed into the National AIDS Programme for 2019–2023. They are awaiting approval by government institutions.
- Agreed basic packages of HIV prevention services are currently being costed, and the process is involving representatives of key population groups.

New HIV infections
2010-2017
-24%

ZAMBIA

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Zambia declined by 24% between 2010 and 2017. An estimated 41 000 new infections occurred in 2017, which means that despite some progress, Zambia is not on track to achieve a 75% reduction in new infections by 2020 (fewer than 14 000 new infections). Zambia has made substantial progress in VMMC programming and some progress in programming for adolescent girls and young women, but there are gaps in coverage among key populations and in condom programming.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited programme coverage of condom promotion and distribution, and of programmes for key populations and young women and their male partners in high-incidence communities

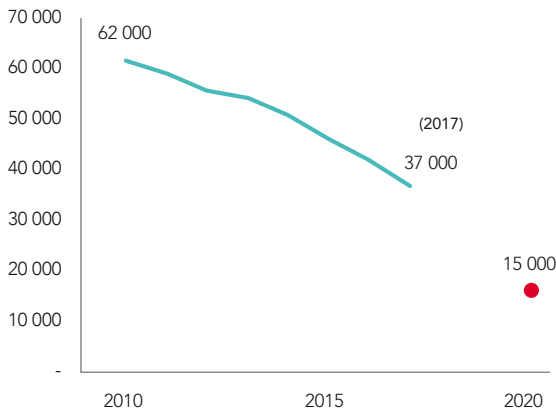
SELECTED ACHIEVEMENTS

- The number of VMMCs performed in Zambia increased by 55% (from 311 792 in 2016 to 483 816 in 2017).
- A 22-member Prevention Coalition Group was established and launched in March 2018. A draft condom strategy document was developed and service packages for key populations were defined. A second Coalition meeting is planned.
- PrEP implementation and roll-out guidelines were developed, and PrEP roll-out began. The number of people on PrEP in Zambia increased by 14% (from 350 in October 2017 to 400 in October 2018).

New HIV infections
2010-2017
-41%

ZIMBABWE

NEW HIV INFECTIONS AMONG ADULTS (15+) AND 2020 TARGET



New adult HIV infections in Zimbabwe declined by 41% between 2010 and 2017. An estimated 37 000 new infections occurred in 2017, which means that Zimbabwe has made substantial progress, but it needs to accelerate the response further in order to achieve a 75% reduction in new infections by 2020 (fewer than 16 000 new infections). Condom use among non-regular partners in Zimbabwe is among the highest in the region. Progress was also made in PrEP programming and providing HIV prevention services to sex workers.

HIV PREVENTION PROGRAMME AREA

Insufficient data Very low Low Medium High Very high

Adolescent girls and young women

Programme coverage and outcomes (condom use)



Key populations

Sex workers (programme coverage/condom use)



Men who have sex with men (programme coverage/condom use)



People who inject drugs (programme coverage/safe injections)



Condom programming

Distribution and use with non-regular partners



Voluntary medical male circumcision

2017 progress and cumulative progress towards 2020 VMMC targets



Pre-exposure prophylaxis

Programme preparedness and utilization of PrEP



MOST CRITICAL GAPS

Limited coverage of VMMC (particularly demand generation) and of programmes for key populations and young women and their male partners in high-incidence communities

SELECTED ACHIEVEMENTS

- The number of VMMCs performed in Zimbabwe increased by 46% (from 205 784 in 2016 to 301 366 in 2017). Progress needs to accelerate to meet 2020 targets. The development of a VMMC sustainability plan was started.
- A PrEP implementation and roll-out plan was developed, and PrEP roll-out in the public sector was initiated. The number of people on PrEP in Zimbabwe increased threefold (from 1000 in October 2017 to 3000 in October 2018).
- A key populations manual was developed through a community stakeholder consultative process.
- Interventions similar to the PEPFAR DREAMS initiative were expanded to districts prioritized for Global Fund funding, and the proportion of districts with dedicated prevention programmes for adolescent girls and young women increased from 10% to 18%.

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