HIV SHADOW REPORTS 2020

Global Prevention Coalition Ministerial Meeting,
Christine Stegling
Frontline AIDS supports community organisations to develop their own HIV prevention shadow reports. We’ve developed reports in 7 countries (Kenya, Malawi, Mozambique, Nigeria, Uganda, Ukraine, and Zimbabwe).
What are they telling us?

Strengthening political leadership (at national, district and local level) is critical.

- Countries where civil society advocates could easily name political leaders that are championing HIV prevention have seen the greatest expansion of services or effective action on harmful laws and policies. We see this in Uganda and Zimbabwe.
- For countries that lack champions for HIV prevention – either within the NAC or in the political sphere - progress has been slower.
What are they telling us?

Countries have made minimal progress when it comes to addressing policy gaps and legal barriers. Substantive legal reform remains out of reach.

- Progress has been minimal, with a few exceptions (Zimbabwe and Ukraine).
- Changes to age of consent laws in Nigeria and the roll out of sexual education strategies in Uganda continue to experience delays and/or strong opposition for religious and cultural leaders.
- Decriminalisation remains the number one advocacy priority for key population leaders. Progress remains painfully slow.
- Even where legislative and policy change does occur – these changes are not filtered down.
What are they telling us?

Efforts to close financing gaps are failing

- In a year where countries are submitting new GF budgets it was good to see increases in funding for HIV prevention, (e.g. Mozambique, Zimbabwe).
- The proportion of funding allocated to prevention remains inadequate. There are clear gaps in financing when it comes to KP programming.
- Although some countries committed to implementing new social contracting mechanisms, most remain politically resistant (Nigeria) or lack the technical knowledge to implement this approach.
What are they telling us?

Implementing quality services at scale continues to be a challenge

- Countries have started to fill data gaps, conducting size estimates for sex workers, people who use drugs and men who have sex with men. Many countries are now including transgender people in their data collection processes and/or KP guidelines/strategies (Malawi, Nigeria, Uganda, Ukraine, Zimbabwe)

- Expansion of services for some groups. e.g. services for people who use drugs and LGBT people in Mozambique and expanding OST in prisons in Ukraine

- Yet poor coverage remains a critical challenge. Services tend to be restricted to drop-in centres concentrated in urban centres and mainly funded by international donors
What are they telling us?

COVID-19 HIV has led to delays in decision-making and disrupted HIV prevention services

- COVID-19 has slowed down, when not completely halted, national and sub-national decision-making processes (policymaking, technical support, accountability mechanisms).
- Lockdowns posed severe challenges for service provision.
- In some instances Ministries of Health, NACs and civil society mobilised to avoid disruption of the most essential prevention services, with the support of community organisations. In **Ukraine** lockdown threatened OST programmes. Yet, the PHC and Ministry of Health quickly mobilized, ensuring that OST patients could receive take-home doses for an average of 10 days instead of coming to the OST sites every day.
- COVID-19 government responses led to increased human rights violations and violence against women and marginalised groups (**Uganda and Nigeria**)
What comes next?
JOIN US. END IT.