Statement by AIDS and Rights Alliance for Southern Africa at the GPC High-Level Meeting on 11 December 2019, Nairobi, Kenya

Thank you Shakira for the question and to the Global Prevention Coalition for having me on the panel this afternoon.

- At the beginning of my input I want to recognize the efforts of the civil society representatives on the Global Prevention Coalition to demand accountability for HIV prevention commitments at the global level

- Indeed, one of the biggest success factors for the global HIV response has been the engagement of civil society and communities living with and affected by HIV to set ambitious targets, but in particular to monitor progress and demand accountability for these commitments.

- This is one aspect of the response that we should safeguard in the era of Universal Health Coverage.

- In reflection on your question regarding critical lessons learned in civil society efforts to demand accountability, I want to draw on the learnings from HIV prevention advocacy we have been leading for the past few years in Southern Africa with support from UNAIDS and the Partnership to Inspire, Transform and Connect the HIV response.

- As part of this work, We recently convened a group of civil society leaders from 8 countries in Southern Africa who expressed great concern that we will not meet our 2020 or even 2030 targets due to:

  o structural barriers such as gender inequality, gender based violence and punitive legal and policy barriers that contribute to low HIV prevention service coverage, particularly for adolescent women and young girls, sex workers, men who have sex with men, transgender people and people who use drugs;
  
  o Related to this, we are concerned that in the equation of combination HIV prevention, biomedical interventions are still receiving disproportionately higher levels of focus, investment and reporting compared to behavioral and even worse structural interventions;

  o We have relied heavily on the SADC HIV prevention scorecard adopted in 2017 as well as the SRHR Scorecard adopted in 2018, to further our demand for accountability against HIV prevention targets in Southern Africa. As you may know, The SADC HIV Prevention Scorecard is aligned with the Global HIV Prevention 2020 Road Map and includes population and programmatic indicators related to the 5 HIV prevention pillars

  o The engagement of civil society in HIV prevention target setting during the development of the scorecards was crucial in ensuring that we are tracking indicators and monitoring interventions that make a real difference in HIV prevention – in our opinion, the most critical of these have been indicators that track structural interventions which pose serious challenges to the expansion of service coverage, particularly for key populations and adolescent women and young girls. Although not enough, we have pushed for and ensured the inclusion of structural indicators such as
  
    ▪ Training on HIV-related rights & non-discrimination for Law enforcement officials and Healthcare workers Healthcare;
Completion of lower secondary education by AGYW;
health care avoidance due to stigma and discrimination (SWs, MSM, PWID and transgender people);
Physical or sexual violence from male intimate partner, in last 12 months

- We have also relied on the scorecards to increase accountability literacy around HIV prevention as we realised that that vast majority of our national partners were not aware of the HIV prevention targets being tracked, nor involved in collection or verification of the data reported at the regional level

The participants noted that, while the scorecards present a strong accountability framework to monitor progress and demand accountability,
- key structural indicators, such as those measuring gender inequality are missing
- There is also minimal reporting on structural indicators by the Member States,
- Limited civil society engagement in national development and verification of Scorecard reports;
- Lack of data availability incl. size estimates for key populations and concerns around the reliability of that data;

Out of the myriad of solutions that exist to help speed up progress to meet our targets, I would like to present the following 3 related to accountability against targets proposed by our partners:

- Member States should
  - make a stronger effort to include, track and report on key structural indicators such as gender inequality
  - Strengthen mechanisms for integrating and using community generated data in national monitoring and evaluation efforts;
  - Increase efforts to disseminate and popularise accountability frameworks such as the HIV Prevention Scorecard

In closing, I want to remind us that we know now that what gets measured gets done and invested in. If we truly want to increase service coverage, particularly for young women and key populations, we have to strengthen our efforts not only to scale up structural interventions, but to improve our tracking and reporting on this. Much of this work is being done by communities therefore and governments, development partners and donors should do better to invest in community systems to demand accountability to ensure they do not fall into the same fate as many of our collapsing or collapsed health systems.

And with that, I thank you for listening.