

Now more than ever: Success in preventing HIV is possible but requires a new push

Findings from 2022 Global HIV Prevention Coalition Scorecards

A prevention crisis at a time of unique opportunities

Never has the opportunity to prevent HIV been greater than today. There are good examples of national prevention programmes for all key and priority populations. New science on long-acting prevention technology has widened HIV prevention choices and presents new opportunities alongside established, but still not universally available HIV prevention options.

Persistent challenges being addressed by the Global HIV Prevention Coalition (GPC)—include insufficient political leadership in many countries, lack of adequate prevention financing, limited implementation at scale as well as policy and structural barriers.

The United Nations 2021 Political Declaration on HIV and AIDS set the goals

- **to reduce the number of people newly infected with HIV to fewer than 370 000 by 2025 and**
- **to ensure that 95% of the people at risk of HIV infection have access to and use appropriate, prioritised, person-centred and effective combination HIV prevention options.**

This brochure summarises the fifth round of Global HIV Prevention Coalition scorecards based on 2022 reporting of 2021 data. The 2022 scorecard shows progress in reducing new HIV infections in several countries, but also highlights persistent gaps in HIV prevention among key and priority populations.

Key points:

- In 2021, there were **1.5 million new HIV infections, three times more than the 2025 target of fewer than 370 000.**
- **New HIV infections declined by an average of 50% between 2010 and 2021 in 23 Coalition focus countries** that reported to UNAIDS in 2022.
- **The steepest reductions were recorded in sub-Saharan Africa where countries like Zimbabwe, Malawi and Lesotho and Cote d'Ivoire were potentially on track to achieve 2025 targets.**
- Outside the original group of 28 Coalition focus countries, **new HIV infections are rising rapidly in several countries with sizeable HIV epidemics.**
- Countries with substantial declines in new HIV infections have achieved this by **scaling up both HIV treatment and HIV prevention programs**
- There is **limited data on progress in many countries with HIV epidemics concentrated among key populations.**
- **Coverage of programs for key populations and young women remains inadequate** and meets less than half of the need. **Legal and structural barriers to people-centered prevention access persist.**
- **Although the scale up of pre-exposure prophylaxis (PrEP) has increased in pace, there were only 1.5 million users at the end of 2021—far off the estimated global need of more than 10 million people using PrEP by 2025.**
- There are **persistent and in some countries widening gaps in basic prevention** such as condom promotion across different populations, harm reduction for people who inject drugs, and voluntary medical male circumcision for boys and men, which need to be addressed urgently.

Links and further reading:

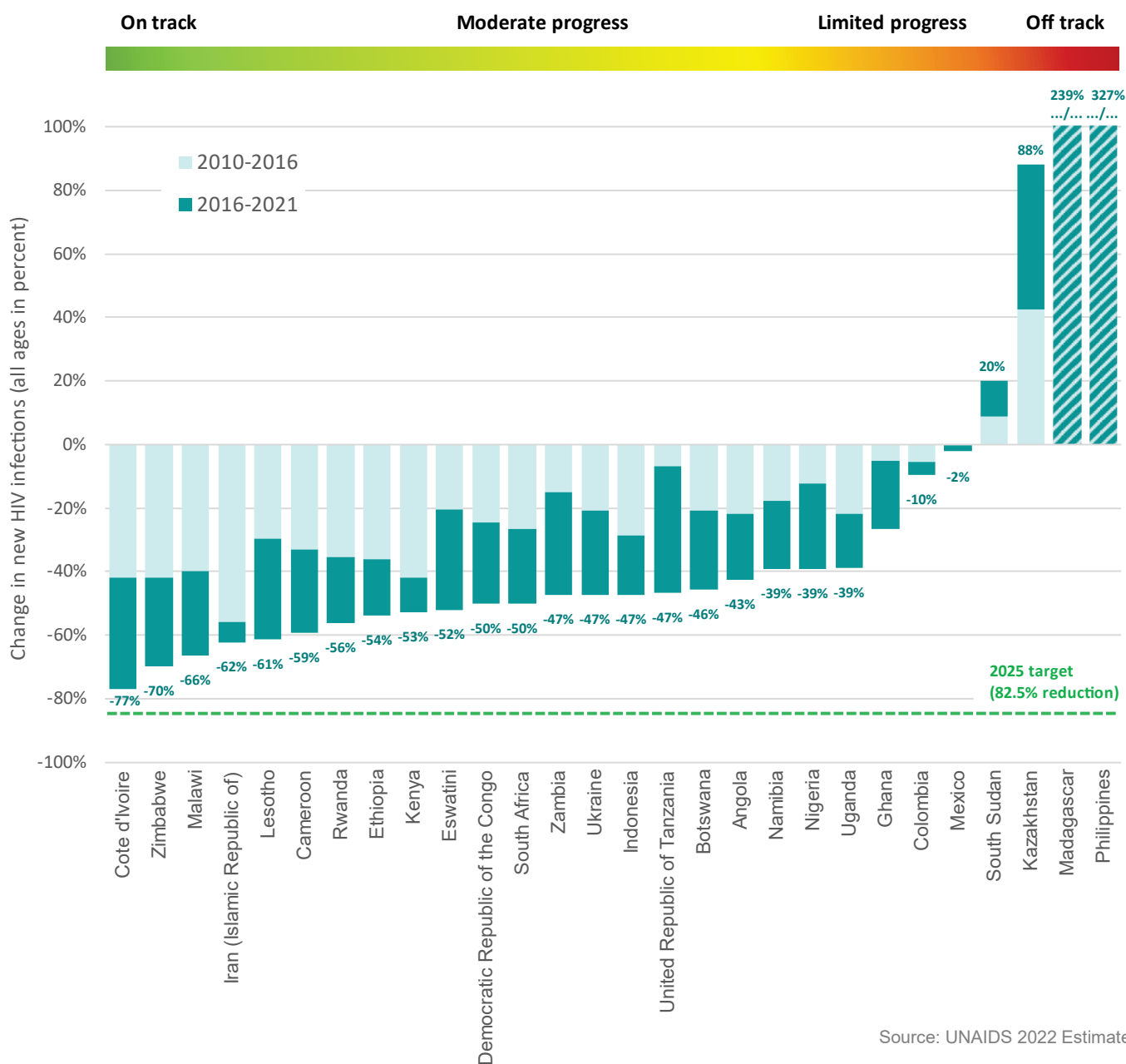
Detailed country scorecards and scorecard guide & methodology:
<https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/>

2025 HIV Prevention Road Map
<https://hivpreventioncoalition.unaids.org/hiv-prevention-2025-road-map/>

Progress in reducing new HIV infections remains uneven

Country progress against the global target for reducing new HIV infections varies greatly (Figure 1). To align with the global target countries should achieve an 82.5% reduction by 2025 compared to 2010.

Figure 1. Change in the number of people acquiring HIV in Coalition focus countries, 2010–2021



Four countries from sub-Saharan Africa (Cote d'Ivoire, Zimbabwe, Malawi and Lesotho) and the Islamic Republic of Iran reported reductions in new HIV infections of more than 61%—the level of progress needed in 2021 in order to achieve the 2025 target. These countries have in common that they saw increased HIV treatment access and good coverage of some key pillars of primary HIV prevention programmes. Twelve additional Coalition focus countries recorded more than 40% reduction in new HIV infections. New infections remain stagnant in Mexico and reporting of previous years suggests a similar situation for other countries with HIV epidemics concentrated among key populations, for which estimated new infections were not reported.

2022 Estimates document rising new HIV infections in several countries. Unless these trends are reversed rapidly, global 2025 and 2030 targets will not be met. This worrying trend calls for accelerating prevention and expanding the Coalition to these countries.

Good examples, but major coverage gaps in all pillars of prevention

Table 1 provides a global overview on the status of prevention programmes.

Table 1: 2022 HIV Prevention Scorecard—summary of progress on selected coverage and outcome indicators in the 28 GPC focus countries

Pillar	Indicator	Benchmark in line with 2025 targets	2021 reporting
Key populations	Sex workers	90%	63%
	Gay men and other men who have sex with men	90%	49%
	People who inject drugs	90%	36%
Young women	Locations with moderate and high HIV incidence with a programme for adolescent girls & young women	90%	41%
	Condom use with non-regular partners among young women 15–24	80% ¹	48%
Boys and men	Annual number of voluntary medical male circumcisions	5 million	2.8 million
Condoms	Condom use with non-regular partners among men aged 15–49	80%	61%
ARV-based prevention	Percentage of all people living with HIV on antiretroviral treatment	90%	72%
	Number of people who used PrEP at least once in 2021	10.6 million	1.5 million

Source: GPC 2022 scorecards. Note: Percentages are for 28 initial GPC focus countries and are only shown for indicators, for which values were available for at least 50% of the initial GPC focus countries. The first four indicators are based on a special analysis for the GPC scorecard. Absolute numbers for VMMC are for 15 VMMC focus countries, whereas numbers for PrEP for all countries globally.

Persistent gaps in HIV prevention programmes with key populations

Data from reports to UNAIDS, the Global Fund and PEPFAR suggests that in GPC focus countries with available data 63% of sex workers, 49% of gay men and other men who have sex with men and 36% of people who inject drugs were reached with HIV prevention services in 2021. The data suggest a moderate increase compared to 2020, but are not strictly comparable over time and likely over-estimate coverage because of limitations in deduplication and indicator definitions.

Condom use at last paid sex was on average 77% among sex workers, condom use at anal sex 69% among men who have sex with men and use of safe injecting practice 78% (n=8) among people who inject drugs—all well below 90/95% targets, even though specific countries demonstrated that the targets are achievable. High stigma in mainstream health service delivery, criminalization of key populations, law enforcement practices and other structural barriers remain major obstacles to service uptake.

Prevention coverage gaps among young women in settings with high HIV

In 19 GPC countries in sub-Saharan Africa, only 41 % of areas with moderate and high HIV incidence are covered with programmes for adolescent girls and young women. In Eswatini, Kenya and Lesotho more than 80% of areas are covered, while in Mozambique, Tanzania and Uganda less than a third of areas are covered. Progress varies substantially between countries. Condom use with non-regular partners among young women averaged at 48% ranging from 20% in Ghana to 84% in Lesotho. HIV transmission continues in a context of gaps in HIV treatment among men, in particular those aged 25–34, and social and gender norms that disempower women in negotiating safe relationships and stigmatize young women's access to services.

¹ Global 2025 targets for condom use vary by level of HIV incidence in a geographical area and by individual risk. They are set at 95% for people at highest risk and 70% and 50% for people at moderate and low risk. Since data presented here is for a population at higher risk (people with non-regular partners) in an entire country, a benchmark of 80% has been included here as a proxy for these targets.

Access to condoms, PrEP, VMMC and harm reduction remains highly uneven



Few countries provided reliable data on condoms distributed in 2021. Only Uganda and Zimbabwe reported meeting more than 80% of the condom distribution need. Within countries inequities in access and use persist. Survey data suggest a reduction in condom use in several countries after 2015 and there is urgent need to halt and reverse this trend.



The number of men undergoing voluntary medical male circumcision (VMMC) was consistently more than 4 million per year from 2017-19, declined by 40% in 2020 and in 2021 remained at 2.8 million with only Ethiopia, Tanzania and Zambia meeting annual targets. VMMC programs require renewed focus in countries to meet 90% targets set out in the Global AIDS Strategy.

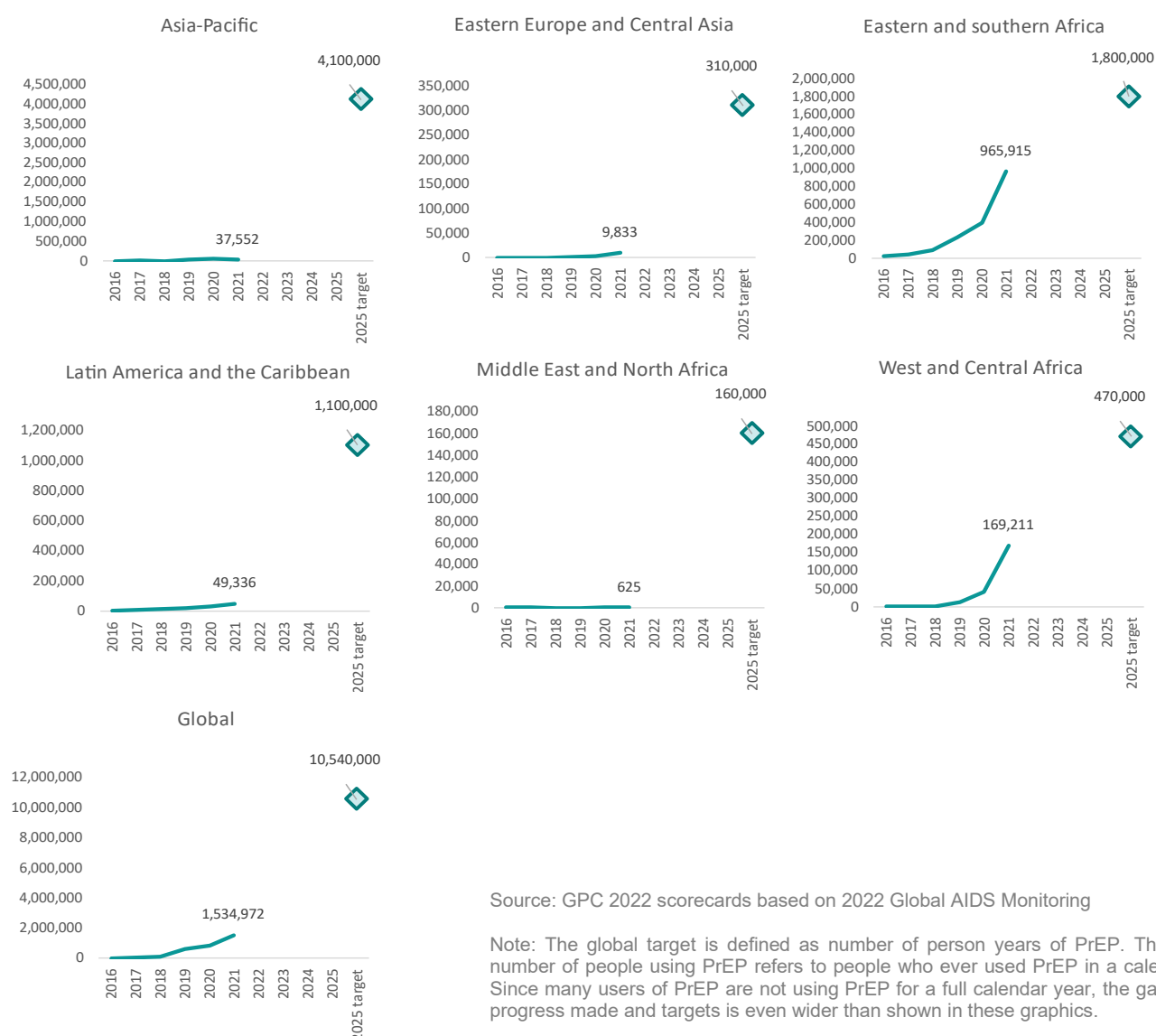


Uptake of PrEP increased in 2021, but the number of 1.5 million users remains very low against the global target of more than 10 million people using PrEP (Fig 2). An average of 72% of people living with HIV were virally suppressed in GPC countries in 2021. In all countries except Mexico the prevalence of unsuppressed HIV was higher among men thereby increasing the probability of HIV transmission to their sexual partners.



Harm reduction services and policies have proven effective in reducing HIV incidence where they are in place, but access remains highly uneven. Use of opioid agonist treatment among people who inject drugs ranges from 1% to 26% in GPC countries against a 50% target. Safe injecting practices range from 36% to 97% in eight GPC focus countries against a target of 90% suggesting targets are achievable with adequate investment.

Figure 2: Progress in scaling up PrEP by region, 2016–2021



Conclusion: A moment for reimagining HIV prevention

The 2021 scorecards highlight both encouraging successes and persistent gaps in national HIV prevention programmes. The reality of success in a number of countries paired with new available technologies creates a unique opportunity for change. Doing justice to this unique opportunity requires bold leadership and renewed investment into HIV prevention to provide effective prevention choices to all who need them.