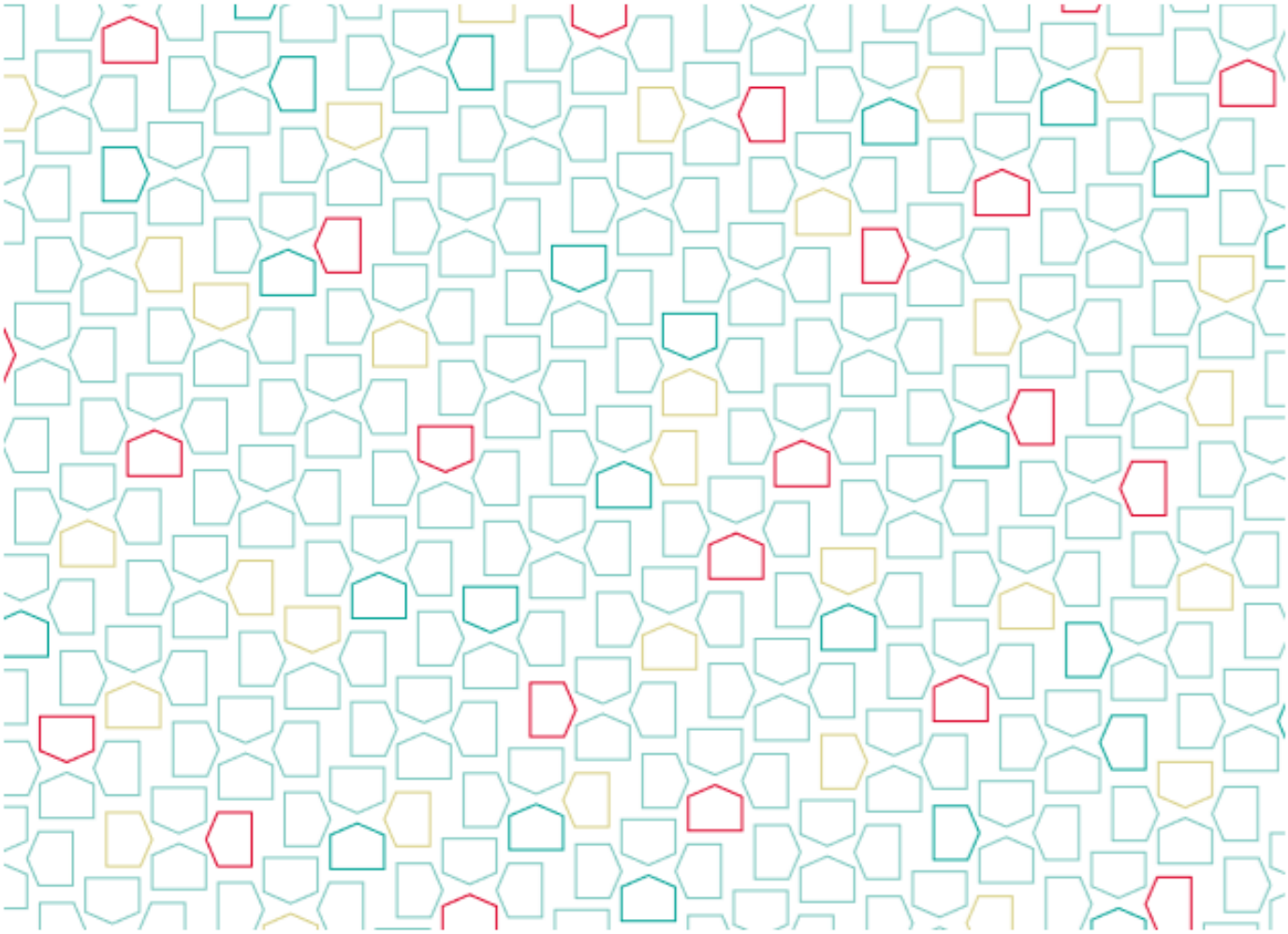
GUIDANCE NOTE

Scorecards, Country Posters and Consultations in the Global HIV Prevention Coalition

A country guide to validation and consultation

August 2020 (draft)



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Introduction

In October 2017, the Global HIV Prevention Coalition (GPC) was established to strengthen and sustain political commitment for primary prevention by setting a common agenda among United Nations Member States, donors, civil society organizations and implementers. With countries and communities at the centre, the GPC 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 towards fewer than 500 000 infections by 2020, and to ending the AIDS epidemic by 2030.

GPC Member States adopted the use of HIV prevention score cards to ensure accountability and monitor progress in implementing the HIV Prevention 2020 Road Map, a guiding framework for prevention efforts in all low- and middle-income countries, particularly in those with high numbers of new HIV infections among adolescents and adults.

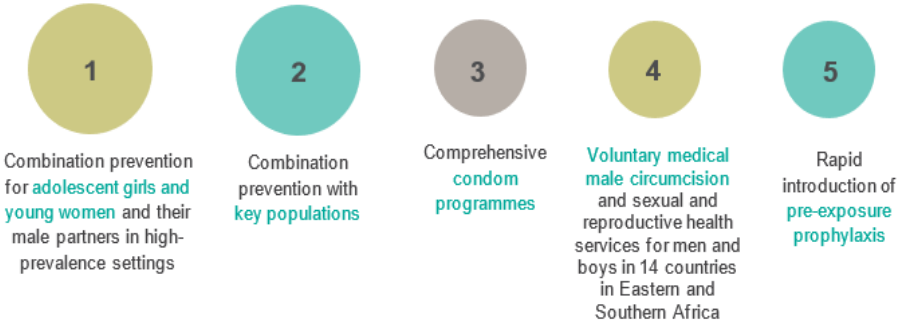
The Road Map is based on a 10-point action plan for accelerating HIV prevention at country level (Figure 1) and focuses on 5 priority pillars that need strengthening in national HIV primary prevention responses, depending on the context of countries' local epidemics (Figure 2).

The scorecards assess status and track progress against HIV prevention targets in Coalition countries and other priority Fast Track countries. They seek to summarize existing data on prevention progress, provide an orientation and an entry point for comparison and stimulate learning across programmes.

Since its inauguration, the GPC has launched three progress reports covering the period of October 2017 to March 2018, April-December 2018, and January 2019 to October 2019, respectively.

Figure 1. 10-point plan for accelerating HIV prevention at the country level

Figure 2. Combination prevention: five pillars



The reports have highlighted the need for intensified efforts to closing gaps on the 10 Road Map actions, in particular related to accelerated programme coverage for key populations and adolescent girls and young women and their male partners in high incidence locations, strengthening national prevention management capacity and systems with reinforced community leadership, and preparedness for prevention financing in country.

The fourth progress report will focus on implementation from November 2019 to October 2020 and will be launched at a virtual High-Level Ministerial meeting of the GPC to be held at the end of 2020.

This Country Guidance Note describes the process for validation of scorecards and HIV prevention posters, as well as for multi-stakeholder consultations at country level. HIV prevention posters will reflect latest scorecard data as well as progress with implementing the 10-point actions of the Road Map. Final outcomes of this process will feed into the fourth progress report of the GPC and will be showcased at the upcoming GPC meeting.

1. Guidance –Validation of Global HIV Prevention Coalition country scorecard

Although the scorecards are largely based on the Global AIDS Monitoring (GAM) indicators, data from surveys, and UNAIDS HIV estimates, we ask countries (UNAIDS country directors, government focal points, prevention technical working groups) to review the scorecard, especially the data for the indicators that might have data gaps (highlighted below) and for programmatic coverage indicators, for which different sources were used, where GAM data was unavailable. This section gives some guidance how to conduct this validation.

On the **reply form** accompanying this guidance (Annex 1), it can be indicated if no changes are required to the scorecard, or if changes are required. In case changes are required, we ask countries to note down the name of the indicator, the current value, the new value, and the source of the new value. Together with the reply form, countries are requested to attach any supporting information related to the sources of the new value(s) to the email back to the scorecard team. Direct the email to: Annette.Gerritsen@epiresult.com; BenediktC@unaids.org; and ZembeL@unaids.org.

General guidance scorecard validation

Note: For the sources of the different indicators, see the respective sheet in the Scorecard Excel file.

1. For those indicators that are taken from GAM or the National Commitments and Policy Instrument (NCPI): Is the data in line with your submission? Has more recent data become available since the submission?
2. For those indicators taken from surveys or programme data: Is this the most recent data available? If more recent data is included, make sure that the definition of the indicator is the same (in line with the information provided in the Validation sheet in the Scorecard Excel file).
3. If it is indicated that there is insufficient data, please double check that this is the case.
4. Note that the figures on the scorecard have been rounded.
5. Keep in mind that manual changes might have been made to the scorecard data based on feedback from the country validation of the previous year. The new data is marked in red and has a comment attached in the Validation sheet in the Scorecard Excel file.

Closing specific important data gaps

- ***Key population coverage indicators:*** Many countries do not report on the GAM indicators related to coverage of key populations with HIV prevention interventions (% of sex workers / men who have sex with men / people who inject drugs who received at least two HIV prevention interventions in the past three months). We therefore also checked the performance framework completed for Global Fund funding requests for this data. We urge countries to look at the data that they currently have on the number of key populations that are reached with HIV prevention interventions (to make sure that the data is deduplicated to avoid double counting of contacts with programmes) and relate these to the populations size estimates for the respective populations; Does this lead to a plausible

estimate of coverage? For men who have sex with men, the denominator should be men who have sex with men at higher risk for acquiring HIV infection due to having non-regular partners and/or multiple partners.

- **Coverage of HIV prevention programmes for adolescent girls and young women:** The scorecard includes an indicator on administrative areas (districts or equivalent) with high HIV incidence, which have dedicated HIV prevention programmes for adolescent girls, young women and their male partners. This was pre-populated based on globally available information from the NAOMI model and other models providing sub-national HIV incidence estimates as well as programme coverage information from PEFPAR, the Global Fund and other partners. Please review this information and provide feedback as needed.
- ***Condom data:*** Include the total number of condoms distributed and sold per year including public sector, social marketing, and private sector. Data reported in NCPI often appears incomplete, although this data forms the basis of understanding the national condom program and market.
- ***PrEP:*** Any new data available for the following indicators
    - Regulatory approval for PrEP in place? (to use antiretrovirals like TDF/FTC for prevention purposes)
    - PrEP guidelines in place?
    - Number of people active on PrEP

Note that the Validation sheet includes data on additional indicators that are not used for scoring. It is optional for a country to also validate this data. Note that information on the sources of these indicators, as well as more in-depth information on the calculation of the scores and some of the tools /methods used to calculate certain indicators (e.g. condom needs estimation tool, % of priority districts with dedicated programs for AGYW & partners, PrEP composite score) can be found in the Background to the Global HIV Prevention Scorecard (Annex 5).

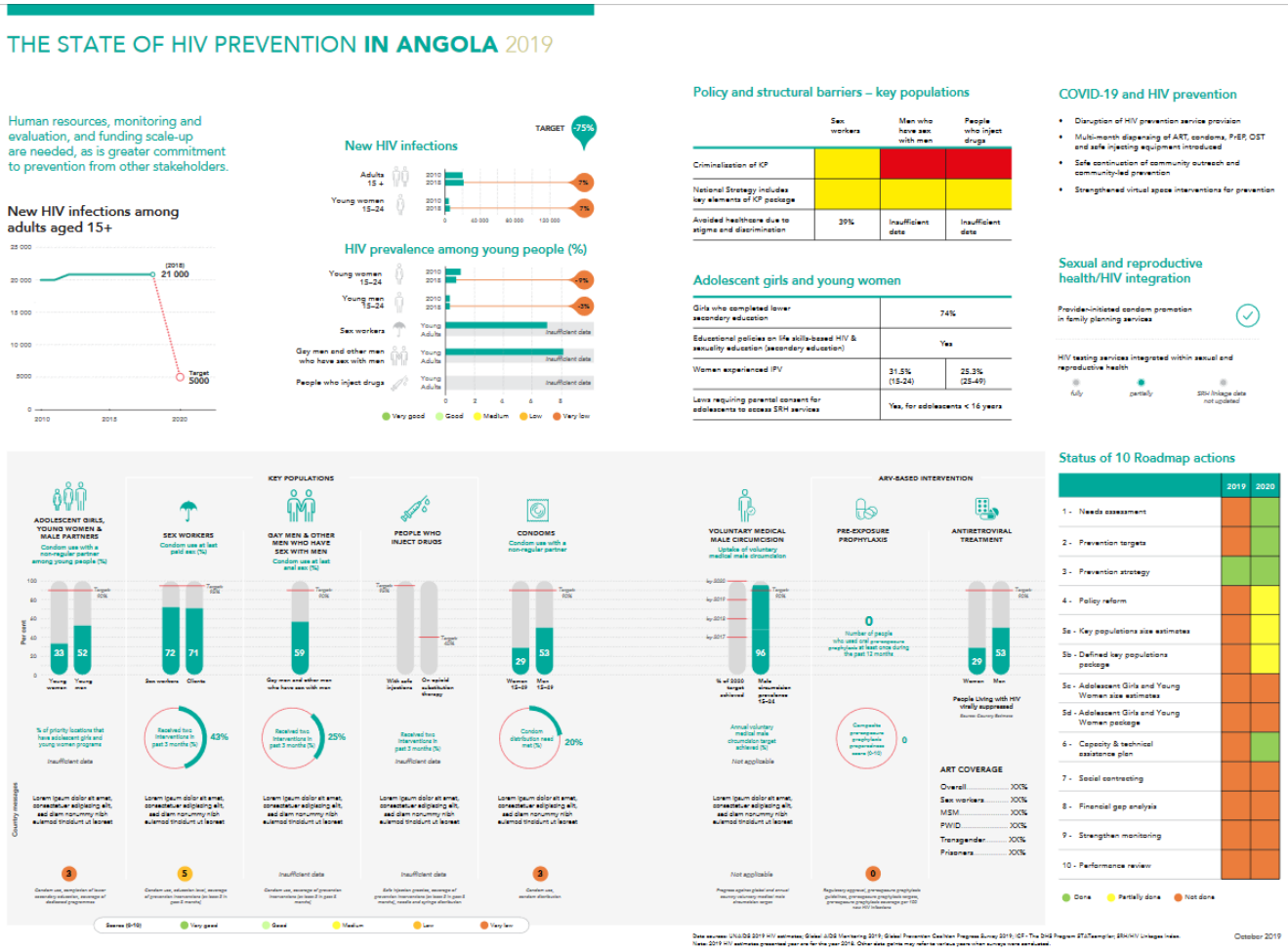
2. Guidance – Finalizing Global HIV Prevention Coalition country poster

To effectively present and visualise the country state of prevention, a poster format was adopted by the Directors of National AIDS Commissions (NACs) from GPC countries during their 2nd peer review meeting held on 7-8 May 2019 in Nairobi, Kenya. The format was slightly revised in 2019 based on recommendations from the meeting and again in 2020 based on internal discussions (Figure 3).

The country HIV prevention posters provide an overview of country performance in terms of progress in reducing new HIV infections against global HIV prevention 2020 targets; illustrate progress and gaps across the 5 HIV prevention pillars based on data from the scorecard; and summarize the status of the 10 Road Map actions. This year's poster also includes a section on COVID-19.

The data from the scorecard is automatically included in the poster, and short narratives for the trend in new infections and each of the pillars have been developed by the GPC team, but we ask countries to double check that both of these are correct. Changes made based on the validation of the scorecard should be reflected as well as the answers to the survey (so it is the responsibility of the country to complete the survey correctly).

Figure 3. HIV prevention poster template (draft 2020)



3. Guidance –Conducting (virtually) multi-stakeholder consultations on Global HIV Prevention Coalition your country progress

Background

Monitoring progress against targets and establishing accountability for achieving them remains a powerful motivational tool in the global AIDS response. The HIV Prevention 2020 Road Map calls for prevention programmes that are evidence-informed, community-owned and rights-based, with local stakeholders (Governments, civil society organizations and communities) at the centre of the response. The Global HIV Prevention Coalition (GPC) recommends a joint results framework as a basis for monitoring progress with Road Map implementation in country, reviewing performance of national prevention programmes and ensuring accountability for results across all relevant stakeholders at the national and subnational level. Previous GPC progress reports have shown that meaningful engagement of nongovernmental, community structures and other stakeholders in prevention efforts need to be strengthened.

Building on these key principles, the country HIV prevention poster consultation process should be country-led, with communities engaged and provide an accountability platform for all stakeholders. Following the scorecard validation and poster review by the prevention technical working groups, multi-stakeholder consultations are suggested as forums for different stakeholders involved in countries' prevention responses to reflect on the performance of their national HIV prevention programmes and review the prevention poster messages across the five HIV prevention pillars.

Objectives

- Strengthening meaningful engagement of all stakeholders involved in national HIV prevention responses across the five HIV prevention pillars in the review of performance of national HIV prevention programmes and finalisation of key messages & next steps reflected in country posters.
- Ensuring accountability across stakeholders for results in Road Map implementation.

Participants

Depending on the context of the country's local epidemics and the existence of different groups, the following stakeholders could be involved in the dedicated (virtual) consultations or a combined multi-stakeholder consultation. (For set-up and timeline, see Figure 4).

- Key population communities
- Representation of adolescent girls and young women
- Representation of men
- Civil society including people living with HIV, implementers and civil society advocates
- Development partners including the donor community, the United Nations, the private sector and foundations

Methodology

The different consultations should be opened by a standardised presentation ('Setting the stage') to introduce the country poster and discuss what the data means for the in-country response.

Consultations should rely on interactive methods to facilitate dynamic discussions and a joint review of the national HIV prevention programmes to identify progress, bottlenecks and recommendations to accelerate Road Map implementation.

In order to strengthening accountability for Road Map implementation and for future follow-up, a list of participation (name, email contact, affiliation) joining the consultations should be produced (Annex 2), together with a documentation of the main outcomes related to the following aspects (Annex 3).

If useful, individual stakeholder groups can be brought together in one consultation, rather than organising separate meetings.

An illustrative set of guiding questions for different stakeholder groups is provided (Annex 4).

As COVID-19 might limit travel, physical consultations could be replaced by virtual ones.

Annex 1. Reply form validation country Global HIV Prevention Coalition scorecard

Country name: [type country name]

Please indicate (mark with X):

- ☐ No changes required
- ☐ Changes required → complete the table(s) below

Indicator name scorecard (or column number in the validation sheet)	**Current value**	**New value**	**Source (year) new value**

[More rows can be added.]

Other comments:

……
……

Annex 2. List of Participation – Multi-Stakeholder Consultation on Global HIV Prevention Coalition Progress

Country name: [type country name]

Date: [DD/MM/YYYY]

Please indicate stakeholder groups involved in the consultation (mark with X):

- ☒ Key populations
- ☐ Adolescent girls and young women
- ☐ Men and boys
- ☐ Civil society
- ☐ Development partners
- ☐ Other (please specify

_____

→ Complete the table below

Name (first name, surname)	**Title**	**Affiliation**	**Email**

[More rows can be added.]

Annex 3. Template for Documentation of Outcomes – Multi-Stakeholder Consultation on Global HIV Prevention Coalition Progress

Country name: [type country name]

Date: [DD/MM/YYYY]

Please indicate stakeholder groups involved in the consultation (mark with X):

☐ Key populations
☐ Adolescent girls and young women
☐ Men and boys
☐ Civil society
☐ Development partners
☐ Other (please specify _____)

→ Complete the table below

Topic discussed	**Main outcomes**
National HIV Prevention Coalition Forum	
HIV Prevention Technical Working Groups	
Adolescent girls and young women	
Key populations	
Men and HIV prevention forum (settings with high HIV prevalence)	
Civil society prevention forum	
Donors – bilateral and multilateral, private foundations, and business community	

Other comments and/or observations during the consultation(s):

……
……

Annex 4. Guiding questions- Multi-Stakeholder Consultation on Global HIV Prevention Coalition Progress

Oriented along the 10-point action plan of the Road Map, generic guiding questions are provided below to guide country reflections on prevention progress, bottlenecks, and recommendations for further refining the country posters and implementing concrete actions.

National HIV Prevention Coalition Forum

1. Based on the poster presentation on overall progress, pillar specific gaps and the 10 action points as shown on the country posters, what are the key recommendations by the national prevention coalition to accelerate progress?

2. The national HIV prevention coalitions were set up as mechanisms to maintain a sense of purpose and urgency around prevention and to strengthen accountability as part of monitoring progress towards targets and commitments, what are some of the achievements and lessons learnt? What have been concrete examples on country level in this regard?

3. How can the national HIV prevention coalition mechanisms reinforce participatory approaches in programme design, implementation and assessing progress for HIV prevention and seize opportunities re-vitalize primary HIV prevention as a public good?

4. Accountability for results is one of the key areas of focus for national HIV prevention coalitions. What are some of the issues that hinder and/or promote regular review of progress against key targets?

5. What support is needed to strengthen HIV prevention management, capacity and systems. What are the implications for the National AIDS Commissions and other stakeholders involved in the national HIV prevention response?

HIV Prevention Technical Working Groups

1. Based on the poster presentation, to what extent does the overall progress or lack of it as presented on the poster trigger specific actions (pillar specific) to accelerate actions to achieve the HIV prevention 2020 targets?

2. Global HIV Prevention Coalition Member States committed to address four main reasons for insufficient progress with HIV prevention: gaps in political leadership, gaps in HIV prevention financing, policy gaps and lack of systematic programme implementation at scale. What are some of the pillar-specific effective solutions to bridge these gaps? What has since been put in place? What can be done better?

3. What support is needed to strengthen HIV prevention management, capacity and systems. What are the implications for the National AIDS Commissions and other stakeholders involved in the national HIV prevention response?

4. What are some of the evidence-based innovations and new technologies that remain under-utilized to accelerate achievement of pillar specific targets?

5. Coordination and monitoring of HIV prevention programmes is critical, what are some of the best practices, gaps, and solutions?

Adolescent girls and young women

1. The country HIV prevention poster shows progress in HIV prevention, or lack of it. What do young people do, to better hold governments and other stakeholders accountable? What is the current state of engaging young people in the national prevention response?

2. One of the desired outcomes of the HIV Prevention 2020 Roadmap is to bring to scale (at least 90% coverage for adolescent girls and young women. Based on (country specific coverage on the poster) who and where are the adolescents and young people being left behind without access to HIV prevention package of services?

3. The country HIV prevention poster highlights financial, policy, human rights, and legal barriers that should be prioritized to positively impact on access to HIV prevention services for adolescent girls and young women. What actions should the young people take to catalyze change in these areas?

4. One of the key principles of the HIV Prevention 2020 Road Map is to engage communities in design, implementation, and monitoring of progress. What are some of the gaps in meaningfully engaging adolescent girls and young women in HIV prevention and how can they be bridged?

Key populations

1. The country HIV prevention poster shows progress in HIV prevention, or lack of it? What do key population communities do, to better hold governments and other stake holders accountable? What is the current state of engaging key population communities in the national prevention response?

2. One of the desired outcomes of the HIV Prevention 2020 Roadmap is to bring to scale (at least 90% programme coverage for key populations). Based on (country specific coverage on the poster) who and where are the key populations being left behind without access to HIV prevention package of services?

3. Strong and bold political leadership and plans are required at all levels to address sensitive issues and defend progressive public health, social policies, laws and ambitious prevention targets for key populations. What are some of the gaps and opportunities that remain untapped for key population prevention programmes?

4. One of the key principles of the GPC is to engage communities in design, implementation and monitoring of progress. What are some of the gaps in the engagement of key population communities and how can these gaps be addressed?

Men and HIV prevention forum (settings with high HIV prevalence)

1. The country HIV prevention poster shows progress in reducing new HIV infections, or lack of it? What are some of the areas that can benefit from reinforced male engagement in HIV prevention?

2. Engaging men as clients, partners and agents of change in high HIV prevalence setting for prevention and treatment remain sub-optimal. What are some of the strategies that remain untapped?

3. Progress or lack of it? Reducing new HIV infections among adolescent girls and young women is impacted by the sub-optimal engagement of their male sexual partners, How can prevention programmes be re-designed to achieve a more pro-active role of men and boys in bringing positive change on social enablers such as reduction of gender-based violence, stigma and discrimination and teenage pregnancies?

Civil society prevention forum

1. The country HIV prevention poster shows progress in reducing new HIV infections, or lack of it? Does the poster reflect realities on the ground? What has been the critical role of civil society?

2. What opportunities remain untapped for a renewed HIV prevention activism on addressing policy and legal factors holding back progress in HIV prevention and addressing defunding of effective community driven programmes?

3. One of the commitments of the GPC Member States is to provide mechanisms for social contracting for HIV prevention. What are some of the strategic actions that civil society can undertake to demand for the fulfilment of this commitment? What is the current role of civil society in social contracting mechanisms in place in the country (if any)?

4. . What are some of the unfulfilled promises on integration of HIV and sexual and reproductive health rights? What can civil society do better in holding governments and other stakeholders accountable?

Donors- bilateral and multilateral, private foundations and business community

1. The country HIV prevention poster shows progress in reducing new HIV infections, or lack of it? What are some of the achievements on HIV prevention and what are the missed opportunities by the international community to drastically bring down the numbers of new infections?

2. The global and country commitments to reduce new HIV infections are being championed amidst shrinking fiscal spaces. What are some of the solutions that will accelerate achievement of the ambitious prevention targets (in line with the Road Map 10-point action plan)? What specific roles can the donor and/or business community play in this regard?

3. The Global Fund recently made a commitment to contribute to the drastic reduction of new HIV infections among adolescents and young people in the 13 worst hit countries in Africa. What are some of the catalytic actions other donors can take to support this commitment?

4. Community engagement is critical to achieve HIV prevention targets. How can the donor community address the recent and continuous de-funding of effective community interventions?

5. Strong National AIDS Commissions are critical for country leadership and a coordinated HIV prevention response; How can the donor community contribute to strengthening the capacities of the National AIDS Commissions in HIV prevention?

6. The HIV Prevention 2020 Road Map recommended a joint results-based framework to serves as the basis for monitoring implementation progress and ensuring accountability for results at the national and subnational level. What are some of the areas the donor community can invest in to strengthen specific and mutual accountability?

Annex 5. Background to the Global HIV Prevention Scorecard

Introduction

In 2017, a global coalition of United Nations Member States, donors, civil society organizations and implementers was established to support global efforts to accelerate HIV prevention. Original membership included the 25 highest HIV burden countries, UNAIDS Cosponsors, donors, and civil society and private sector organizations. The overarching goal of the Global HIV Prevention Coalition is to strengthen and sustain political commitment for primary prevention by setting a common agenda among key policymakers, funders, and programme implementers.

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 towards fewer than 500 000 infections by 2020, and to ending the AIDS epidemic by 2030.

The performance of HIV prevention responses is often not easy to understand for policy makers and even implementers may find it hard to compare the performance of programs in their own country to what other countries have achieved.

The coalition aspires to maintain a global accountability process with prevention scorecards, assessing the status and tracking progress on HIV prevention in the priority Fast-Track countries.

The scorecard seeks to:

- Summarize existing data on prevention progress (and is not a new reporting tool);
- Provide an orientation and be an entry point for comparison (not ignoring differences in context);
- Stimulate learning from high-performing programmes (without passing final judgements);

- Encourage digging deeper into issues of supply, demand, structures, and data at the sub-national level.

The choice of indicators included in the scoring was both informed by what is most important to measure and what is realistically available in most countries, preferably through the Global AIDS Monitoring (GAM). Other frequently used data sources are Demographic Health Surveys (DHS) or other surveys (e.g. Aids Indicator Survey, Multiple Indicator Cluster Survey, Integrated Bio-Behavioural Survey, mapping, and population size estimate studies) and program data. The country scorecards go through a validation process with the countries (discussed later) and this can result in other data sources being used.

Note that the aggregate scores provided on the scorecard are only indicative; it is important to drill down to the source indicators. Furthermore, it is important to understand social, cultural, and other structural factors when interpreting the scores.

The scorecards are continuously under development: in some areas, currently available indicators are used as proxy indicators, while additional information is being collected for future updates of the scorecard; the scoring approach is further improved; estimations are developed (e.g. estimated pre-exposure prophylaxis (PrEP) need); new coalition countries are added. Furthermore, possibilities for sub-national level scorecards and enabling other countries / regions to create scorecards are looked at.

Different scorecards

1. Big picture

In the big picture overview overall (composite) scores are presented for each of the priority countries for the five pillars:

1. Adolescent girls and young women (AGYW) & male partners
2. Key populations – separate scores for sex workers, men who have sex with men, people who inject drugs)
3. Condoms
4. Voluntary medical male circumcision (VMMC) (13 priority countries only)
5. ARV-based prevention – PrEP

Each of the overall scores are based on a combination of two dimensions:

- outcome (utilization/behaviour at population-level)
- programmatic coverage (people covered by programs)

In the big picture - as well as the country scorecards - graphs are included displaying the number of new infections (in thousands) in adults over time (source: UNAIDS estimates), together with the 2020 target. It must be noted that new infection trends and scores reflect different time periods and cannot be directly linked. The first three columns represent countries with a high prevalence of HIV (general epidemic) and the other two columns countries with a concentrated epidemic. Note that for the latter, no data is given for Condoms, VMMC and AGYW.

The target audience for the big picture scorecard are global decision-makers and country policy makers.

2. Coverage

In this scorecard, only the HIV prevention coverage scores are presented (for the most recent year with available data), focusing solely on programmatic coverage scores for the countries in the five pillars, not including outcome:

- Coverage data for AGYW refers to the proportion of sub-national units (districts or other) covered with a comprehensive dedicated service package for AGYW.
- Coverage data for key populations refers to the proportion reached with two interventions in the past three months (based on data from various sources and with various limitations).
- Coverage data for condoms refers to the proportion of the estimated condom need covered.
- Coverage data for VMMC refers to the proportion of the annual global target for the country reached (global 2016-2020 target divided by 5).

The scores for the above-mentioned pillars are equivalent to % of coverage (100%= 10, 50%=5, 10%=1)

The score for PrEP is a composite score for programmatic preparedness and number of people on PrEP relative to HIV epidemic size (number of new infections). (This is further discussed in the Scoring approach).

3. Five priority pillars

There are five thematic summaries including data from the priority countries on the five priority pillars. The target audience for these scorecards are country technical leads/program managers, regional and global technical advisors.

The five thematic scorecards are as follows:

Adolescent girls and young women & male partners

This scorecard includes outcome and output related indicators sourced from DHS, other surveys, GAM, NCPI, partners (UNICEF, Global Fund, PEPFAR) or the country itself (program data). Data are given for high-HIV prevalence settings in Africa. A scoring scale with colours attached to it is used to determine if the country is doing very good, good, medium, low or very low on the respective indicator (or if there is insufficient data or the indicator is not applicable).

To calculate the % of priority districts (administrative areas) with dedicated programs for young women & male partners (full package) the following was done: It was determined how many sub-national areas had a high (≤0.3, <1 per 100 person-years), very high (≤1, <2) or extremely high (≤2) HIV incidence. Then it was determined how many sub-national areas were covered with a full package. This was defined as areas covered by DREAMS(-Like) and/or Global Fund programmes.

	Indicator	Source
Outcome	Condom use with non-regular partners (young women, 15-24)	DHS, other surveys
	Condom use with non-regular partners (young men, 15-24)	DHS, other surveys
	% who had multiple sexual partners (sexually active young women 15-24)	DHS, other surveys
	% who had multiple sexual partners (men 15-49)	DHS, other surveys
	% of ever-married or partnered women 15-19 and 15–49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	DHS, other surveys
	% of adolescent girls who completed lower secondary education	UNICEF or national data
	Knows a formal source for condoms (young women 15-24)	DHS, other surveys
	Knows a formal source for condoms (young men 15-24)	DHS, other surveys
Output	% of priority districts (administrative areas) with dedicated programs for young women & male partners (full package)	Global Fund and PEPFAR (DREAMS) records (coverage) and UNAIDS HIV estimates

	% of adolescent girls and young women in high-HIV incidence communities reached with two interventions in the past three months	Program records
	Educational policies on HIV & sexuality education (secondary school)	NCPI
	Laws requiring parental consent for adolescents to access SRH services	NCPI
	Provider-initiated condom promotion integrated into SRH services	NCPI
	HIV testing services integrated with SRH services	NCPI

Key populations

This scorecard includes outcome and output related indicators sourced from DHS, other surveys, GAM, NCPI and triangulated data. A scoring scale with colours attached to it is used to determine if the country is doing very good, good, medium, low or very low on the respective indicator (or if there is insufficient data or the indicator is not applicable).

To obtain the best estimate for key population combination prevention coverage the following data was triangulated in 2020: data reported in the GAM (3.7A/B/C/D % of all key population people who received at least two HIV prevention interventions in the past three months), data reported in the Global Fund application 2020 or COP 2020, data included in the country target table (established at the start of the coalition, including baseline (2016) values and 2020 targets for key prevention indicators), data resulting from a 2017 special analysis (based on coverage data for individual interventions). In general, the data in the GAM was preferred, followed by the data from Global Fund or COP, the target table or from the special analysis. In addition, plausibility considerations on coverage and on adequacy of the population size estimate were also considered. For the population size estimate for key populations GAM data was used, but if not available, data from the Global Fund application 2020 or COP 2020 was used if available.

	Indicator	Source
Impact	HIV prevalence (sex workers, <25 years)	GAM 3.3A
	HIV prevalence (sex workers, all ages)	GAM 3.3 A
	HIV prevalence (men who have sex with men, <25 years)	GAM 3.3B
	HIV prevalence (men who have sex with men, all ages)	GAM 3.3B
	HIV prevalence (people who inject drugs, <25 years)	GAM 3.3C
	HIV prevalence (people who inject drugs, all ages)	GAM 3.3C
	HIV prevalence (transgender people, <25 years)	GAM 3.3D
	HIV prevalence (transgender people, all ages)	GAM 3.3D
Outcome	Condom use of sex workers with most recent client (reported by sex workers)	GAM 3.6A
	Condom use at last anal sex among men who have sex with men	GAM 3.6B
	Condom use among transgender people	GAM 3.6D
	Condom use at last paid sex act (reported by men)	DHS, other surveys
	% of PLHIV on ART – sex workers	GAM3.5A
	% of PLHIV on ART – men who have sex with men	GAM3.5B
	% of PLHIV on ART – people who inject drugs	GAM3.5C
	Safe injecting practices (people who inject drugs)	GAM 3.8
	% of opioid users who receive opioid substitution therapy	GAM 3.1
Output	**Sex workers**	
	Population size estimate for female sex workers in 1000s	GAM 3.2A or Triangulated data
	% of all sex workers who received at least two HIV prevention interventions in the past three months	GAM 3.7 A or Triangulated data
	Prevention strategy includes core elements of SW prevention package (All if 7 out of 7 services included; >half if 4-6 services included; <half if 0-3 services included. Services: Community empowerment and capacity-building; Community-based outreach and services; Condom distribution; Clinical services; Legal	Based on NCPI

	support services; Actions to address gender-based violence; Actions to reduce stigma and discrimination in health settings)	
	Criminalization of selling sex (‘"Yes" when Selling and/or buying is Yes or Selling is Yes; "Partial" when Partial criminalization is Yes or Other punitive is Yes; “No” when Not subject to punitive regulations and is not criminalized is Yes.	Based on NCPI
	% of sex workers who avoided health care because of stigma and discrimination	GAM 4.2A
	Men who have sex with men	
	Population size estimate for men who have sex with men in 1000s	GAM 3.2B or Triangulated data
	% of all men who have sex with men who received at least two HIV prevention interventions in the past three months	GAM 3.7B or Triangulated data
	Prevention strategy includes core elements of MSM prevention package (All if 9 out of 9 services included; >half if 5-8 services included; <half if 0-4 services included. Services: Community empowerment and capacity-building; Community-based outreach and services; Condom and condom-compatible lubricant distribution; STI prevention, screening and treatment services; Clinical servicesPsychosocial counselling and/or mental health services; Legal support services; Actions to address homophobic violence; Actions to reduce stigma and discrimination)	Based on NCPI
	Criminalization of same sex relations (“Yes” if Yes with supporting reason; “No” if Laws decriminalized or never existed or no specific legislation)	Based on NCPI
	% of men who have sex with men who avoided health care because of stigma and discrimination	GAM 4.2B
	People who inject drugs	
	Population size estimate for people who inject drugs available	GAM 3.2C or Triangulated data
	% of all people who inject drugs who received at least two HIV prevention interventions in the past three months	GAM 3.7C or Triangulated data
	Prevention strategy includes core elements of PWID harm reduction package (All if 3 out of 3 services included; Some if 1 or 2 services included; None if 0 services included. Services (according to National authorities): Naloxone available through community distribution; Opioid substitution therapy programmes operational; Needle and syringe programmes operational)	Based on NCPI
	Criminalization of drug use/consumption or possession for personal use (Yes if Drug use / consumption / possession for personal use is specific offence or specified as criminal offence or compulsory detention; “Partial” if Allows possession of a certain amount; “No” if No criminal offence	Based on NCPI
	Needles and syringes per person who inject drugs	GAM 3.9
	% of people who inject drugs who avoided health care because of stigma and discrimination	GAM 4.2C
	Transgender people	
	Population size estimate for transgender people	GAM 3.2D
	% of all transgender people who received at least two HIV prevention interventions in the past three months	GAM 3.7D or Triangulated data
	% of transgender people who avoided health care because of stigma and discrimination	GAM 4.2D

Condoms

This scorecard includes outcome and output related indicators sourced from DHS, other surveys, GAM, National Commitments and Policy Instrument (NCPI) or calculated using a tool. Data are given for all countries with a high prevalence of HIV. A scoring scale with colours attached to it is used to determine if

the country is doing very good, good, medium, low or very low on the respective indicator (or if there is insufficient data or the indicator is not applicable).

The total condom need per male is estimated using a UNFPA/UNAIDS condom tool. The tool considers the size of priority populations for condom programming, the average number of sexual acts per year, condom use targets, and condom wastage.

To validate the condom distribution data from the NCPI/GAM reporting, the Condom Tool was also used to determine condom distribution for the countries. The tool allows to identify priority populations for free condom distribution and to project a condom distribution scenario for the 3 pillars of Total Market Approach (free distribution, social marketing sales, for-profit sales).

	Indicator	Source
Outcome	Condom use with non-regular partners (women 15-49)	DHS, other surveys
	Condom use with non-regular partners (men 15-49)	DHS, other surveys
	Knows condom as prevention method (women 15-49)	DHS, other surveys
	Knows condom as prevention method (men 15-49)	DHS, other surveys
	Woman justified to insist on condom use if husband has a sexually transmitted infection (STI) (women 15-49)	DHS, other surveys
	Woman justified to insist on condom use if husband has STI (men 15-49)	DHS, other surveys
Output	Number of condoms distributed/sold (in millions)	NCPI
	Number of condoms distributed/sold per man 15-64	Calculated from NCPI, World Population Prospects
	% of condom distribution need met	Calculated from NCPI, World Population Prospects and Condom needs estimation tool

Voluntary medical male circumcision

This scorecard includes outcome and output related indicators sourced from GAM, DHS and other surveys. Data are given for all countries with a high prevalence of HIV. A scoring scale with colours attached to it is used to determine if the country is doing very good, good, medium, low or very low on the respective indicator (or if there is insufficient data or the indicator is not applicable).

	Indicator	Source
Outcome	National male circumcision (MC) prevalence (15-24)	DHS, other surveys
	National MC prevalence (15-49)	GAM 3.16
	% of cumulative (2016-current) global VMMC target achieved (2016-20 target) by country	GAM 3.17, targets derived from global fast-track model (Stover et al)
Output	% of annual (current year) VMMC target achieved	GAM 3.17, targets derived from global fast-track model (Stover et al)
	Number of VMMCs performed per year (in thousands) – current year	GAM 3.17
	Number of VMMCs performed per year (in thousands) – previous year	GAM 3.17
	% Change in number of VMMCs performed between current and previous year	Calculation

The VMMC Fast Track targets were set for the period 2016-2020 with an age focus of the 10-29-year-old. To calculate the % of cumulative (2016-current year) VMMCs performed towards the global VMMC Fast

Track targets, a 93% (based on granular age disaggregated programme data) proportion of the 2016-current year cumulative VMMCs was applied.

ARV-based prevention

This scorecard includes outcome and output related indicators sourced from GAM, program records or calculated using a tool. Data are given for all countries. A scoring scale with colours attached to it is used to determine if the country is doing very good, good, medium, low or very low on the respective indicator (or if there is insufficient data or the indicator is not applicable).

No data is available yet for the % of national need for PrEP met, as the PrEP needs estimation tool is still under development.

	Indicator	Source
Outcome	% of national need for PrEP met	PrEP needs estimation – under development
	% of all PLHIV diagnosed	GAM 1.1
	% of all PLHIV on antiretroviral treatment (ART)	GAM 1.2
	% of all PLHIV virally suppressed (separate for men and women 15+ years)	GAM 1.4
Output	Regulatory approval in place (0 = no, 1 = = yes)	Program records
	PrEP guidelines in place (0 = no, 1 = in preparation, 2 = yes)	Program records
	Number of people who received PrEP at least once in the past 12 months (previous year)	Program records
	Number of people who received PrEP at least once in the past 12 months (current year)	Program records
	% Change in PrEP coverage between current and previous year	Calculation
	PrEP coverage score	Explained in Scoring approach section
	Composite PrEP score (0-10 points)	Explained in Scoring approach section

4. Countries

Each country has a scorecard showing the values of the included coverage, outcome and impact indicators, as well as a summary of the scores for the five priority pillars whereby separate scores are given for the key population pillars – for sex workers, men who have sex with men, and people who inject drugs. A scoring scale with colours attached to it is used to determine if the country is doing very good, good, medium, low or very low on the respective indicator or score (or if there is insufficient data or the indicator is not applicable).

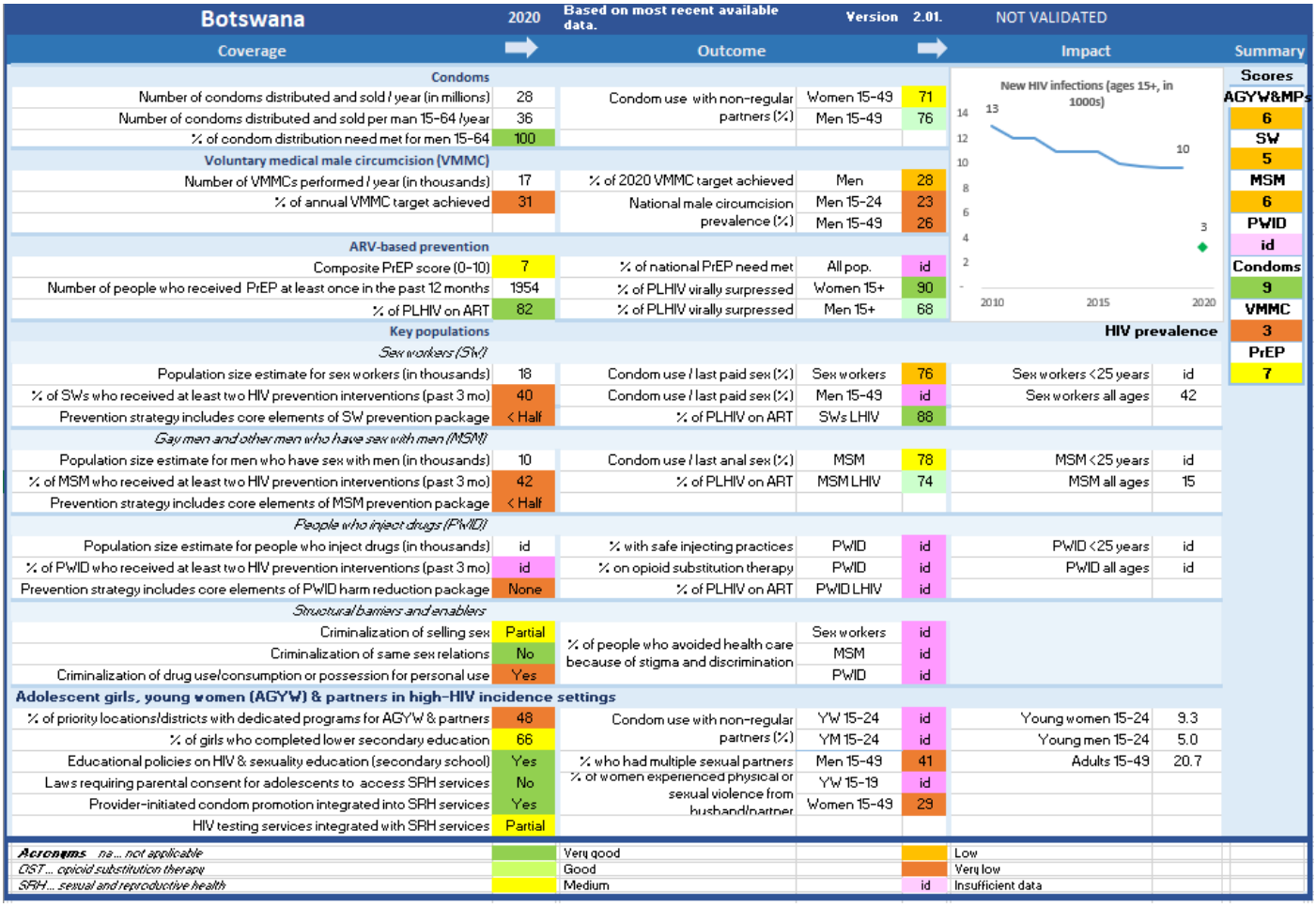
There is one indicator included in the country scorecards that is not included in the pillar scorecards:

Indicator	Source
HIV prevalence young women 15-25, young men 15-24, adults 15-49	UNAIDS HIV estimates

Note that for countries with a high prevalence of HIV (general epidemic) data for all pillars are displayed, while for countries with a concentrated epidemic, no data is given for Condoms, VMMC and AGYW. Examples of the two types of epidemics are given below.

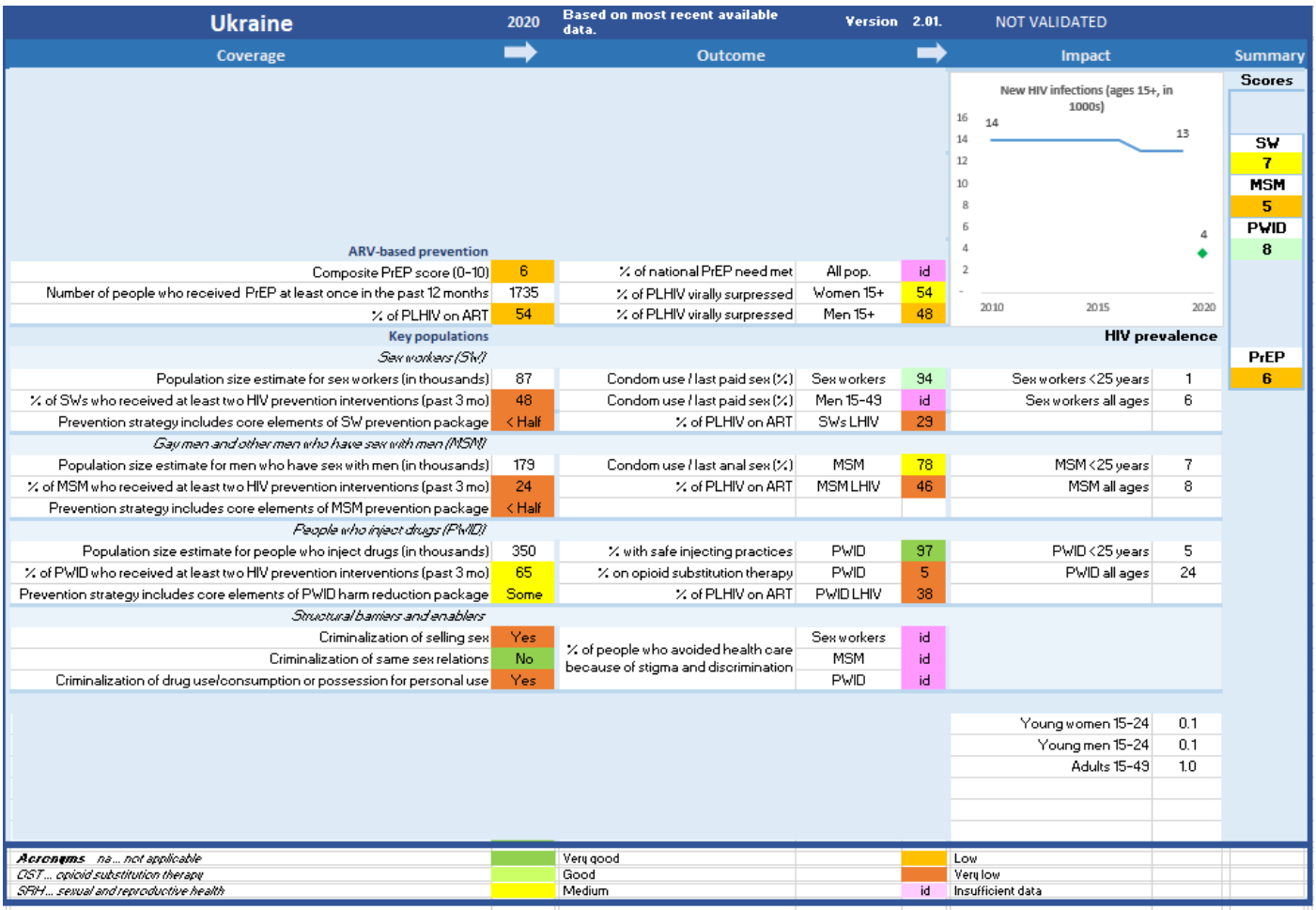
The target audience for the country summaries are country policy makers and country technical leads/program managers.

Example: Country with high HIV prevalence (both among key populations and other populations)



Botswana	2020	Based on most recent available data.	Version 2.01.	NOT VALIDATED					
Coverage		**Outcome**			**Impact**		**Summary**		
Condoms					New HIV infections (ages 15+, in 1000s)		**Scores**		
Number of condoms distributed and sold / year (in millions)	28	Condom use with non-regular partners (%)	Women 15-49	71			AGYW&MPs	6	
Number of condoms distributed and sold per man 15-64 /year	36		Men 15-49	76			SW	5	
% of condom distribution need met for men 15-64	100						MSM	6	
Voluntary medical male circumcision (VMMC)							PWID	id	
Number of VMMCs performed / year (in thousands)	17	% of 2020 VMMC target achieved	Men	28			Condoms	9	
% of annual VMMC target achieved	31	National male circumcision prevalence (%)	Men 15-24	23			VMMC	3	
			Men 15-49	26			PrEP	7	
ARV-based prevention									
Composite PrEP score (0-10)	7	% of national PrEP need met	All pop.	id					
Number of people who received PrEP at least once in the past 12 months	1954	% of PLHIV virally surpressed	Women 15+	90					
% of PLHIV on ART	82	% of PLHIV virally surpressed	Men 15+	68					
Key populations							**HIV prevalence**		
Sex workers (SW)									
Population size estimate for sex workers (in thousands)	18	Condom use / last paid sex (%)	Sex workers	76	Sex workers <25 years	id			
% of SWs who received at least two HIV prevention interventions (past 3 mo)	40	Condom use / last paid sex (%)	Men 15-49	id	Sex workers all ages	42			
Prevention strategy includes core elements of SW prevention package	< Half	% of PLHIV on ART	SWs LHIV	88					
Gay men and other men who have sex with men (MSM)									
Population size estimate for men who have sex with men (in thousands)	10	Condom use / last anal sex (%)	MSM	78	MSM <25 years	id			
% of MSM who received at least two HIV prevention interventions (past 3 mo)	42	% of PLHIV on ART	MSM LHIV	74	MSM all ages	15			
Prevention strategy includes core elements of MSM prevention package	< Half								
People who inject drugs (PWID)									
Population size estimate for people who inject drugs (in thousands)	id	% with safe injecting practices	PWID	id	PWID <25 years	id			
% of PWID who received at least two HIV prevention interventions (past 3 mo)	id	% on opioid substitution therapy	PWID	id	PWID all ages	id			
Prevention strategy includes core elements of PWID harm reduction package	None	% of PLHIV on ART	PWID LHIV	id					
Structural barriers and enablers									
Criminalization of selling sex	Partial	% of people who avoided health care because of stigma and discrimination	Sex workers	id					
Criminalization of same sex relations	No		MSM	id					
Criminalization of drug use/consumption or possession for personal use	Yes		PWID	id					
Adolescent girls, young women (AGYW) & partners in high-HIV incidence settings									
% of priority locations/districts with dedicated programs for AGYW & partners	48	Condom use with non-regular partners (%)	YW 15-24	id	Young women 15-24	9.3			
% of girls who completed lower secondary education	66		YM 15-24	id	Young men 15-24	5.0			
Educational policies on HIV & sexuality education (secondary school)	Yes	% who had multiple sexual partners	Men 15-49	41	Adults 15-49	20.7			
Laws requiring parental consent for adolescents to access SRH services	No	% of women experienced physical or sexual violence from husband/partner	YW 15-19	id					
Provider-initiated condom promotion integrated into SRH services	Yes		Women 15-49	29					
HIV testing services integrated with SRH services	Partial								
Acronyms *na... not applicable*		Very good			Low				
OST... opioid substitution therapy		Good			Very low				
SRH... sexual and reproductive health		Medium		id	Insufficient data				

Example: Country with HIV epidemic primarily affecting key populations



Ukraine	2020	Based on most recent available data.	Version 2.01.	NOT VALIDATED						
Coverage		Outcome			Impact		Summary			
					New HIV infections (ages 15+, in 1000s)		Scores			
ARV-based prevention							SW			
Composite PrEP score (0–10)	6	% of national PrEP need met	All pop.	id			7			
Number of people who received PrEP at least once in the past 12 months	1735	% of PLHIV virally surpressed	Women 15+	54			MSM			
% of PLHIV on ART	54	% of PLHIV virally surpressed	Men 15+	48			5			
Key populations							PWID			
Sex workers (SW)							8			
Population size estimate for sex workers (in thousands)	87	Condom use / last paid sex (%)	Sex workers	94	HIV prevalence					
% of SWs who received at least two HIV prevention interventions (past 3 mo)	48	Condom use / last paid sex (%)	Men 15-49	id	Sex workers <25 years	1				
Prevention strategy includes core elements of SW prevention package	< Half	% of PLHIV on ART	SWs LHIV	29	Sex workers all ages	6				
Gay men and other men who have sex with men (MSM)							PrEP			
Population size estimate for men who have sex with men (in thousands)	179	Condom use / last anal sex (%)	MSM	78	MSM <25 years	7	6			
% of MSM who received at least two HIV prevention interventions (past 3 mo)	24	% of PLHIV on ART	MSM LHIV	46	MSM all ages	8				
Prevention strategy includes core elements of MSM prevention package	< Half									
People who inject drugs (PWID)										
Population size estimate for people who inject drugs (in thousands)	350	% with safe injecting practices	PWID	97	PWID <25 years	5				
% of PWID who received at least two HIV prevention interventions (past 3 mo)	65	% on opioid substitution therapy	PWID	5	PWID all ages	24				
Prevention strategy includes core elements of PWID harm reduction package	Some	% of PLHIV on ART	PWID LHIV	38						
Structural barriers and enablers										
Criminalization of selling sex	Yes	% of people who avoided health care because of stigma and discrimination	Sex workers	id						
Criminalization of same sex relations	No		MSM	id						
Criminalization of drug use/consumption or possession for personal use	Yes		PWID	id						
					Young women 15-24	0.1				
					Young men 15-24	0.1				
					Adults 15-49	1.0				
Acronyms na... not applicable		Very good			Low					
OST... opioid substitution therapy		Good			Very low					
SRH... sexual and reproductive health		Medium		id	Insufficient data					

Scoring approach

Since indicators based on absolute numbers (e.g. number of condoms distributed, number of people on PrEP) cannot be compared across countries, scores will be based on standard definitions of denominators to estimate availability and /or coverage.

All scores are expressed on a continuous scale of 0–10. All outcome and coverage indicators, which go into the score, have a specific weight. If either coverage or outcome information is unavailable, the score will be based on only one dimension.

The specific definition of composite scores in the five priority pillars of prevention is summarized below:

1. Adolescent girls and young women & male partners

The composite score is as follows:

Weight	Level (acronym)	Indicator	Source
25%	Population-level outcome (PO1)	Condom use at last sex with a non-regular partner (young women 15-24)	DHS, other surveys
25%	Population-level outcome (PO2)	% of adolescent girls who completed lower secondary education	UNICEF or national data

		This is collected by UNICEF using the following definition: Lower secondary completion rate among population aged 3-5 years above lower secondary graduation age (Percentage)	
50%	Programmatic coverage (PC)	% of priority districts (administrative areas) with dedicated programs for young women & male partners (full package)	Global Fund and PEPFAR (DREAMS) records and UNAIDS HIV estimates
Scoring/ Formula	General formula: (((PO1+PO2)/2) + PC) /2*10 Example: Outcome (PO1): use DHS data, e.g. 43% of young women reported condom use at last sex with a non-regular partner (score of 4.3) Outcome (PO2): Completion of lower secondary education = 75% (score of 7.5) Coverage (PC): All administrative areas with HIV incidence among young women 15-24 above 0.3 in 100 person years = 15 out of 60 districts = 25% (score of 2.5). *Formula for composite score applied to example:* (((4.3+7.5)/2) + 2.5)/2 = 4.2 = rounded score of 4.		

The coverage score is as follows:

Weight	Level (acronym)	Indicator	Source
100%	Programmatic coverage (PC)	% of priority districts (administrative areas) with dedicated programs for young women & male partners (full package) An exercise has been conducted whereby for each of the areas with a high HIV incidence was covered by interventions for this age group supported by Global Fund and PEPFAR (DREAMS).	Global Fund and PEPFAR (DREAMS) records and UNAIDS HIV estimates
Scoring	Example: Coverage (PC): All administrative areas with HIV incidence among young women 15-24 above 0.3 in 100 person years that are covered (by Global Fund and PEPFAR (DREAMS)) = 15 out of 60 districts = 25%. *Scoring applied in example:* 25% = score of 2.5 = rounded score of 3.		

2. Key populations

Sex workers

The composite score is as follows:

Weight	Level (acronym)	Indicator	Source
25%	Population-level outcome (PO1)	Condom use of sex workers with most recent client (reported by sex workers)	GAM 3.6A
25%	Population-level outcome (PO2)	Condom use at last paid sex act (reported by men)	DHS, other surveys
50%	Programmatic coverage (PC)	% of all SW who received at least two HIV prevention interventions in the past three months	GAM 3.7 A or Triangulated data
Formula	General formula: (((PO1+PO2)/2)+PC)/2*10		

	Due to the high risk of HIV transmission in sex work settings and high HIV incidence being reported even with fairly high self-reported condom use at last sex, the scoring for self-reported condom use by sex workers was adjusted. The scale for scoring basically starts at 50% condom use with a score of 0 (rather than 5, which it would be for other indicators) and 55% condom use represents a score of 1, 95% condom use represents a score of 9 and only condom use of 97.5% and above will be rounded to a full score of 10. Very high condom use reported by sex workers was shown to be achievable. Example: Outcome (PO1): Reported condom use by sex workers at last paid sex in GAM = 90% (score of 8.0) Outcome (PO2): Reported condom use by men who paid for sex in DHS = 72% (score of 7.2) Coverage PC: Option 1. GAM indicator 3.7A on program coverage (reached in last three months with at least two services). If available, use this option as the preferred option. As described in GAM guidance it can be derived from IBBS or program records. Example: if indicator = 40% use that value. Option 2. Countries reported 2016 baseline program coverage in their HIV prevention framework ("target table") for the 2020 Road Map. Option 3. In 2017 a special analysis was conducted to estimate coverage based on a set of indicators. Option 4. In 2018 Global Fund compiled an overview of coverage of key population programming data. This data was preferred if it was recent (2017/18). In all options, plausibility considerations were taken into account, as well as the adequacy of population size estimates. *Formula applied to example:* (((8.0+7.2)/2)+4.0)/2= 5.8 = rounded score of 6

The coverage score is as follows:

Weight	Level (acronym)	Indicator	Source
100%	Programmatic coverage (PC)	% of all SW who received at least two HIV prevention interventions in the past three months	GAM 3.7A or Triangulated data
Scoring	Example: Coverage PC: Option 1. GAM indicator 3.7A on program coverage (reached in last three months with at least two services). If available, use this option as the preferred option. As described in GAM guidance it can be derived from IBBS or program records. Example: if indicator = 40% use that value. Option 2. Countries reported 2016 baseline program coverage in their HIV prevention framework ("target table") for the 2020 Road Map. Option 3. In 2017 a special analysis was conducted to estimate coverage based on a set of indicators. Option 4. In 2018 Global Fund compiled an overview of coverage of key population programming data. This data was preferred if it was recent (2017/18). In all options, plausibility considerations were taken into account, as well as the adequacy of population size estimates. *Scoring applied in example:* 40% = rounded score of 4.		

Men who have sex with men

The composite score is as follows:

Weight	Level (acronym)	Indicator	Source
50%	Population-level outcome (PO)	Condom use at last anal sex	GAM 3.6B
50%	Programmatic coverage (PC)	Percent of men who have sex with men reached by HIV prevention programs	GAM 3.7B or Triangulated data
Formula	General formula: (PO+PC)/2*10 The formula is the same as for sex workers. However, there is an added level of complexity for men who have sex with men, because not all men who have sex with men will require intensive program coverage as a proportion of men who have sex with men will be in stable relationships with concordant HIV status. This sub-group of men who have sex with men would not require intensive program coverage. It is therefore important to understand if the population size estimate includes men who have sex with men at low risk. For calculating coverage this sub-group of men who have sex with men should be removed from the denominator. Example: Outcome (PO): Reported condom use by men who have sex with men at last paid sex in GAM = 70% (score of 7.0); Coverage (PC): Option 1. GAM indicator 3.7B on program coverage (reached in last three months with at least two services). If available, use this option as the preferred option. As described in GAM guidance it can be derived from IBBS or program records. Example: if indicator = 40% use that value Option 2. Countries reported 2016 baseline program coverage in their HIV prevention framework (“target table”) for the 2020 Road Map. Option 3. In 2017 a special analysis was conducted to estimate coverage based on a set of indicators. Option 4. In 2018 Global Fund compiled an overview of coverage of key population programming data. This data was preferred if it was recent (2017/18). In all options, plausibility considerations were taken into account, as well as the adequacy of population size estimates. *Formula for composite score applied in example:* (7.0+4.0)/2= 5.5 = rounded score of 6		

The coverage score is as follows:

Weight	Level (acronym)	Indicator	Source
100%	Programmatic coverage (PC)	% of all MSM who received at least two HIV prevention interventions in the past three months	GAM 3.7B or Triangulated data
Scoring	Example: Coverage PC: Option 1. GAM indicator 3.7B on program coverage (reached in last three months with at least two services). If available, use this option as the preferred option. As described in GAM guidance it can be derived from IBBS or program records. Example: if indicator = 40% use that value. Option 2. Countries reported 2016 baseline program coverage in their HIV prevention framework (“target table”) for the 2020 Road Map. Option 3. In 2017 a special analysis was conducted to estimate coverage based on a set of indicators. Option 4. In 2018 Global Fund compiled an overview of coverage of key population programming data. This data was preferred if it was recent (2017/18). In all options, plausibility considerations were taken into account, as well as the adequacy of population size estimates.		

	Scoring applied in example: 40% = rounded score of 4.

People who inject drugs

The composite score is as follows:

Weight	Level (acronym)	Indicator	Source
50%	Population-level outcome (PO)	Use of safe injecting equipment during last injection	GAM 3.8
25%	Programmatic coverage (PC1)	% of all people who inject drugs who received at least two HIV prevention interventions in the past three months	GAM 3.7C or Triangulated data
25%	Programmatic coverage (PC2)	Number of needles and syringes distributed per PWID (250 = 100%)	GAM 3.9
Formula	General formula: (PO + ((PC1 + PC2)/2))/2*10 Due to the higher infectivity of injecting practices versus sexual practices, high use during last injection may be insufficient. As data on consistent use over longer time periods is not available a standard correction is applied to the reported use at last injection. This is the same adjustment made that is done for condom use reported by sex workers. To express this in a simple way, the gap towards 100% is multiplied by two. This implies the following outcome scores: 100% safe use = 10; 95% safe use = 9; 90% safe use = 8; 85% safe use is 7; 80% safe use is 6; 70% safe use = 4; 60% safe use = 2, 50% safe use or less = 0. This only refers to the outcome score. Example: Outcome (PO): Reported use of safe injecting equipment by people who inject drugs at last paid sex in GAM = 90%, ie gap of 10% towards 100% safe use = score of 8. Coverage PC1: Option 1. GAM indicator 3.7C on program coverage (reached in last three months with at least two services). If available, use this option as the preferred option. As described in GAM guidance it can be derived from IBBS or program records. Example: if indicator = 40% use that value. Option 2. Countries reported 2016 baseline program coverage in their HIV prevention framework ("target table") for the 2020 Road Map. Option 3. In 2017 a special analysis was conducted to estimate coverage based on a set of indicators. Option 4. In 2018 Global Fund compiled an overview of coverage of key population programming data. This data was preferred if it was recent (2017/18). In all options, plausibility considerations were taken into account, as well as the adequacy of population size estimates. Coverage PC2: 1,250,000 needles were distributed; divided by 10,000 PWID = 125 needles per person = 50% of 250 needles (estimated need). *Formula for composite score applied in example:* (8.0 + ((4.0+5.0)/2))/2= 6.25 = rounded score of 6	

The coverage score is as follows:

Weight	Level (acronym)	Indicator	Source
50%	Programmatic coverage (PC1)	% of all people who inject drugs who received at least two HIV prevention interventions in the past three months	GAM 3.7C or Triangulated data
50%	Programmatic coverage (PC2)	Number of needles and syringes distributed per PWID (250 = 100%)	GAM 3.9
Formula	General formula: (PC1 + PC2)/2*10 Example:		

	Coverage PC1: Option 1. GAM indicator 3.7C on program coverage (reached in last three months with at least two services). If available, use this option as the preferred option. As described in GAM guidance it can be derived from IBBS or program records. Example: if indicator = 40% use that value. Option 2. Countries reported 2016 baseline program coverage in their HIV prevention framework ("target table") for the 2020 Road Map. Option 3. In 2017 a special analysis was conducted to estimate coverage based on a set of indicators. Option 4. In 2018 Global Fund compiled an overview of coverage of key population programming data. This data was preferred if it was recent (2017/18). In all options, plausibility considerations were taken into account, as well as the adequacy of population size estimates. Coverage PC2: 1,250,000 needles were distributed; divided by 10,000 PWID = 125 needles per person = 50% of 250 needles (estimated need). *Formula for composite score applied in example:* (4.0+5.0)/2= 4.5 = rounded score of 5

Condoms

The composite score is composed as follows:

Weight	Level (acronym)	Indicator	Source
25%	Population-level outcome (PO1)	Condom use at last sex with a non-regular partner among males 15-49	DHS, other surveys
25%	Population-level outcome (PO2)	Condom use at last sex with a non-regular partner among females 15-49	DHS, other surveys
50%	Programmatic coverage (PC)	Percent of national condom distribution need met (actual number of condoms distributed divided by total estimated condom need as per Condom need estimation tool; the total condom need is calculated taking into account the size of different populations, sexual behaviour and partnership types, sexual frequency).	Calculated from NCPI, World Population Prospects and Condom needs estimation tool
Formula	General formula: (((PO1+PO2)/2)+PC)/2*10 Example: Outcome PO1: Condom use for males is 62% (score of 6.2) Outcome PO2: Condom use for females is 48% (score of 4.8) Coverage PC: Condom distribution need met (PC) = 65% (score of 6.5) *Formula applied in example:* (((6.2+4.8)/2) + 6.5)/2*10= 6.0 = rounded score of 6.		

The coverage score is composed as follows:

Weight	Level (acronym)	Indicator	Source
100%	Programmatic coverage (PC)	Percent of national condom distribution need met (actual number of condoms distributed divided by total estimated condom need as per Condom need estimation tool; the total condom need is calculated taking into account the size of different populations, sexual behaviour and partnership types, sexual frequency).	Calculated from NCPI, World Population Prospects and Condom

			needs estimation tool
Scoring	Example: Condom distribution need met (PC) = 65% *Scoring applied in example:* 65% = score of 6.5 = rounded score of 7.		

Voluntary medical male circumcision (VMMC)

The composite score is composed as follows:

Weight	Level (acronym)	Indicator	Source
50%	Population-level outcome (PO)	% of cumulative global VMMC target achieved by country (2016-20 target)	GAM 3.17, targets derived from global fast-track model (Stover et al)
50%	Programmatic coverage (PC)	% of annual VMMC target achieved (in current year: annual target derived from country 2020 target/5 years)	GAM 3.17, targets derived from global fast-track model (Stover et al)
Formula	General formula: (PO+PC)/2*10 For the current baseline version of the tool, the level of achievement of cumulative 2015 targets (PO 2015) has been used as a basis for the score. Formula: (PO2015*10), i.e. 40% of cumulative 2015 target means a score of 4. For subsequent years the following formula will be used: (PO*5/YI+PC)/2*10 … where YI stands for years of implementation (2016 = 1 year, 2017 = 2 years, … 2020 = 5 years). Example: Outcome PO: VMMC target for 2016-2020 is 1 million. 100 000 achieved in 2016, 170 000 achieved in 2017 and 180,000 in 2018 so 450,000 or 45% of cumulative national VMMC target achieved. Expected progress after 3 out of 5 years (2016-2020) would be 60% of 1 000 0000, i.e. 600,000; hence 450,000 represents only 75% of expected progress (score of 7.5). Coverage PC: VMMC target for 2016-2020 is 1 million; annual target is 200 000. 180 000 achieved in 2018, so 90% of annual VMMC target achieved (score of 9). *Formula applied to example:* (7.5+9)/2 =8.25 = rounded score of 8 The rationale of this formula is to include both annual progress and overall progress towards 2020 targets into the score. Once a country has reached 90% of the 2020 target and/or moved to the VMMC maintenance phase, the country formula will be adjusted accordingly.		

The coverage score is composed as follows:

Weight	Level (acronym)	Indicator	Source
100%	Programmatic coverage (PC)	% of country annual VMMC target achieved (the target is derived from country 2020 target/5 years)	GAM 3.17, targets derived from global fast-track model (Stover et al)
Scoring	Example: PC: VMMC target for 2016-2020 is 1 million; annual target is 200 000. 150 000 achieved in 2017, so 75% of annual VMMC target achieved.		

	Scoring applied to example: 75% = score of 7.5

ARV-based prevention

The composite score is as follows:

Weight	Level (acronym)	Indicator	Source
100%	Programmatic coverage (PC)	**Regulatory approval for PrEP in place?** No = 0 points, Yes = 1 point **PrEP guidelines in place?** No = 0 points, in preparation = 1 point, Yes = 2 points 200 or more people on PrEP per 100 new infections: 7 points 99-199 people on PrEP per 100 new infections: 5 points 29-98 people on PrEP per 100 new infections: 3 points 9-28 people on PrEP per 100 new infections: 2 points Any number of people on PrEP: 1 point No people on PrEP: 0 points	Program records
Formula	General formula: Sum of points Example: Regulatory approval in preparation (1), PrEP guidelines in place (2), 5-9 people on PrEP per 100 new infections (2). Sum of points = 5 = score of 5.		

There is only a composite, not a separate coverage score for ARV-based prevention (so in the Coverage scorecard, the same score is included as in the Big picture).

Processes for updating the scorecards

1. Collecting the data

Once a year (after the new data from the GAM and UNAIDS HIV estimates has become available) the data for the scorecard will be collected at UNAIDS headquarters to update the scorecard. Data from the GAM is downloaded from the AIDSinfo website; data from surveys from the StatCompiler website. This data is then merged into an Excel spreadsheet. Other datasheets are added from other sources / websites e.g. NCPI, UNAIDS HIV estimates. Furthermore, data is sourced from countries directly (e.g. country target tables, UNAIDS survey, other reporting to UNAIDS, program data), from partner organisations (e.g. Global Fund and PEPFAR (DREAMS, COP 2020), UNICEF). For some indicators data is estimated (e.g. condom needs estimation tool, PrEP needs estimation) or triangulated (e.g. key population coverage, population size estimate) to come to a best estimate. If no new data is available, the earlier available data can be (manually) included.

Overview of general data sources for the scorecard indicators:

Sources (all countries) 2020

Based on most recent available data. Version 2.01. NOT VALIDATED

Coverage		Outcome			Impact		Summary
Condoms					New HIV infections (ages 15+, in 1000s)[8]		Scores AGYW&MPs
Number of condoms distributed and sold / year (in millions)[1]		Condom use with non-regular partners (%)[4]	Women 15-49				
Number of condoms distributed and sold per man 15-64 /year[1,2]			Men 15-49				SW
% of condom distribution need met for 15-64[3]							
Voluntary medical male circumcision (VMMC)							MSM
Number of VMMCs performed / year (in thousands)[4]		% of 2020 VMMC target achieved[4,5]	Men				
% of annual VMMC target achieved[4,5]		National male circumcision prevalence (%)	Men 15-24[5]				PWID
			Men 15-49[4]				
ARV-based prevention							Condoms
Composite PrEP score (0-10)[4,7,8]		% of national PrEP need met[3]	All pop.				
Number of people who received PrEP at least once in the past 12 months[7]		% of PLHIV virally surpressed[8]	Women 15+				VMMC
% of PLHIV on ART[8]		% of PLHIV virally surpressed[8]	Men 15+				
Key populations					**HIV prevalence**		PrEP
Sex workers (SW) [9] not validated by country							
Population size estimate for sex workers (in thousands)[4,10,11]		Condom use / last paid sex (%)	Sex workers		Sex workers <25 years	#N/A	
% of SWs who received at least two HIV prevention interventions (past 3 mo)[4,10,11]		Condom use / last paid sex (%)[5]	Men 15-49		Sex workers all ages	#N/A	
Prevention strategy includes core elements of SW prevention package[1]		% of PLHIV on ART	SWs LHIV				
Gay men and other men who have sex with men (MSM) [9] not validated by country							
Population size estimate for men who have sex with men (in thousands)[4,10,11]		Condom use / last anal sex (%)	MSM		MSM <25 years	#N/A	
% MSM who received at least two HIV prevention interventions (past 3 mo)[4,10,11]		% of PLHIV on ART	MSM LHIV		MSM all ages	#N/A	
Prevention strategy includes core elements of MSM prevention package[1]							
People who inject drugs (PWID) [9] not validated by country							
Population size estimate for people who inject drugs (in thousands)[4,10,11]		% with safe injecting practices	PWID		PWID <25 years	#N/A	
% PWID who received at least two HIV prevention interventions (past 3 mo)[4,10,11]		% on opioid substitution therapy	PWID		PWID all ages	#N/A	
Prevention strategy includes core elements of PWID harm reduction package[1]		% of PLHIV on ART	PWID LHIV				
Structural barriers and enablers							
Criminalization of selling sex[1]		% of people who avoided health care because of stigma and discrimination[4]	Sex workers				
Criminalization of same sex relations[1]			MSM				
Criminalization of drug use/consumption or possession for personal use[1]			PWID				
Adolescent girls, young women (AGYW) & partners in high-HIV incidence settings							
% of priority locations/districts with dedicated programs for AGYW & partners[8,12]		Condom use with non-regular partners (%)[5]	YW 15-24		Young women 15-24[8]	#N/A	
% of girls who completed lower secondary education[13]			YM 15-24		Young men 15-24[8]	#N/A	
Educational policies on HIV & sexuality education (secondary school)[1]		% who had multiple sexual partners[5]	Men 15-49		Adults 15-49[8]	#N/A	
Laws requiring parental consent for adolescents to access SRH services[1]		% of women experienced physical or sexual violence from husband/partner[5]	YW 15-19				
Provider-initiated condom promotion integrated into SRH services[1]			Women 15-49				
HIV testing services integrated with SRH services[1]							

Acronyms na... not applicable		Very good		Low
OST... opioid substitution therapy		Good		Very low
SRH... sexual and reproductive health		Medium	id	Insufficient data

Sources (see 'Validation' sheet for any country specific additions)

1. NCPI
2. World Population Prospects: The 2015 Revision
3. Condom needs estimation tool
4. GAM
5. 2020 fast-track target
6. DHS / population-based survey
7. Reporting to UNAIDS
8. UNAIDS 2018 HIV estimates
9. PrEP needs estimation (not yet available)
10. Global Fund
11. COP2020
12. Global Fund and PEPFAR (DREAMS)
13. UNICEF

Note: Based on the validation by countries, other sources might have been used.

2. Internal validation

During the internal validation process at UNAIDS headquarters, the scores on the updated versions of the scorecards are compared with those on the previous version (big picture as well as country scorecards). Large changes in scoring (e.g. going from not applicable to a score, big increase or decrease in a score) are checked against any changes in the data underlying the score (e.g. data has become available for which there was previous no data, more recent data has become available, data that was available has been outdated and is hence not reported anymore). Changes in the scores can occur due to changes in the data, but also due to changes in the scoring itself compared to the earlier version, or a change in the data source for an indicator, or a change in the approach for modelled data (e.g. condom needs). If there is missing data while data was available before, this will be manually checked with the source of the data and possibly older data will be used if recent data is not available.

3. Country validation

When the internal validation process is completed, all country UNAIDS representatives receive an email from UNAIDS headquarters to validate the prevention scorecard for their country. Countries are notified of any general changes made (in the data sources, in the scoring) that should be considered in the interpretation of the data. UNAIDS representatives are requested to review the data in the country scorecard together with the relevant government focal points / prevention technical working groups to see if they agree with the data included. The country receives their respective scorecard, and the actual country data underlying the scorecard.

Feedback is given via a reply form (Annex 1). For example, there might be different key population size estimates available in a country and a consensus process had taken place to use a specific number; recently new survey data have been published; more up-to-date programme data have become available; an older survey might be preferred over a more recent one due to the validity of the methods. All feedback is reviewed at UNAIDS headquarters and often there is a back-and-forth with the country (either via email or phone) to ensure that the best data is included in the scorecard. Of importance is that the alternative data provided by the country is in line with the definition of the indicator used in the scorecard.

Sometimes supporting documents are requested which provide the evidence base for any changes e.g. a PrEP guidance document has been issued, or the results of a new survey have been published. Sometimes specific data is questioned by UNAIDS headquarters e.g. when a coverage figure is much higher or lower compared to that of other, comparable countries.

4. Publication

Once the country scorecards have gone through the validation processes, they are published on the Global HIV Prevention Coalition website, together with the main scorecards (big picture and coverage) and technical summaries (for the five pillars). Each of the scorecards can be downloaded from the website.