

# African Union Policy Brief



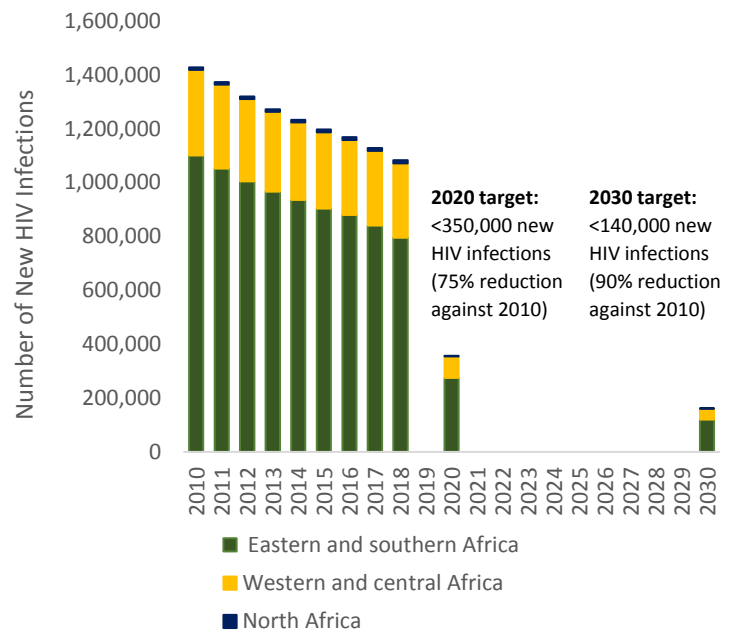
## HIV Prevention in Africa

The Pathway towards a Decade of HIV  
Decline

# Background on HIV prevention

Figure 1: New HIV infection trends and targets (to be updated)

Africa remains the continent most affected by the HIV epidemic accounting for **62% of the world's new HIV infections** and 68% of people living with HIV globally. The scale of the HIV epidemic varies greatly in Africa. HIV prevalence among adults 15-49 stands at 7.0% in eastern and southern Africa with four countries exceeding 20%, at 1.5% in Western and Central Africa, and at 0.1% in North Africa. Strong shared responsibility between the region's governments, civil society, international donors and the research community has delivered declines in HIV infections in several countries, however, major challenges remain.



In 2017, a Global HIV Prevention Coalition was launched and joined by 19 high HIV burden African countries. With countries and communities at the centre, it seeks to ensure accountability for delivering prevention services at scale in order to achieve the targets of the 2016 Political Declaration on Ending AIDS, including a 75% reduction in HIV infections by 2020. The HIV Prevention 2020 Roadmap provides the basis for a country-led movement to scale up HIV prevention programmes to meet global and national targets. It presents **five key pillars** (Figure 2) and **ten key actions** (Figure 3) for all countries to take.

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Figure 2: Five priority pillars of prevention

- Combination prevention\* for adolescent girls, young women and their partners;
- Combination prevention\* for key populations;
- Condom programming;
- Voluntary male medical circumcision (VMMC);
- ARV-based prevention: Viral suppression and pre-exposure prophylaxis (PrEP).

\* **Combination HIV prevention** is a programming approach that provides a combination of **services** (such as condoms, PrEP where indicated, HIV testing and referral to treatment), **communications** (including counselling, community outreach and (new) media) and **structural support** (such as community empowerment, advocacy on underlying social and gender norms) with strong integration of and linkages to other health and social services

Figure 3: Ten key actions to strengthen prevention responses



# AU Policies on HIV and AIDS: Where do we stand on HIV prevention?

The African Union has remained focused on prioritizing health in its overall strategic planning both with the 'AU Agenda 2063: The Africa We Want' and again with its 'Africa Health Strategy (AHS) 2016-2030'.

Strategic Objective 2 of the AHS highlights 'Ending AIDS, TB and Malaria... as part of Reducing morbidity and ending preventable mortality...' The AHS outlines key approaches to attain these critical objectives:

- improving health system performance,
- universal health coverage
- leadership and good governance
- increasing human resources for health
- investing in adolescents and youth

In-line with AHS Strategic Objective 2, the AU Commission's AIDS Watch Africa (AWA), led by Ministers of Health and African Heads of States and Government, endorsed the AU Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030.

With a clear goal of ending AIDS as a public health threat by 2030, the Catalytic Framework implementation plan outlines '**Reducing new HIV infections**' as a key objective with expected milestones and targets to be met.

Table 1 shows the targets of the AU Catalytic Framework:

**Table 1: AU Catalytic Framework Targets**

Objectives	Milestones	Targets
<b>Reducing New HIV infections compared with 2015</b>	Less than 350,000 per year	Less than 140,000 per year
<b>2.1 EMTCT</b>	Less than 40,000 infections in children and mothers are well	Zero infections in children and mothers are healthy
<b>2.2 Young People</b>	90% of young people are empowered with skills to protect themselves from HIV	All young people are empowered with skills to protect themselves from HIV
<b>2.3 Men and women</b>	90% of men and women have access to HIV combination prevention and SRH services	All men and women have access to HIV combination prevention and SRH services

<b>2.4 Circumcision</b>	90% coverage of male circumcision in high prevalence settings is attained and coverage levels sustained	27 million additional men in high prevalence settings are voluntarily medically circumcised
<b>2.5 Key Populations</b>	90% of key populations have access to HIV combination preventions services	All key populations have access to HIV combination preventions services

## From commitment to action – where are we?

The question now is: What is being done at the country level to meet these AU targets? Are new HIV infections in Africa going down as planned? The answer is: Africa is not on track to achieve 2020 targets. New HIV infections only declined by 25% by 2018 as shown in Figure 1 (page 1).

Data show that success is possible in Africa - for all pillars of prevention, but progress is uneven and too slow overall.

Progress is uneven as shown in detailed data in Table 2 (next page). In some countries, new infections declined by more than 40% between 2010 and 2018, while in other countries new infections increased.

Overall, the data on new infections and programme coverage suggests that greater efforts need to be made nationally on prevention of new HIV infections. New infections have not declined fast enough due to four main reasons:

- **limited political commitment and programmatic leadership** for primary prevention;
- **inequality and limited access** in reaching priority populations including young women and adult men in settings with high HIV prevalence and key populations across the continent as well as populations in humanitarian settings;
- **insufficient scale up** of prevention programs including services and community outreach and limited innovative approaches used for provision of prevention services;
- **inadequate investments** and financing for HIV prevention.

**Table 2: Progress in HIV Prevention in Member States of the African Union**

Country	New HIV infections				Five pillars of primary prevention								PMTCT
	2010 baseline	2018	2020 target	Change	Young women	Key populations			Condoms	*VMMC	ARV-based prevention		
					Condom use, women 15-24	Sex workers - coverage	Men who have sex with men - coverage	People who inject drugs - coverage	Condom use, men 15-49	MC prevalence (15-24)	PrEP service provision : yes/no	PLHIV with suppressed viral load	Pregnant women on ART
Algeria	990	1300	250	29%	id	10%	14%	Id	Id	Id	No	55%	74%
Angola	26000	28000	6500	6%	33%	43%	25%	Id	53%	96%	No	Id	38%
Benin	4400	3800	1100	-15%	38%	18%	44%	Id	46%	Id	Pending	48%	>95%
Botswana	13000	8500	3250	-36%	id	60%	64%	Id	Id	25%	Yes	81%	>95%
Burkina Faso	4600	2400	1150	-49%	61%	47%	76%	Id	74%	95%	No	Id	>95%
Burundi	3700	1700	930	-55%	33%	26%	18%	Id	53%	89%	Pending	Id	80%
Cameroon	36000	23000	9000	-34%	61%	23%	17%	Id	74%	44%	Pending	Id	80%
Cabo Verde	<200	<200	31	-18%	id	92%	98%	Id	Id	Id	No	42%	Id
Central African Rep.	9100	5500	2280	-40%	id	Id	Id	Id	Id	Id	No	Id	71%
Chad	7400	6500	1850	-11%	37%	Id	Id	Id	Id	94%	No	Id	56%
Comoros	<100	<100	2	-67%	32%	Id	Id	Id	60%	97%	No	68%	Id
Congo	5800	5300	1450	-9%	43%	Id	Id	Id	58%	99%	No	Id	25%
Cote d'Ivoire	25000	17000	6250	-33%	33%	96%	39%	22%	63%	99%	Yes	41%	90%
Dem. Rep. of Congo	31000	19000	7750	-39%	24%	Id	Id	Id	31%	97%	Yes	Id	44%
Djibouti	<500	540	109	24%	id	Id	Id	Id	Id	Id	No	Id	30%
Egypt	1200	3600	300	196%	id	Id	Id	Id	Id	Id	No	Id	16%
Equatorial Guinea	3900	5100	980	30%	id	Id	Id	Id	Id	Id	No	Id	50%
Eritrea	810	580	200	-29%	id	Id	Id	Id	Id	Id	No	39%	48%
eSwatini	11000	7800	2750	-31%	71%	51%	24%	Id	Id	30%	Yes	81%	79%
Ethiopia	29000	23000	7250	-23%	24%	Id	Id	Id	54%	72%	No	Id	92%
Gabon	2900	2000	730	-31%	60%	Id	Id	Id	75%	99%	No	Id	72%
Gambia	1800	2200	450	20%	27%	Id	Id	Id	67%	Id	No	Id	68%
Ghana	22000	20000	5500	-8%	19%	48%	55%	Id	39%	96%	No	Id	79%
Guinea	8200	6600	2050	-19%	33%	Id	17%	Id	53%	99%	No	Id	65%
Guinea-Bissau	3400	2600	850	-24%	id	Id	Id	Id	Id	Id	No	Id	48%
Kenya	66000	46000	16500	-30%	60%	51%	Id	34%	76%	93%	Yes	Id	91%
Lesotho	20000	13000	5000	-34%	82%	55%	40%	Id	77%	72%	Yes	57%	77%
Liberia	2700	1900	680	-31%	22%	Id	Id	Id	42%	99%	No	Id	93%
Libya	790	<500	200	-43%	id	Id	Id	Id	Id	Id	No	0%	0%
Madagascar	2100	6100	530	193%	5%	Id	40%	Id	13%	95%	No	Id	25%
Malawi	55000	38000	13750	-30%	53%	68%	65%	Id	76%	28%	No	69%	>95%
Mali	9400	14000	2350	51%	19%	52%	73%	Id	39%	98%	No	Id	24%
Mauritania	<500	<200	61	-47%	id	Id	Id	Id	Id	Id	Pending	Id	38%
Mauritius	980	910	250	-7%	id	81%	86%	84%	Id	Id	No	16%	>95%
Morocco	1200	900	300	-25%	id	63%	49%	45%	Id	Id	Yes	59%	61%
Mozambique	16000	15000	40000	-7%	51%	51%	4%	15%	47%	63%	Yes	Id	>95%
Namibia	9900	6100	2480	-38%	68%	56%	44%	Id	80%	36%	Yes	87%	>95%
Niger	1500	1700	380	11%	29%	59%	46%	Id	64%	99%	No	45%	58%
Nigeria	12000	13000	30000	5%	43%	44%	25%	15%	58%	99%	Yes	42%	44%
Rwanda	9000	3600	2250	-61%	51%	Id	Id	Id	66%	30%	No	74%	>95%
SADR	Id	Id	Id	Id	id	Id	Id	Id	Id	Id	No	0%	0%
Sao Tome & Principe	Id	Id	Id	Id	id	Id	Id	Id	Id	Id	No	0%	0%
Senegal	2100	1300	530	-39%	43%	Id	6%	Id	Id	98%	Pending	Id	65%
Seychelles	Id	Id	id	Id	id	87%	62%	75%	Id	Id	No	0%	0%
Sierra Leone	5200	4100	1300	-22%	7%	15%	24%	28%	Id	99%	No	26%	Id

Somalia	650	<500	160	-40%	id	Id	Id	Id	Id	Id	No	Id	19%
South Africa	39000	24000	97500	-40%	50%	45%	33%	24%	Id	56%	Yes	54%	87%
South Sudan	14000	19000	3500	35%	id	16%	Id	Id	Id	Id	No	Id	56%
Sudan	5300	5200	1330	-2%	id	20%	33%	Id	Id	Id	No	Id	5%
Tanzania	83000	72000	20750	-13%	55%	20%	14%	10%	Id	79%	Yes	62%	93%
Togo	7200	5000	1800	-31%	49%	Id	59%	Id	61%	98%	No	Id	80%
Tunisia	<500	<500	52	22%	id	36%	36%	29%	Id	Id	Yes	24%	Id
Uganda	92000	53000	23000	-43%	44%	40%	18%	8%	62%	46%	Yes	64%	93%
Zambia	56000	48000	14000	-13%	40%	Id	Id	Id	56%	28%	Yes	59%	>95%
Zimbabwe	62000	38000	15500	-38%	57%	44%	71%	Id	85%	14%	Yes	Id	94%

Notes: Id = insufficient data; Sources: UNAIDS 2019 Estimates, Global AIDS Monitoring 2019, Demographic and Health Surveys.

## Africa's focus on HIV prevention

1. **Leadership, country ownership, governance and accountability:** Political commitment needs to remain the key priority when it comes to reducing new HIV infections. The government should strengthen the leadership and ownership of prevention program management and accountability. Ensuring good governance of prevention programs requires improved coordination at all levels and across relevant sectors. African countries need to take into account the social aspects of HIV transmission and strengthen the multi-sectoral response that goes far beyond the health sector.
2. **Universal and equitable access to prevention, diagnosis, treatment, care and support:** Universal access is a fundamental human right and should take into account equitable and affordable measures to reach 90% coverage. Special attention should be given to youth and adults in high-incidence settings and key populations, in particular sex workers who remain among the populations most affected by HIV in Africa and globally. Health systems need to be strengthened to protect poor and vulnerable groups.
3. **Community participation and involvement:** Community-based strategies and programs help to improve access and utilization of prevention services and coverage. Governments need to empower communities to take part in the HIV prevention response and support the development of community-driven mechanisms to support the expansion of the prevention services. Additionally, communities need to be empowered to participate in the monitoring, reporting and interpretation of data from community-based prevention activities.
4. **HIV prevention financing gaps:** African countries recognized the need to invest in health and increase domestic resources for combating HIV. However, prevention programs often face larger funding gaps compared to care and treatment although high-impact prevention is cost-effective and cost-saving. For primary prevention, in particular, member states need to consider the allocation of a quarter of HIV budgets at the country level, depending on HIV prevalence and treatment costs. Within prevention programs, funding priority should be given to condoms, key population programs and interventions that aim to reduce stigma against key populations and people living with HIV. Other innovative approaches for financing prevention programs are recommended to close the gap and help efficient use of resources to reduce the number of HIV new infections.
5. **Policy barriers:** Achieving desirable prevention results requires a conducive policy environment to address a range of factors that increase vulnerability or hinder HIV prevention service demand, access, uptake and adherence. The Abuja Commitment of 2001 calls to review relevant laws and policies at national and regional levels to strengthen rights-based protection for all vulnerable and key populations.

*The African Union sees a critical moment for African countries to lead the continent in adopting the recommendations of this policy brief recalling the Abuja call for accelerating HIV prevention programs using a combination of effective evidence-based prevention, particularly for young people, women, girls and other vulnerable populations, to successfully reduce the number of new HIV infections towards the goal of zero new infection by 2030.*



# HIV Prevention: Actions taken by African Countries

Country-to-country exchange of expertise and experience will be critical to replicate successes recorded on the continent.

The following are a few examples from countries that have achieved good coverage and outcomes in HIV prevention programmes:

- **Lesotho** and **Eswatini** report high coverage of programmes among adolescent girls and young women, a high level of condom use in non-regular partnerships in this group and increasing HIV treatment coverage. In both countries, HIV incidence reduction accelerated.
- **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.
- In **Eswatini**, a national Sexual Offences and Domestic Violence Act, 2018 was enacted to enable the protection of adolescent girls and young women against abuse.
- **Kenya** implements programmes for different key populations at scale including sex workers, men who have sex with men and people who inject drugs - despite the fact that behaviours of the populations are criminalized. Also other countries such as **Côte d'Ivoire** and **Zimbabwe** have large-scale programmes for sex workers.
- In **Namibia** and **Zimbabwe**, active condom distribution and promotion over two decades led to some of the highest levels of condom use at last sex with non-regular partners.
- **Uganda** and the **United Republic of Tanzania** conducted the largest numbers of VMMC in 2018 (1.5 million boys and men received VMMC) demonstrating that scale up of services is possible.
- **Kenya, Morocco** and **South Africa** have made progress in introducing PrEP and hence these programmes can guide the introduction of PrEP for the most vulnerable populations in other countries.