



KEY FINDINGS
FROM 2021
SCORECARDS
OF THE GLOBAL
HIV PREVENTION
COALITION

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Executive summary

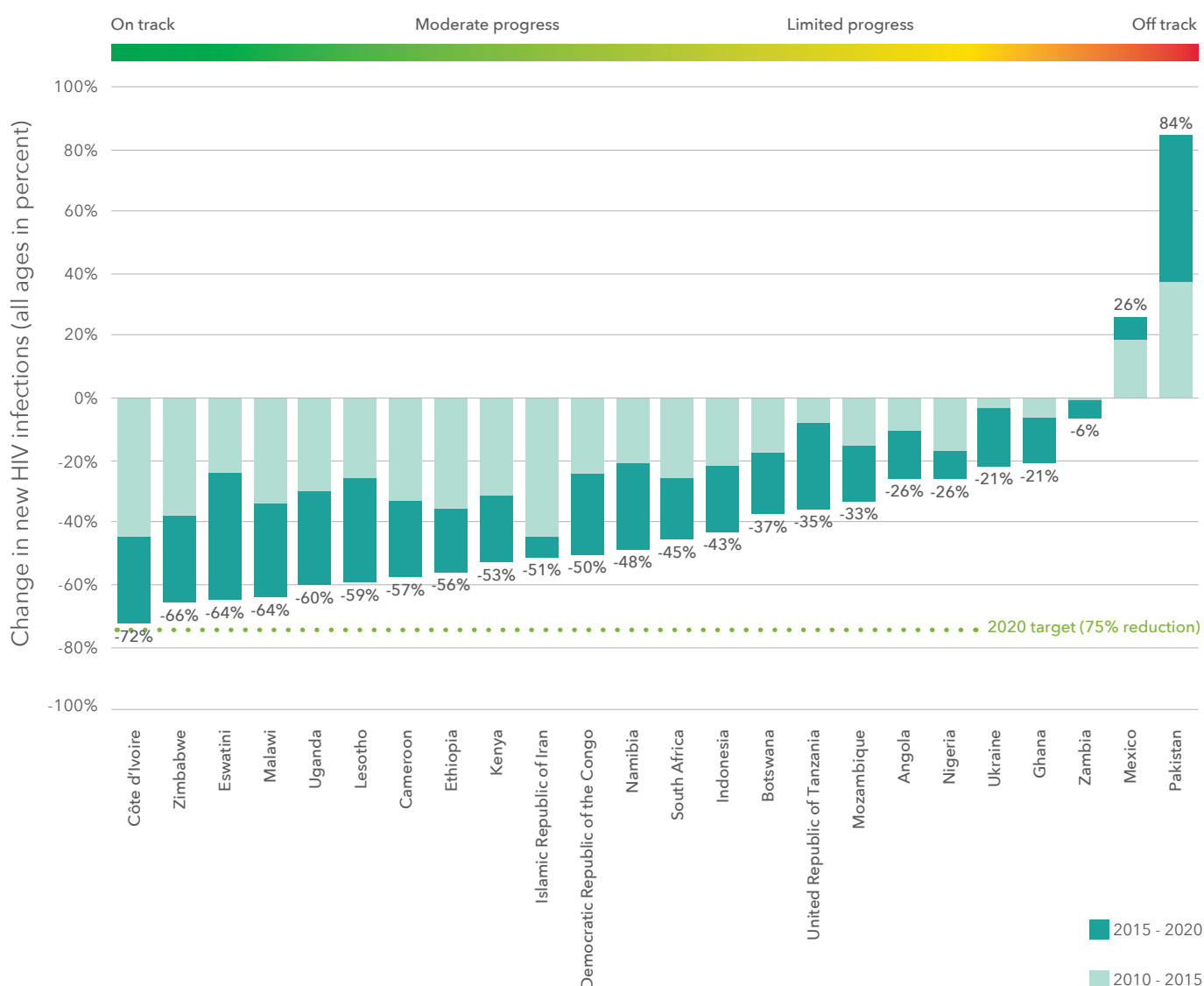
The United Nations 2016 Political Declaration on Ending AIDS codified the commitment of Member States, civil society, multilateral organizations and development partners to end HIV as a public health threat by 2030. Critical to this goal, it set an ambitious global HIV prevention target for 2020: to reduce the annual number of people acquiring HIV infection by 75% relative to 2010 levels. Member States, partners and civil society organizations established the Global HIV Prevention Coalition (GPC) in October 2017 to galvanize national and international commitment to and support for HIV prevention and to improve the strategic focus, management and accountability of national HIV prevention programmes in 28 focus countries that had high burdens and high incidence of HIV to achieve the ambitious global prevention targets. The overarching goal of the GPC is to strengthen and sustain political commitment for primary prevention by setting a common agenda among key policy-makers, funders and programme implementers. The United Nations 2021 Political Declaration on HIV and AIDS renewed this commitment and set the goals to reduce the number of people newly infected with HIV to fewer than 370 000 per year by 2025—an 82.5% reduction compared with 2010—and to ensure that 95% of the people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographical settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options.

This report summarizes the fifth round of GPC reporting. It is written at a time when countries were transitioning from the 2016–2020 to the 2021–2026 Global AIDS Strategy. The report provides a forward-looking perspective on findings as of 2021, as a foundation or benchmark for the accelerated progress that is needed over the next decade. Previous GPC progress reports have detailed the 2020 Road Map—the GPC’s 10-point action plan for strengthening national HIV prevention programmes—and have reported the gains and gaps observed in implementing the Road Map using the GPC’s scorecard method. This report focuses instead on the outcomes of these efforts. The narrative presents the outcomes that are captured in the 2021 scorecards, examining recent achievements in the 28 GPC focus countries, then summarizing country progress by intervention area, leading to five overarching findings. Although the scorecards and findings are of broader interest, the primary audiences for this report are the participants and stakeholders involved in the GPC at the country, regional and global levels.

1. New HIV infections are declining in most countries, but too slowly

As displayed in Figure 1, the number of people newly infected with HIV has declined by more than 50% since 2010 in 10 of 24 focus countries with available estimates. Although no GPC country reached the 2020 target of reducing new infections by 75%, many countries in eastern and southern Africa and western and central Africa made substantial progress towards that goal.

Figure 1. Change in the number of people acquiring HIV in 24 GPC focus countries, 2010 -2020



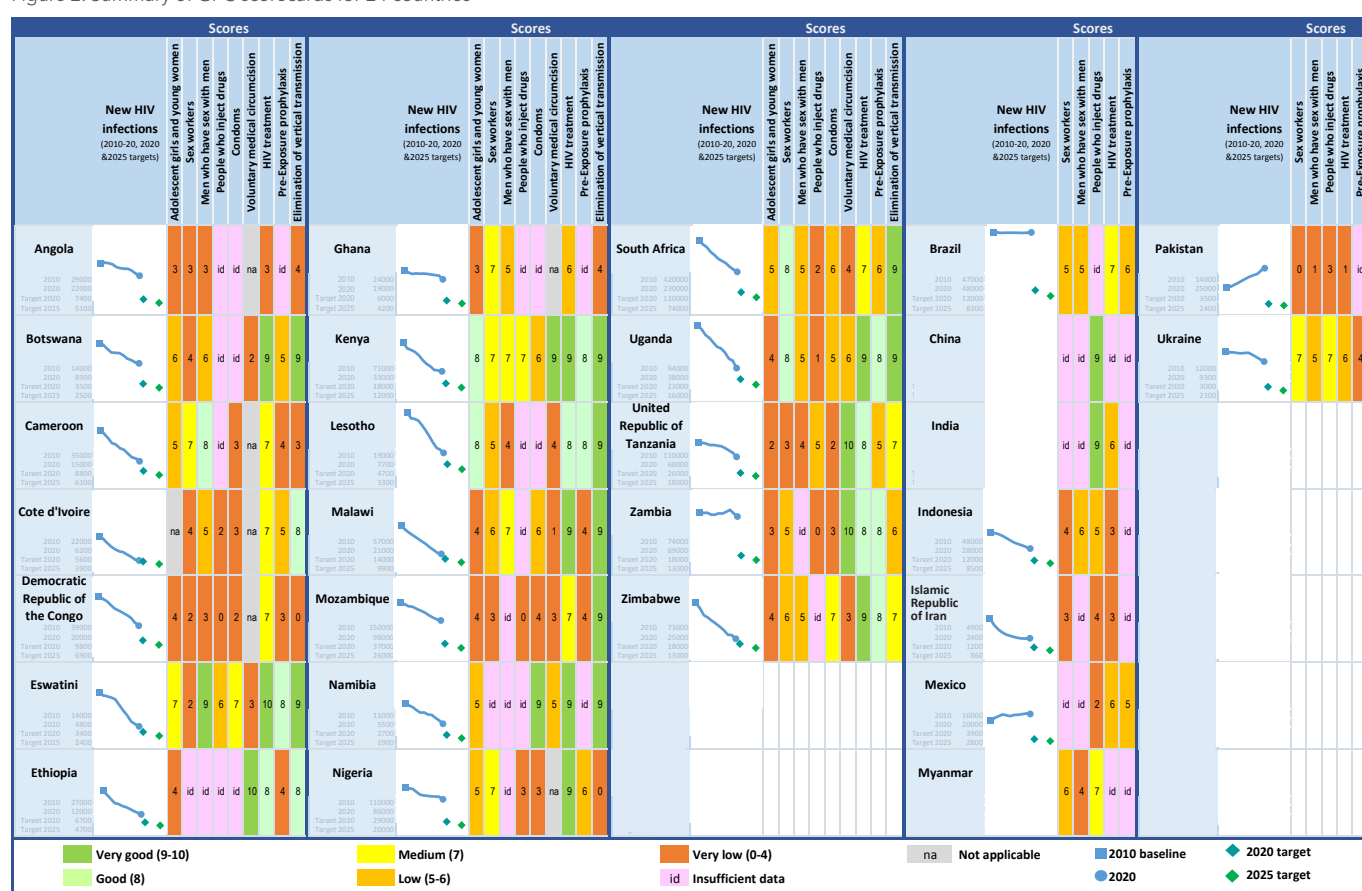
Source: UNAIDS 2021 epidemiological estimates.

The pace of HIV prevention since 2015 has increased in some countries and declined in others. Only one of the four countries with minimal decline is in Africa (Zambia), and the two countries with increased numbers of people newly infected with HIV since 2010 are Mexico and Pakistan.

2. Major gaps persist in programmes and data on HIV prevention among key populations

The dark orange and pink colours in the GPC scorecards (see Figure 2) graphically expose the limitations of HIV prevention efforts among key populations, even in countries that have achieved significant progress in scaling up other aspects of HIV treatment and prevention. Good examples of programmes do exist, and these need to be replicated and disseminated, but the pervasive gaps in reporting on key populations too often represent a lack of programme effort and progress.

Figure 2. Summary of GPC scorecards for 24 countries



Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

3. Prevention among adolescent girls and young women and their male partners shows increasing effort but insufficient coverage

Increasing investment, including through the DREAMS programme and grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, has enabled more than 40% of high-incidence locations in 19 GPC countries in sub-Saharan Africa to implement dedicated combination prevention programmes for these populations, but this scale of programme coverage remains inadequate. Seventeen GPC focus countries have defined subnational areas in which the HIV incidence is high among adolescent girls and young women. Of these 17, only in Kenya and Lesotho are all areas with high-incidence locations covered with recommended combination HIV prevention programmes for adolescent girls and young women and their male partners.

4. Access to prevention tools remains uneven and suffered disruptions

COVID-19 has clearly affected access to prevention tools. For condoms, few countries provided reliable data in 2020, but some did experience reductions of more than 20% in condom distribution compared with 2019. The number of men undergoing voluntary medical male circumcision declined by 40% from 2019 to 2020. The overall uptake of PrEP remained too low in scale to achieve the desired impact but continued to increase even during the COVID-19 pandemic, although 80% of PrEP users are in only six GPC focus countries. Eleven of 26 reporting countries achieved the 2020 target for antiretroviral therapy, with 81% or more of people living with HIV receiving HIV treatment, but in four countries, fewer than 50% of people living with HIV were receiving treatment. Only nine of 17 GPC focus countries with available data met the 2020 target for viral suppression. Among these countries, the viral suppression rates are lower among men than among women, reflecting the expanded coverage of interventions to eliminate mother-to-child transmission of HIV and the need for greater promotion of HIV testing, prevention and treatment services among men and boys.

5. More emphasis and support are needed to improve and consolidate national and implementing partner programme data for analysis at the national level

To reduce the reporting burden on national AIDS commissions and their partners, in 2021 the GPC sought to rely on validated data in the Global AIDS Monitoring system for indicators of the coverage of HIV prevention and treatment services. This resulted in some artificial data gaps in the 2021 GPC scorecards, because implementing partners' data on HIV prevention and treatment programmes with key populations were not necessarily included in Global AIDS Monitoring reporting. The numerous indicators for which "insufficient data" were available results in a fragmented picture of services in 2020. Some of these data gaps have been filled through a GPC desk review of data embedded in reports from the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR). However, regular reporting to national AIDS commissions and the Global AIDS Monitoring on all HIV programme indicators, by all partners, should be routine.

Conclusions

The 2021 scorecards call out both encouraging successes and persistent gaps in the national HIV programmes of GPC focus countries. The successes of these programmes are diverse, but across the board, their weakest links tend to be in delivering and monitoring interventions with and for key populations although the needed strategies, platforms and donor funding sources are increasingly available. Remedying these gaps is a priority for the GPC. Governments and communities should be neither blind to nor blinded by a lack of data regarding critical elements in their HIV prevention programmes.

Limited funding for HIV prevention is partly a function of broader limits in available funding for HIV and for health and social welfare systems that have been battered by the global COVID-19 pandemic. However, these limits also reflect choices made by leaders within and beyond the health system. There has been some progress in addressing societal enablers of effective HIV programming, but greater focus is required to shift the upstream social, economic and political barriers that influence decision-makers to deflect HIV programme effort away from key populations.

Incremental change in countries' HIV prevention programmes—doing more and in more strategically selected places—can be expected to move GPC countries toward their 2025 targets. However, the new Global AIDS Strategy 2021–2026 recommends complementing current programming strategies with a more radical effort to address upstream societal barriers to effective HIV programming through a focus on ending inequalities. Collaborating with affected and neglected communities, including women and girls and key populations, and integrating health sector efforts with those of partners beyond the health sector are increasingly important ways forward. The GPC scorecard method provides a unique and accessible tool in the toolbox of national HIV programmes and their stakeholders as they seek to accomplish these life-saving goals.

Introduction

Background

In October 2017, WHO Member States, United Nations agencies, civil society organizations and philanthropic organizations launched the Global HIV Prevention Coalition (GPC) with the goal of mobilizing countries to re-energize and focus their HIV prevention efforts to meet the ambitious targets laid out in the United Nations 2016 Political Declaration on Ending AIDS (1). The Political Declaration called for a 75% reduction by 2020 in the annual number of people acquiring HIV infection relative to 2010 levels towards ending AIDS as a public health threat by 2030. The central mandate of the GPC is to assist countries in transforming their national HIV prevention strategies and implementation plans to achieve this ambitious goal, focusing on 28 countries that together accounted for 75% of the people newly infected with HIV globally (in 2017).

Co-convened by the UNAIDS Secretariat (UNAIDS) and the United Nations Population Fund, staffed by a small Secretariat and advised by a multistakeholder Global HIV Prevention Working Group, the GPC developed and adopted a 10-point action plan: the HIV Prevention 2020 Road Map (2).¹ The goal of the Road Map was to aid countries in systematically planning, implementing, monitoring, communicating and tailoring more focused, inclusive and effective national HIV prevention efforts, with a focus on five priority pillars of evidence-informed HIV prevention:

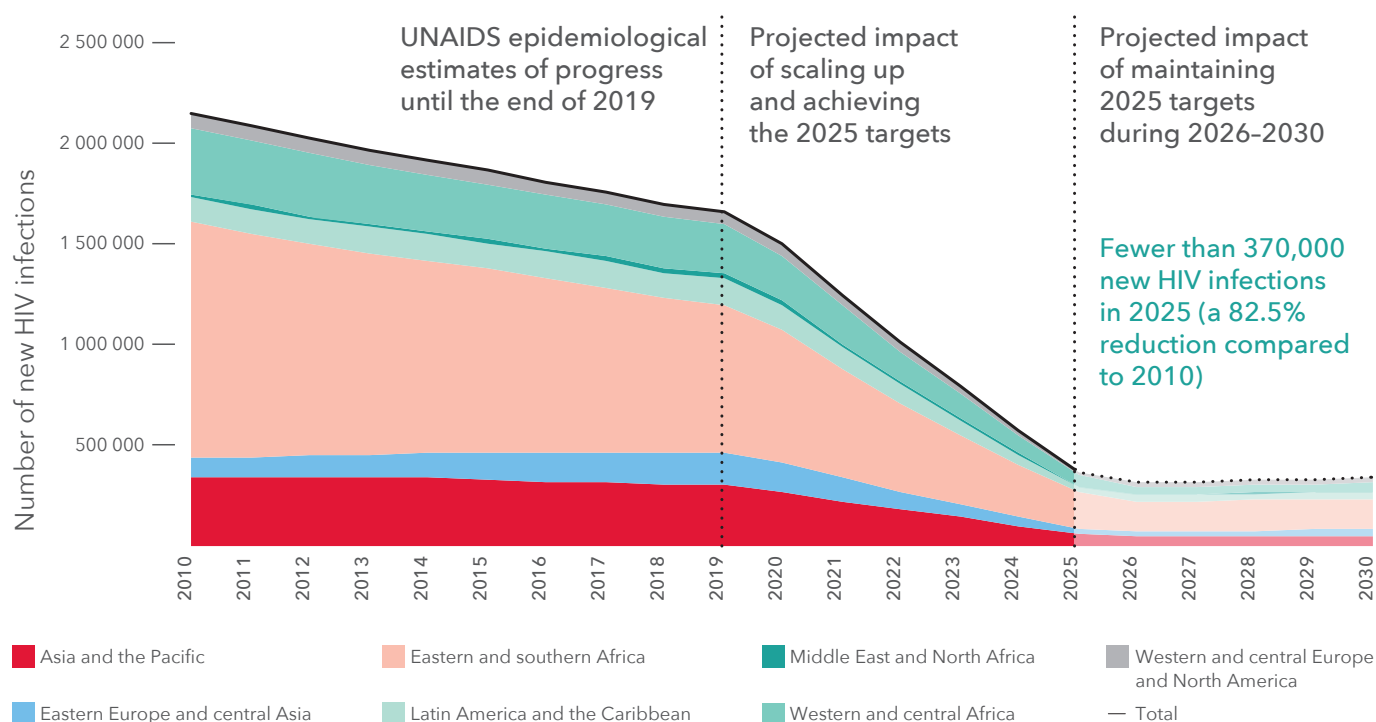
- ▶ Prevention among adolescent girls, young women and their male partners in settings with high HIV incidence.
- ▶ Prevention among key populations, especially sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people and prisoners.
- ▶ Condom programming.
- ▶ Voluntary medical male circumcision.
- ▶ Pre-exposure prophylaxis (PrEP) and other prevention options based on antiretroviral medicine.

¹ The 10 steps in the HIV Prevention 2020 Road Map: (1) assessing HIV prevention needs; (2) developing or revising HIV prevention targets; (3) HIV prevention strategy; (4) legal and policy reform; (5) size estimates and packages for key populations and adolescent girls and young women; (6) capacity development and technical assistance plan; (7) social contracting mechanisms; (8) analysing financial gaps; (9) strengthening programme monitoring; and (10) reviewing programme performance.

At the outset, the GPC acknowledged four main barriers to successful HIV prevention: limited political leadership, policy and structural barriers to accessing HIV prevention services, limited HIV prevention funding and limited implementation at scale. Thus, for each pillar, a multilayered package of recommended interventions was developed to address the biomedical, behavioural and structural changes required to accelerate and improve the response. The GPC countries committed to monitoring and reporting annually on their progress, and the Secretariat has compiled each country's results each year in a country-validated scorecard. National AIDS commission managers and other GPC partners have found the scorecards useful for identifying the strengths and gaps in their programmes and for peer comparison (3).

Although no country has fully met the global target of 75% reduction in the number of people newly infected with HIV by 2020, encouraging progress has been made towards achieving that goal, especially in eastern and southern Africa (Figure 3). In addition, much has been learned that will enable countries to address the main barriers and to accelerate and enhance their ongoing HIV prevention efforts.

Figure 3. Projected number of new HIV infections if 2025 global AIDS targets are achieved (disaggregated by region)



Source: *Prevailing against pandemics by putting people at the centre – World AIDS Day report*. Geneva: UNAIDS; 2020 (<https://www.unaids.org/en/resources/documents/2020/prevailing-against-pandemics>).

In 2020, UNAIDS undertook a broadly consultative review of the status of the HIV response across the world and developed a new Global AIDS Strategy 2021–2026: End Inequalities. End AIDS(4). The UNAIDS Programme Coordinating Board adopted the new strategy in March 2021.

The Political Declaration on HIV and AIDS adopted by Member States at the United Nations General Assembly session in 2021 (5) set new targets:

- ▶ To reduce new HIV infections to fewer than 370 000 by 2025 (equivalent to an 82.5% reduction compared with 2010).
- ▶ To ensure that 95% of people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographical settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options.

The 2021–2026 Strategy (4) defined 2025 targets to enable countries to get on track toward the critical 2030 goal of ending AIDS as a public health threat.

This report summarizes the fifth round of Global Prevention Coalition reporting, carried out while countries are transitioning from the 2016–2020 to the 2021–2026 Global AIDS Strategy. The previous four GPC progress reports (6–9) detailed the 2020 Road Map—the GPC’s 10-point action plan for strengthening national HIV prevention programmes—and have reported the gains and gaps observed in implementing the Road Map using the GPC’s scorecard method (see below). This report focuses instead on the outcomes of these efforts. The narrative presents the outcomes as of 2021, first highlighting recent achievements and gaps in the 28 GPC focus countries and then summarizing progress and gaps in each of the pillar intervention areas. Although the reported findings aim to be of broader interest, the primary audiences for this report are the participants and stakeholders involved in the GPC.²

The GPC scorecard method

Since 2017, GPC focus countries have reported annually on a standardized set of indicators, drawing on national programme and survey data from multiple sources.³ The GPC Secretariat, in turn, has collated the data into visual scorecards for each country to summarize progress in each HIV prevention pillar’s intervention package, in a format that can be examined and compared across the 28 focus countries. Although the programme indicators cannot be directly associated with trends in the numbers of people acquiring HIV, these GPC tools facilitate reflection, debate and forward planning at the national and international levels.

GPC scorecards support programme improvement and accountability

“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... 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.”

Source: (5, Annex 4 page 13)

² Readers who are interested in learning more about the Coalition, or in accessing GPC technical guidance and practical tools, can access these on the GPC website: <https://hivpreventioncoalition.unaids.org>.

³ The 2021 scorecards rely largely on data reported into the Global AIDS Monitoring system, the National Commitments and Policy Instrument, UNAIDS HIV estimates and data from surveys such as the Demographic and Health Survey, the Integrated Bio-behavioral Surveillance Survey, the Multiple Indicator Cluster Survey and others. The indicators and their sources are detailed in a guidance document (10).

The GPC's scorecard method draws on decades of study and investment by national and global partners to develop monitoring and evaluation systems to track, improve and report on national HIV responses (11). This global effort has established a consensus monitoring and evaluation framework and a tiered set of recommended indicators for monitoring and tracking HIV responses, and their results, at the programme, national and global levels. This system, with its standardized, recommended indicators being updated as HIV responses have evolved (12–14), enables countries to improve programme coherence, focus and effectiveness, to compare their results with others and to maintain accountability for the resources invested in their HIV programmes.

The HIV prevention indicators selected for the GPC country scorecards were drawn from this consensus framework. To minimize the data collection and reporting burdens on participating national AIDS programmes, they include output, outcome and impact indicators that are commonly available (10) from UNAIDS estimates and from existing data sources in most GPC countries. Special effort was made in 2021 to limit the indicators to those that were included in the Global AIDS Monitoring system database.

The GPC monitoring framework includes more than 70 indicators of programme outputs and outcomes for the five pillar interventions.⁴ To create the GPC scorecards, composite scores are computed for each country for each of the five prevention pillars and for the elimination of mother-to-child transmission. Each composite score is derived from one or two selected outcome indicators and a coverage indicator, with each standardized and weighted by the GPC secretariat to yield a number from 0 to 10 that represents the level of implementation of that intervention (see Table 1).

The indicators summarized in the country scorecards and posters represent only a fraction of the data used and required to manage national HIV programmes. Nevertheless, the scorecards provide a powerful snapshot of where country programmes stand and where they need to go.

Table 1. Indicators used to compute country scores for the core HIV prevention interventions

Area	Coverage	Outcome
Adolescent girls and young women	Percentage of priority locations (districts or equivalent) with dedicated HIV prevention programmes for adolescent girls and young women and their male partners	- Condom use at last sex with a non-regular partner among young women aged 15–24 years - Percentage of girls who completed lower-secondary education
Key population	Percentage of people in a key population reporting having received a combined set of HIV prevention interventions (two interventions in the past three months)	- Condom use at last paid sex (sex workers) and last anal sex (gay men and other men who have sex with men) - Use of safe injecting equipment during last injection (people who inject drugs)
Condoms	Percentage of estimated condom distribution need that was met	Condom use at last sex with a non-regular partner (among men and women 15–49 years old)
Voluntary medical male circumcision	Percentage of the annual target for voluntary medical male circumcision that was met	Percentage of the cumulative 2016–2020 target for voluntary medical male circumcision that was met
Pre-exposure prophylaxis	- Regulatory approval of PrEP and PrEP guidelines in place - PrEP coverage score (ratio of the number of people on PrEP relative to estimated number of adults newly infected with HIV as a proxy for the population in need)	
Antiretroviral therapy	Percentage of people living with HIV who received antiretroviral therapy	
Elimination of vertical transmission	Percentage of pregnant women living with HIV who received HIV treatment	

Source: prepared by the Global Prevention Coalition Secretariat.

4 These indicators and their data sources, are detailed in guidance provided for GPC partners (10) and are available on the GPC website (15).

Progress in GPC focus countries

The country scorecard summaries compiled in Annex 1 and at the GPC website (15) provide a multisectoral overview of the state of combination HIV prevention in the 28 GPC focus countries. This section outlines the status of HIV prevention efforts for these countries arranged in four groups. Three are countries in sub-Saharan Africa that have mixed HIV epidemics.⁵ These are grouped based on the rate of progress in reducing the number of people acquiring HIV. The fourth is the group of GPC focus countries from other regions, where the HIV epidemic is concentrated among key populations.

For each group, a summary scorecard presents the countries' composite scores on each of the pillar interventions, using stop-light colours to signal very low, low, medium, good and very good ratings or insufficient data. The country-by-country narratives that follow the group scorecard highlight selected achievements and gaps for each country, to elaborate and provide context for the summary scores.

On the right path: countries with substantial reductions in the number of people newly infected with HIV

Nine GPC countries reduced new HIV infections by more than 52.5% between 2010 and 2020. These countries are on course to achieve the global target of reducing the number of people newly infected with HIV by 82.5% in 2025 if they work to maintain this pace of scaling up combination HIV prevention and to close the remaining gaps.

All nine countries made great progress in HIV treatment and in at least one other HIV prevention pillar intervention (Figure 4). They varied in their success with other pillars, but HIV prevention for key populations lags behind, and progress in condom programming varies, with setbacks in some countries. The average score for all nine countries was 6.1 and, except for harm-reduction programmes for people who inject drugs, all areas had an average score of 5 and above.

⁵ To highlight the observation that key populations exist and require HIV services in countries where the predominant mode of HIV transmission is through heterosexual sex, epidemics in these countries are referred to as "mixed" rather than "generalized".

Figure 4. Summary scorecard for GPC focus countries in Africa with substantial progress in reducing new HIV infections



Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

Source: 2021 HIV prevention scorecard (for detailed country data, see data summaries in Annex 1).

Cameroon's HIV prevention programme has done well with services for gay men and other men who have sex with men and "medium" for sex workers, even though both are criminalized, but has major gaps in services for adolescent girls and young women and their male partners, condom programming, PrEP and eliminating the mother-to-child transmission of HIV. Programmatic data indicate very high antiretroviral therapy coverage among key populations (>95% among sex workers and gay men and other men who have sex with men) and high reported condom use among sex workers (96%) and men who paid for sex (83%), even though both sex work and homosexuality are criminalized. The data on antiretroviral therapy coverage may not be representative of all key populations in the country but suggest that good outcomes in specific cohorts have been achieved. Data on prevention coverage for young women and their male partners are unavailable, but in surveys, young women report relatively low levels of condom use and men report moderate levels.

Côte d'Ivoire has accomplished good results in eliminating the mother-to-child transmission of HIV at the national level. Despite early leadership in policy and programming with sex workers in Abidjan and other cities, its HIV prevention programme is currently rated low or very low for all key populations and for condom programming. Although Côte d'Ivoire has had relatively strong programmes for sex workers in recent decades, in 2020 the country reports that only 32% of identified sex workers received two or more HIV prevention services in the past three months. Only 24% of gay men and other men who have sex with men were thus served, but they reported relatively high condom use at last anal sex (83%). Antiretroviral therapy coverage among all people living with HIV increased to 74% but remained below the target of 81% by 2020. Government staff in Côte d'Ivoire actively analyse HIV prevention scorecards annually to identify and address the remaining prevention gaps.

Eswatini reported notable achievements in antiretroviral therapy, PrEP and eliminating the mother-to-child transmission of HIV and also on prevention with gay men and other men who have sex with men. It reported 76% coverage of priority districts with a package of dedicated, combination HIV prevention services for adolescent girls and young women and met 86% of the country's condom needs. In addition, 95% of pregnant women received antiretroviral therapy, and the rate of mother-to-child transmission of HIV has been reduced to 4%. Prevention by providing HIV treatment is rated very good, and 89% of men and 98% of women living with HIV have viral suppression. This means that the 95-95-95 target for 2025 (equivalent to 86% of people living with HIV having suppressed viral loads) has already been surpassed. The country is also making consistent progress in providing PrEP. Gaps remain in voluntary medical male circumcision, with only 39% of the 2020 target having been achieved, and in HIV prevention coverage and outcomes among sex workers and people who inject drugs.

Ethiopia's national programme nearly met the 2020 target for antiretroviral therapy (78%) and fully achieved the national target for voluntary medical male circumcision. Survey data found an impressive level of condom use among sex workers (98%) and their clients (81%), but there are striking gaps in data and programmatic efforts for all three key populations. In addition, 50% of locations with higher HIV incidence have dedicated HIV prevention programmes for adolescent girls and young women. However, reported condom use with non-regular partners remains very low at 22% among young women.

Kenya's national programme has done very well at providing antiretroviral therapy, voluntary medical male circumcision and eliminating the mother-to-child transmission of HIV and almost as well with prevention for adolescent girls and young women and their male partners, with 100% of counties with high HIV incidence

having dedicated prevention programmes for adolescent girls and young women. Programme coverage for people who inject drugs is also good. Service packages for sex workers and people who inject drugs include all recommended elements; sex workers reported condom use at last paid sex to be 92%, and the use of safe injection practices by people who inject drugs is substantial although not universal (88%). The cumulative voluntary medical male circumcision target for 2020 was fully achieved. Kenya has fielded one of the most successful PrEP programmes (52 229 users in 2020), but condom programming is weaker, with only 57% of women and 76% of men reporting condom use with non-regular partners. Policies and laws still criminalize sex work, homosexuality and drug use.

Lesotho also provides dedicated HIV prevention programmes for adolescent girls and young women and their male partners in 100% of its priority districts but is rated low, very low or insufficient data for prevention for key populations. The country achieved 80% viral suppression among people living with HIV and thereby exceeded the 73% target. A total of 76% of women and 77% of men reported condom use with their last non-regular partner. The policy environment is mixed: sex work and drug use are criminalized but not homosexuality and transgender identities. Only 8% of both sex workers and gay men and other men who have sex with men reported avoiding health care due to stigma and discrimination.

Malawi made major achievements in HIV treatment and eliminating the mother-to-child transmission of HIV. It achieved 85% viral suppression among women living with HIV and 79% among men, thereby exceeding the 2020 target of 73%. Among sex workers living with HIV, 91% were reported to be receiving antiretroviral therapy, as were 86% of gay men and other men who have sex with men. However, only 33% of priority districts are providing a dedicated package of HIV prevention services for adolescent girls and young women and their male partners, and only 21% of girls completed secondary school. Coverage of key populations was relatively higher: 68% and 65% of sex workers and gay men and other men who have sex with men were served in 2020. Condom programming met 60% of the condom distribution needs, but Malawi made less progress with voluntary medical male circumcision in 2020 since only 8% of the annual target was achieved in 2020.

Uganda also has excelled in antiretroviral therapy and eliminating the mother-to-child transmission of HIV, and its sex work and PrEP programmes reported good coverage. Ninety-five per cent of pregnant women received antiretroviral therapy, and 88% of women living with HIV and 77% of men had viral suppression in 2020—exceeding their programme target of 73%. There are gaps in programming for young people: a dedicated package of prevention services for adolescent girls and young women was available in only 37% of high-incidence locations. Progress was reported on voluntary medical male circumcision: more than 500 000 were performed in 2020, and 64% of the cumulative target has been reached. However, major gaps are still observed in services for gay men and other men who have sex with men and people who inject drugs, and sex work, homosexuality and drug use remain criminalized.

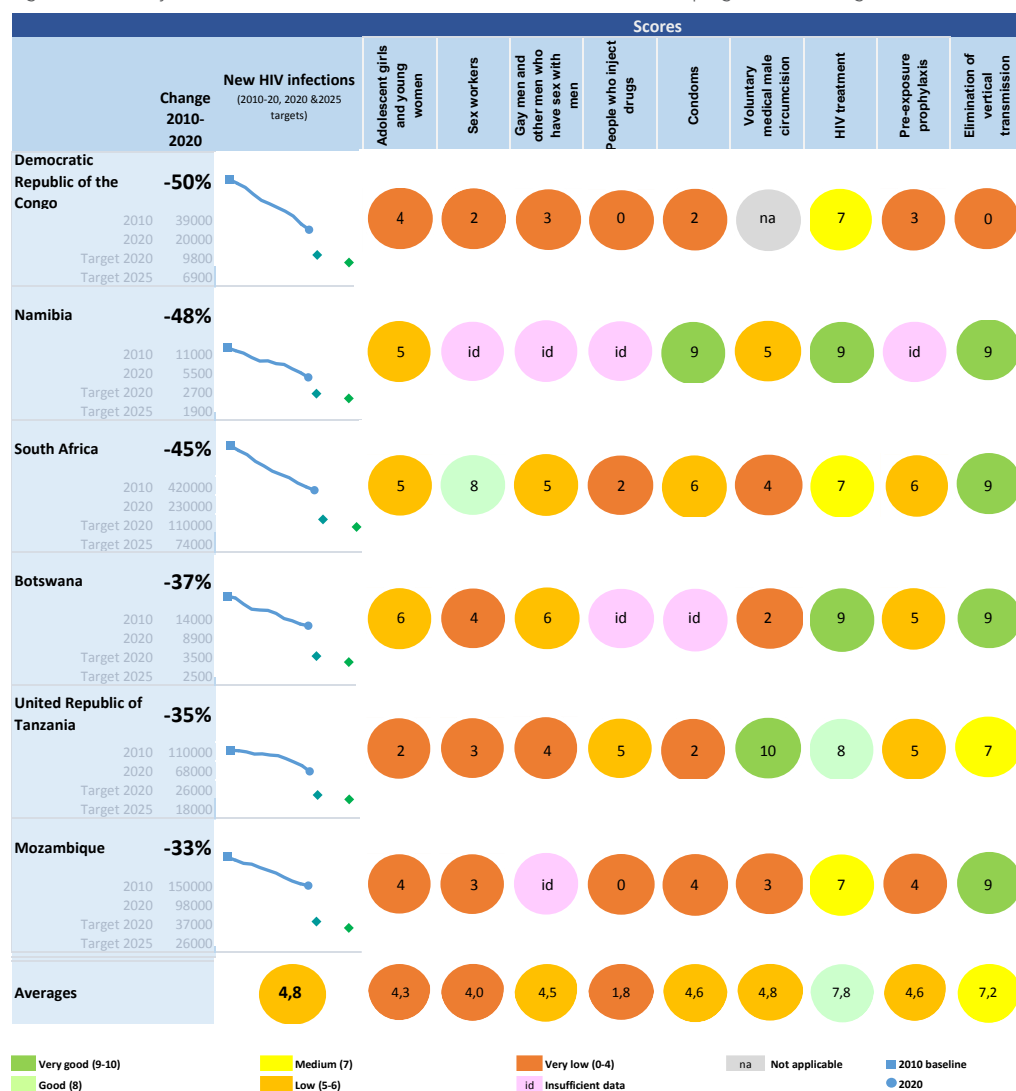
Zimbabwe has recorded a steady decline in HIV incidence for more than two decades, and in 2020, antiretroviral therapy and PrEP were the strongest part of its prevention programme. Antiretroviral therapy levels already exceeded the 2025 target of 90% of all people living with HIV. Condom use reported in the last survey rounds was the highest in the region together with Lesotho and Namibia. However, in 2020, only 67% of the estimated condom need was met since condom distribution declined. A major push with PrEP led to a 482% increase in uptake within a year with almost 49 000 users. High condom use at last paid sex was reported among sex workers and clients. However, the coverage of high-incidence locations with

dedicated programmes for adolescent girls and young women was very low (18%). Only 45% of the cumulative voluntary medical male circumcision target was met, in part due to major disruptions in 2020. Stigma associated with sex work remained high, seen in the 39% of sex workers who avoided health care for fear of it.

Need to accelerate the pace: countries with moderate reductions in the number of people newly infected with HIV

In six GPC countries in sub-Saharan Africa, the number of people newly infected with HIV declined between 22.5% and 52.5%. This means that the trajectory of new HIV infections is headed in the right direction, but the pace of decline needs to accelerate to achieve the 2025 target of 82.5% reduction compared with 2010. All six countries have made moderate or good progress in increasing access to HIV treatment and other antiretroviral drug-based interventions (PrEP, voluntary medical male circumcision and eliminating the mother-to-child transmission of HIV), but far less progress in providing access to dedicated combination prevention interventions for key populations and for young women and their male partners (Figure 5). With intensified effort and scale and shifts in focus to address the populations at highest risk, these countries can get on track to achieve the 2025 targets. The average score for all nine thematic areas was 4.8 in this group of countries, which is lower than in the countries recording more substantial reductions in new HIV infections.

Figure 5. Summary of scorecards for GPC focus countries in Africa with moderate progress in reducing new HIV infections



Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

Source: 2021 HIV prevention scorecard (for detailed country data, see the data summaries in Annex 1).

Botswana has excelled in antiretroviral therapy and eliminating the mother-to-child transmission of HIV but shows programme gaps and data gaps on other pillars. It exceeded 2020 targets for HIV treatment, and 93% of women and 76% of men had viral suppression in 2020, which is already beyond the 2025 target for women. The country has reduced the mother-to-child transmission rate to 2%. Policies mandate education on HIV and sexuality in schools, and 92% of girls completed lower-secondary education. However, large gaps in primary prevention remain. Condom use among sex workers declined and is only at 76%. There is also slow progress on voluntary medical male circumcision, with only 29% of the cumulative 2016–2020 target achieved. PrEP was available and had 2259 users in 2020, which is low relative to the epidemic and population size. A large gap was reported for programmes for adolescent girls and young women and their male partners, with only 33% of priority districts having dedicated programmes.

In the **Democratic Republic of the Congo**, estimates suggest that the number of people acquiring HIV has declined, but partly because of data gaps, the exact contours of the national HIV prevention programme are not clear. HIV treatment coverage increased in recent years and was at 75% in 2020. The rate of mother-to-child transmission remains very high at 28%, and women's lack of access to antiretroviral therapy during pregnancy or breastfeeding is the cause of acquiring HIV for three quarters of the children newly infected. Only 24% of young women and 31% of young men reported condom use with non-regular partners. HIV prevention coverage among key populations remains low, and although PrEP is available, fewer than 600 people used PrEP by the end of 2020, far from scale relative to the sizes of the key populations.

In **Mozambique**, the HIV prevention services have far to go in all areas but eliminating the mother-to-child transmission of HIV, although there have been several policy successes related to HIV prevention. In 2020, 60% of women and 50% of men living with HIV had viral suppression, so although progress was made, the global target of 73% was missed. Key population programme coverage is very low, and there are gaps in outcome data for primary prevention. Further, condom use in high-risk sex is very low (42% among women and 47% among men), and high levels of intimate partner violence were reported (16% for adolescent girls and young women and 10% for women overall in 2020). The voluntary medical male circumcision programme reached only 20% of the annual and 44% of the cumulative target (2016–2020). PrEP coverage increased by 149% in 2020 but remains low relative to the large size of the epidemic. Nevertheless, HIV and sexuality are included in secondary education, and criminalization of key populations is less extensive than in other countries in the region, with only drug use being criminalized.

Namibia has strong programmes for HIV treatment, eliminating the mother-to-child transmission of HIV and condoms but did not report on key populations. The country reached its HIV treatment targets and achieved 85% viral suppression among women and 73% among men. With 95% of pregnant women receiving antiretroviral therapy, it has reduced mother-to-child transmission to 4%. Condom use with non-regular partners was relatively high (66% for women and 80% for men), and 100% of the national condom distribution need was met. However, only 45% of the cumulative voluntary medical male circumcision target was achieved. Only 30% of districts with high HIV incidence provided prevention packages for adolescent girls and young women. Sex work, homosexual behaviour and injecting drug use all are criminalized. Gaps in services or data persist for all key populations.

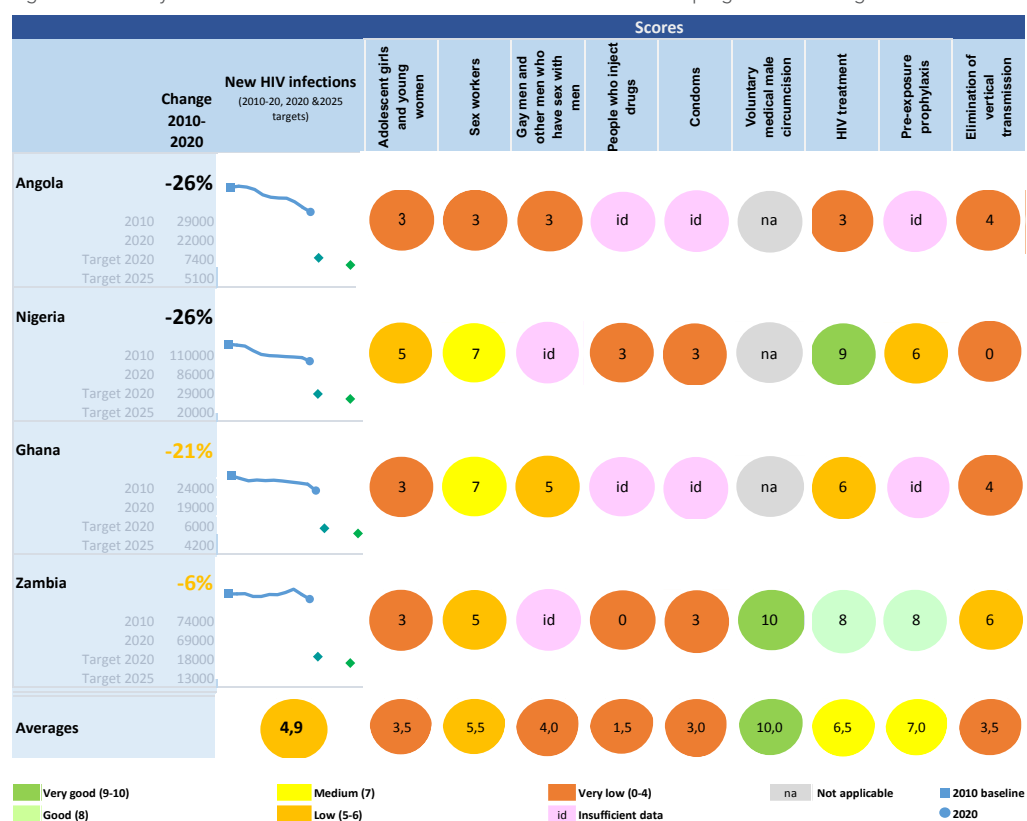
South Africa's HIV prevention efforts scored highest for programmes with sex workers and eliminating the mother-to-child transmission of HIV. Antiretroviral therapy coverage among pregnant women (95%) is very high, but for sex workers (47%) and people who inject drugs (41%) it is very low, while among gay men and other men who have sex with men it is close to the national average (69%). Only 58% of men living with HIV have viral suppression versus 72% for women. The rates of condom use reported by sex workers (86%) and their clients (82%) are moderate to good but still need to be improved considering the epidemic context. Condom use with non-regular partners by people 15–24 years old is also moderate (61% among women and 73% among men). Only 29% of districts with high HIV risk provided HIV prevention packages for adolescents and young women and their male partners. Provision of PrEP increased by 156% in 2020, reaching more than 100 000 users, but only 54% of the cumulative 2020 voluntary medical male circumcision target was met and only 19% of the annual target in 2020, due in part to COVID-19 restrictions.

The **United Republic of Tanzania** achieved 82% HIV treatment coverage and exceeded the 2020 target for voluntary medical male circumcision procedures, but reports provide a mixed picture on the prevention pillars. It achieved 84% antiretroviral therapy coverage among pregnant women, but the mother-to-child transmission rate is still 11%. The country reported an increase in the uptake of PrEP and has achieved moderate levels of harm-reduction service coverage and outcomes for people who inject drugs. Nevertheless, condom use with non-regular partners is very low (28% among women and 35% among men), and 30% of women both 15–19 and 15–49 years old experienced intimate partner violence in the past 12 months. The coverage of programmes for sex workers is low (20%) as is condom use among sex workers (72%) and men paying for sex (44%). Only 14% of gay men and other men who have sex with men reported using a condom at last anal sex, and only 9% of high-risk locations provided dedicated programmes for adolescent girls and young women and their male partners.

Need major increase in focus and scale of prevention: countries with slow or no declines in the number of people newly infected with HIV

Four GPC countries in sub-Saharan Africa made little or no progress in reducing the numbers of people acquiring HIV over the past decade. For myriad reasons, these countries are currently off course. The number of new HIV infections declined by 26% or less between 2010 and 2020. At this pace, they would not achieve the HIV prevention targets even by 2030. Even though these countries have made progress in some service delivery areas, such as overall HIV treatment access, there remain significant gaps in available data, and refocusing and increasing the scale of combination HIV prevention remain to be achieved (Figure 6). The average score in these four countries was 4.3.

Figure 6. Summary of scorecards for GPC focus countries in Africa with moderate progress in reducing new HIV infections



Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

Source: 2021 HIV prevention scorecard (for detailed country data, see the data summaries in Annex 1).

Angola reported relatively low coverage of primary prevention and HIV treatment in 2020. Overall coverage of antiretroviral therapy is very low (33%), as was reported condom use with non-regular partners (29% among women and 53% among men). Coverage of HIV prevention programming among sex workers and gay men and other men who have sex with men is very low. Condom use is low in both groups (72% and 59% respectively), and high HIV prevalence among young gay men and other men who have sex with men is of concern. Only 42% of sex workers living with HIV are receiving antiretroviral therapy. Available data suggest a need to scale up HIV prevention with a focus on key populations as well as among young women and their male partners in locations with high HIV prevalence.

Nigeria reported very good results for antiretroviral therapy, with 86% of people living with HIV receiving antiretroviral therapy in 2020, but has weaker results for the other pillars. Only 44% of pregnant women received antiretroviral therapy, and the 25% rate of mother-to-child transmission is among the highest globally. Only 24% of sex workers, 26% of gay men and other men who have sex with men and 25% of people who use drugs were reported receiving antiretroviral therapy. However, despite a punitive legal environment that criminalizes sex work, homosexuality and drug use, condom use during risky sex among Nigeria's sex workers is moderate (86% in paid sex) and among gay men and other men who have sex with men is 70%, while use of safe injecting equipment is relatively low (71%). Reaching the estimated 874 000 sex workers, 240 000 gay men and other men who have sex with men and 326 000 people who inject drugs is a major logistical challenge but critical to achieving the 2025 targets. Prevention programme coverage among young women and men in locations with high HIV incidence was not reported, but condom use with a non-regular partner is very low among young people (36% for women and 65% for men) and similarly low among adults. Further analysis is needed to enable high-incidence locations to be given priority to strengthen HIV prevention results.

In **Ghana**, the available data are too limited to provide a coherent picture of the response. Antiretroviral therapy coverage is only 60%, almost 20% of the 19 000 new infections in 2020 were due to vertical transmission, and the rate of mother-to-child transmission of HIV was very high (21%). Condom use with non-regular partners is very low among young people and adults. Ninety per cent of sex workers and only 40% of their clients reported using a condom in their last paid sex, and 60% of gay men and other men who have sex with men reported using a condom in the last anal sex. Insufficient data regarding PrEP and condom programming leaves two critical prevention strategies out of view.

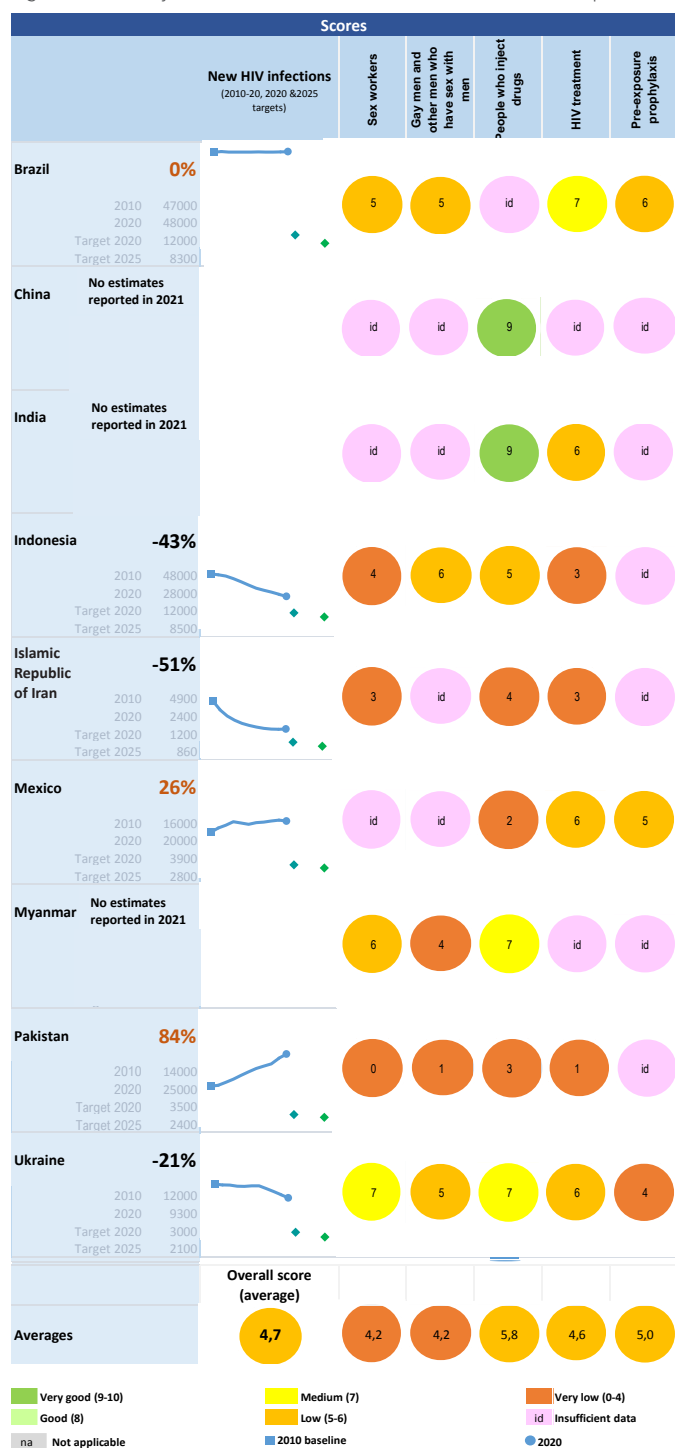
Zambia has made good progress in antiretroviral therapy, voluntary medical male circumcision and PrEP, with 81% overall antiretroviral therapy coverage (including 86% among sex workers), high levels of viral suppression (78% for females and 75% for males living with HIV) and a 205% increase in PrEP to 71 000 users in 2020. However, there are major gaps in behavioural and structural prevention interventions. Only 19% of districts with high HIV incidence in Zambia provide dedicated programmes for adolescent girls and young women and their male partners, and condom use is low among young people (34% among women and 49% among men). All key populations are criminalized, parental consent laws restrict access by adolescents 16 years and younger, and one quarter of women report having experienced intimate partner violence in the past 12 months. These indicators suggest that there is far to go to establish an enabling environment for HIV prevention.

Countries with concentrated epidemics: major gaps and varied progress in reducing the number of people newly infected with HIV

Although concentrated epidemics are highly diverse, they require focusing HIV prevention resources on information and services for key populations and on the laws, policies and social norms that impede access to these services. Two of the GPC's pillar interventions (dedicated packages for adolescent girls and young women and their male partners and voluntary medical male circumcision) are less relevant and not tracked in these countries. Antiretroviral therapy, PrEP and condom programming and the policy and legal reform and communication interventions to promote a more enabling environment for HIV prevention are subsumed in the package of services for each key population (16). Community engagement (17) is a critical dimension of these intervention packages.

Overall progress in HIV prevention varied in these countries with concentrated epidemics, all of which are outside Africa. Only the Islamic Republic of Iran reported reductions in new HIV infections exceeding 50%. Indonesia (-43%) and Ukraine (-21%) also reported moderate reductions. Two countries did not report HIV estimates in 2021. Brazil did not show a change and Mexico (+26%) and Pakistan (+84%) reported increases in the numbers of people acquiring HIV. PrEP remains an untapped, underutilized and/or underreported intervention in all nine countries. The average score across five priority areas was 4.7 in this group of countries, illustrating the more limited progress overall in prevention and treatment programmes with key populations.

Figure 7. Summary scores for GPC countries with concentrated HIV epidemics



Note: 2020 and 2025 targets for reducing new HIV infections represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline. These reductions are required to achieve a 90% reduction by 2030.

Source: 2021 HIV prevention scorecard (for detailed country data, see the data summaries in Annex 1).

In **Indonesia**, antiretroviral therapy and HIV prevention packages for key populations are rated low or very low. Antiretroviral therapy coverage is very low (26% overall), even among key populations (22% among sex workers, 38% among gay men and other men who have sex with men and 58% among people who inject drugs). Sex work, homosexuality and drug use are criminalized, and only the sex work response includes all recommended components. Gaps in programming are indicated by very low to low coverage of prevention services, sex workers reporting low condom use in paid sex (67%), and among gay men and other men who have sex with men, with HIV prevalence of 18%, condom use in anal sex is only 70%. HIV prevention services for the much smaller number of people who inject drugs were more successful (90% reported using safe injecting in the last survey), but in 2020 the number of needles distributed per injector declined.

The **Islamic Republic of Iran** provided data on antiretroviral therapy and on the programme with sex workers and people who inject drugs. That said, the country implemented an historic scale-up of harm reduction early in the decade, which covered both safe injecting and opioid substitution therapy for people who inject drugs and services in prisons. It has resulted in a 53% decline in the number of people newly infected with HIV since 2010. Only 7% of this estimated decline has been achieved since 2016. In 2020, the overall coverage of antiretroviral therapy was low (29% overall and only 17% for people who inject drugs), the policy environment has remained restrictive and service packages for all three key populations were limited. A relatively large proportion of sex workers reported avoiding health-care settings because of stigma and discrimination (28%). Condom use in paid sex was low (61%), the indicator for HIV prevention services for sex workers was only 35% and coverage of prevention services for people who inject drugs was only 26%, suggesting the need to scale up HIV treatment and prevention efforts.

Mexico has an enabling policy environment and has decriminalized selling sex, homosexuality and drug use. The national strategy provides for most key interventions in HIV prevention packages for sex workers, gay men and other men who have sex with men, prisoners and people who inject drugs. Nevertheless, all the scorecard indicators for key populations are moderate (sex workers: 84% condom use at last paid sex) or low (gay men and other men who have sex with men: 64% condom use at last anal sex). Coverage of harm-reduction services was rated very low: only 71% of people who inject drugs reported using safe injecting practices in 2020. PrEP is being distributed, but the number of users in 2020 declined by 13% from 2454 in 2019 to 2143 in 2020, a very low number relative to the estimated size of the key populations. Achieving 2025 targets requires bringing key populations programmes to scale.

Myanmar's HIV policy includes the recommended packages of services for its estimated 66 000 sex workers and 252 000 gay men and other men who have sex with men (18), and it includes most of the recommended elements for the estimated 93 000 people who inject drugs (18). Sex workers almost reached 90% reported condom use at last paid sex (77% reported by clients), and 91% of the people who use drugs were reported to use harm reduction in the form of safe injecting practices. The indicator for risk reduction among gay men and other men who have sex with men (condom use at last anal sex) at 57%, was low, and access to prevention interventions for sex workers, gay men and other men who have sex with men and people who inject drugs were 50%, 29% and 34% respectively, suggesting a need for further scale-up.

Pakistan faces an expanding HIV epidemic, with a restrictive environment in which the behaviour of sex workers, gay men and other men who have sex with men and people who inject drugs are all criminalized. Service coverage across most aspects of HIV treatment and prevention is very low compared with most other GPC countries, and Pakistan experienced the steepest increase in HIV incidence among all 28 countries. The HIV prevalence is highest by far among people who inject drugs (21%). Condom use in paid sex is only 35% and lower for gay men and other men who have sex with men (22%). Although 73% of people who inject drugs report using safe injecting equipment, the coverage and programming for this population is rated very low. Overall, only 12% of people living with HIV are receiving antiretroviral therapy, including 5% among sex workers, 1% among gay men and other men who have sex with men and 16% of people who inject drugs. A dramatic increase in both treatment and prevention efforts will be required to bend the rising curve of new HIV infections toward the levels of the 2025 targets.

Ukraine is the only GPC focus country in eastern Europe and central Asia, and its HIV policy includes the recommended prevention packages for sex workers, gay men and other men who have sex with men and people who inject drugs and also some of the recommended elements for prisoners. Condom use at paid sex almost reached 94% even though coverage of programmes remained relatively lower. Reported use of safe injecting equipment by people who inject drugs was almost universal (97%), while coverage of opioid substitution therapy remained low. PrEP use showed a modest increase of 22% since 2019, to 2258 users in 2020, but that falls far short of the need among the estimated 87 000 sex workers, 179 000 gay men and other men who have sex with men and 350 000 people who inject drugs. Only 57% of people living with HIV are receiving antiretroviral therapy, and of these, just over half of women (54%) and men (52%) living with HIV had viral suppression. For antiretroviral therapy coverage, rates were lower among key populations (29%, 36% and 48% for sex workers, gay men and other men who have sex with men and people who inject drugs, respectively).

Progress along the five main pillars of prevention and on supporting strategies

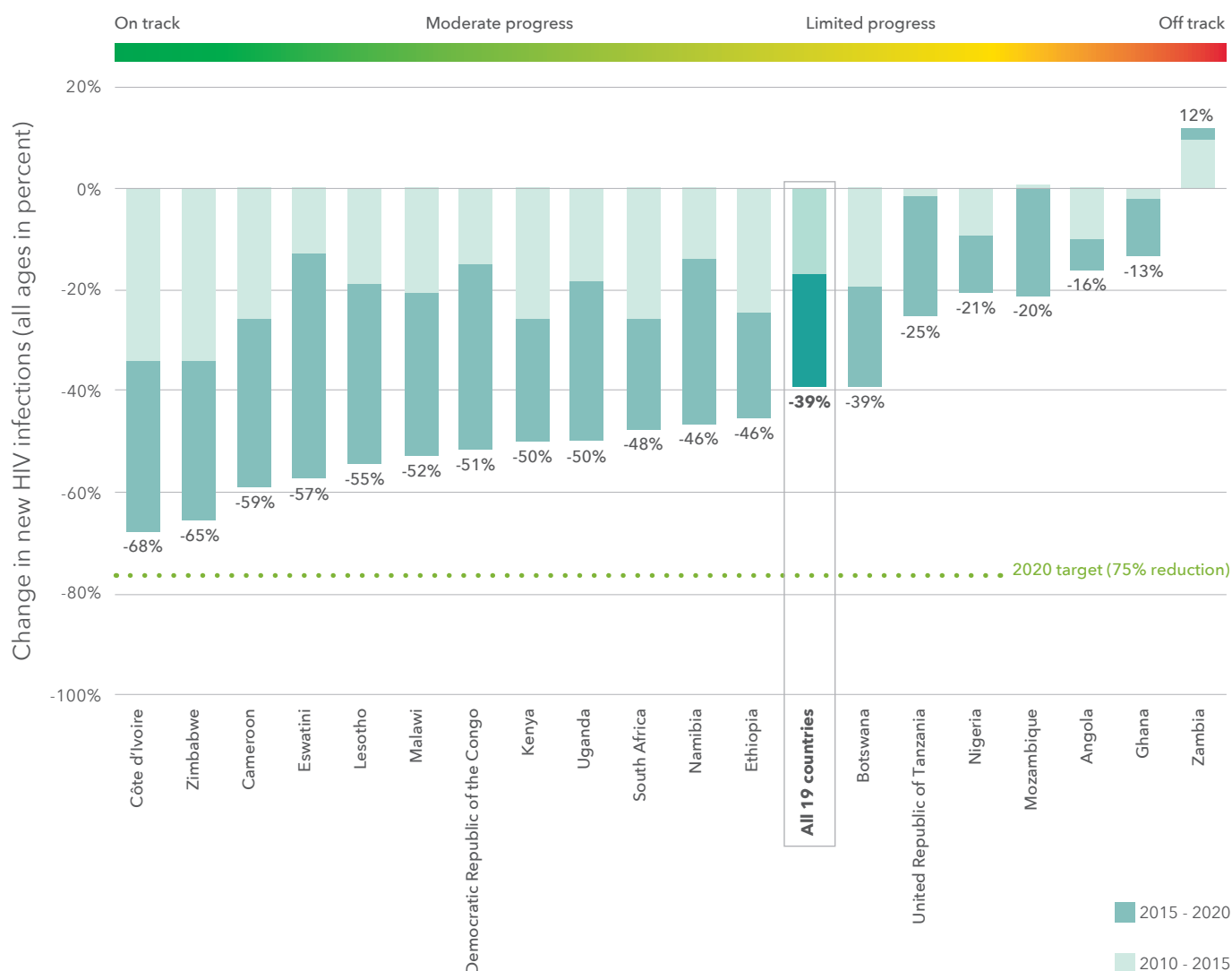
The 2021 scorecards summarize the status of the selected output and outcome indicators for programmes in the five pillar strategies, using the same format as in previous years. This year the summaries in poster form also display indicators on antiretroviral therapy and eliminating the mother-to-child transmission of HIV. Although not discussed in detail in this report,⁶ they complement the five prevention pillars in national HIV prevention strategies. The prevention pillar scorecards also include selected indicators of cross-cutting enabling strategies, such as decriminalization of key populations, stigma and discrimination, intimate partner violence and attention to HIV and sexual health in the education and broader health sectors (see Tables 2–6 and 7). Community leadership and engagement are critical in all the recommended intervention packages, although not included in the scorecards since global indicators in this area are still being developed. Together, monitoring implementation of the pillar interventions and supportive strategies tracks progress toward a combination prevention approach in which the relevant HIV prevention services are made available efficiently at scale and made accessible and acceptable through and to the populations that most need them.

Prevention among adolescent girls and young women and their male partners in settings with high HIV incidence

Adolescent girls and young women are at elevated risk of acquiring HIV in sub-Saharan Africa (20), where they represent 10% of the population but account for 25% of the people acquiring HIV in 2020 (21). In all but three of the 19 GPC focus countries in sub-Saharan Africa, the number of girls and women 15–24 years old acquiring HIV has declined substantially over the past decade: between 20% and 68%. In more than half these countries, the decline accelerated between 2015 and 2020 (see Figure 7). These declines are encouraging but insufficient. The 2016 Political Declaration and the new Global AIDS Strategy 2021–2026 call for further intensified focus on women and girls 15–24 years old and their sexual partners. The GPC calls specifically for differentiated programming, concentrating delivery of a dedicated package of services tailored for adolescent girls and young women and their sexual partners in specific locations where the incidence of HIV among women and girls is high (9). The GPC developed tools to support differentiated planning and budgeting to identify and direct resources to these priority locations (22).

⁶ WHO classifies antiretroviral therapy and eliminating the mother-to-child transmission of HIV as treatment strategies, but they are important components of combination HIV prevention, since people living with HIV who are receiving antiretroviral therapy and have viral suppression do not transmit the virus (19).

Figure 8. Changes in the numbers of adolescent girls and young women (15-24 years old) acquiring HIV in 19 GPC countries with mixed epidemics, 2010-2020



Source: UNAIDS epidemiological estimates 2021 (aidsinfo.unaids.org).

The HIV prevention package for adolescent girls and young women includes a multi-layered strategy to provide youth-friendly clinical services and access to condoms, information and communication to inform and mobilize young women, their male partners and their communities, along with broader structural interventions to remove economic, educational and legal barriers to their full participation in HIV prevention. Thus, the package involves actions and actors beyond the health sector. As in previous years, progress has been mixed in delivering this combination of services at scale in high-priority countries.⁷

All countries (except the Democratic Republic of the Congo, which did not report on this indicator) have done well in instituting educational policies that include HIV and sexuality in the secondary school curriculum (Table 2). However, in all but four countries, less than 60% of adolescent girls would have been assured of fully benefiting from these policies by completing their lower-secondary education.

⁷ In 2020, only 17 of the 19 countries with mixed epidemics reported on this pillar strategy.

Since keeping girls in secondary school can contribute to reducing their risk of acquiring HIV as well as advancing their health and economic prospects (23, 24), 60% completing secondary school is far too low.

Table 2. Scorecard for HIV prevention among adolescent girls and young women, 2020

Indicator	Outcome					Output	
	% condom use with non-regular partners (15-24)	% of adolescent girls who completed lower secondary education	% knows a formal source for condoms (15-24)	% of priority districts with dedicated programs for young women & male partners (full package)	% of ever-married or partnered women (15-49) who experienced physical or sexual violence from a male intimate partner in the past 12 months	Educational policies on HIV & sexuality education (secondary school)	Laws requiring parental consent for adolescents to access sexual and reproductive health services
Angola	33	32			26	Yes	Yes, <12
Botswana		92		33		Yes	Yes, <16
Cameroon	50	43				Yes	Yes, <16
Cote d'Ivoire	48	58	67	na	3.6	Yes	Yes, <16
Democratic Republic of the Congo	24	52	53				Yes, <18
Eswatini	54	54	85	76		Yes	Yes, <12
Ethiopia	22	22		50	20	Yes	Yes, <16
Ghana	19	50	72	id		Yes	Yes, <14
Kenya	60	69	71	100		Yes	Yes, <18
Lesotho	82	55	85	100		Yes	Yes, <12
Malawi	53	21		33	24	Yes	Yes, <14
Mozambique	51	11	66	42	16	Yes	Yes, <12
Namibia	68	62	91	30		Yes	Yes, <14
Nigeria	38	59			14	Yes	Yes, <18
South Africa	61	91		29	30	Yes	Yes, <12
Uganda	44	23		37	30	Yes	Yes, <12
United Republic of Tanzania	30	27		9	30	Yes	Yes, <14
Zambia	34	50		19	25	Yes	Yes, <16
Zimbabwe	54	53	48	18	19	Yes	Yes, <16

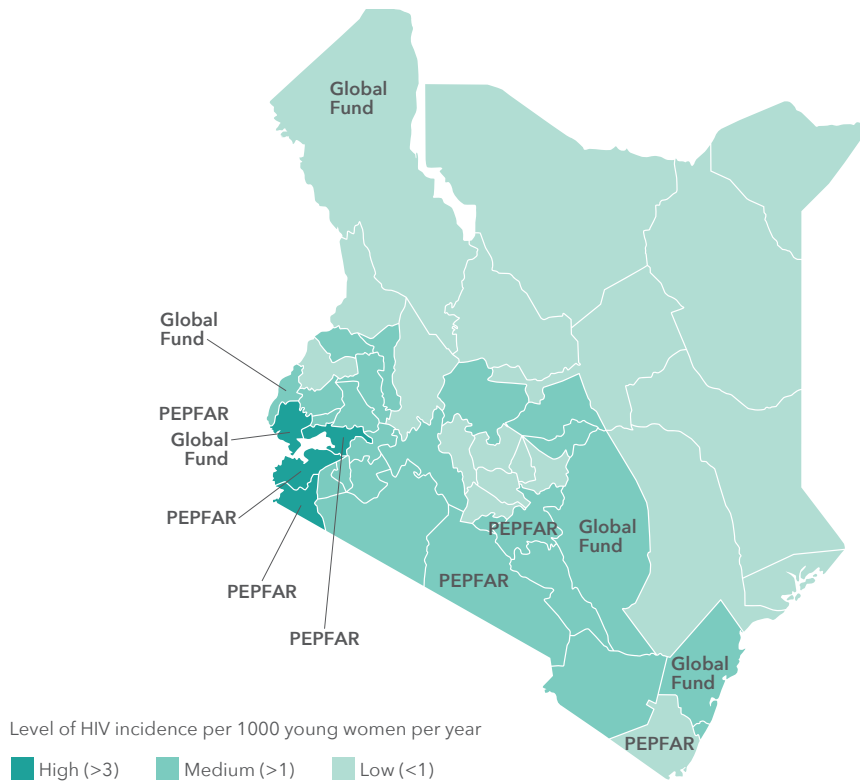
■ Very good
 ■ Good
 ■ Medium
 ■ Low
 ■ Very low
 Insufficient data
 na Not applicable

Source: Global HIV Prevention Coalition country scorecards

Thirteen of 19 countries require parental consent for children younger than 14 years to access the available HIV testing services.

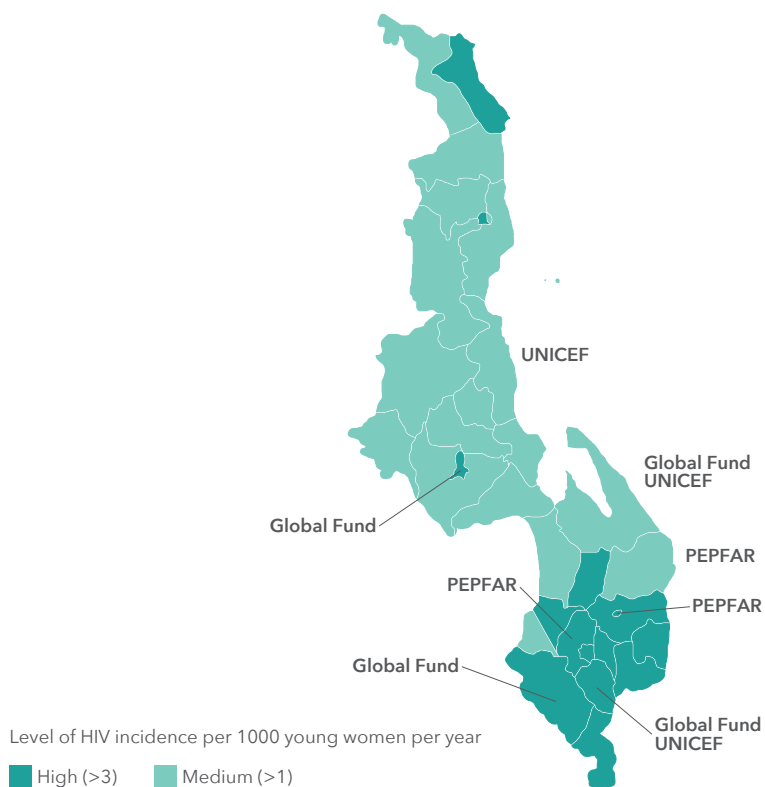
Kenya, Lesotho, Namibia and Zimbabwe reported high rates of condom use with non-regular partners among young men 15-24 years old (77%, 79%, 82% and 81%, respectively). However, only Lesotho reported such good results for young women (82%). In contrast, 14 countries report young women's condom use with non-regular partners being low or very low (range from 19% in Ghana to 54% in Eswatini).

Figure 9. Coverage of high-priority districts with dedicated prevention programmes for adolescent girls and young women in Kenya



* PEPFAR reports AGYW program reach data by districts and age bands. However, UNICEF and GF AGYW programme reach data was at country level. Therefore, coverage and analysis couldn't be done for exact matching priority districts and where programmes are being implemented. Some programmes are outside high incidence locations.

Figure 10. Coverage of high-priority districts with dedicated prevention programmes for adolescent girls and young women in Malawi



In 2021, only 12 countries reported the percentage of high-priority districts in which the full package of information and services for this population was provided. Although three GPC focus countries succeeded in covering between 76% (Eswatini) and 100% (Kenya and Lesotho) of these districts, fewer than half the high-priority districts were covered in nine countries, for an average of 44%. As illustrated in Figures 8 and 9, the challenge of achieving full coverage for adolescent girls and young women and their male partners depends on the ability of implementing partners to position services according to the locations of those most at risk and on whether available HIV prevention resources enable services to be provided at scale.

Another area of concern is the persistence of gender-based violence, a known risk factor for acquiring HIV affecting adolescent girls and young women (25, 26). This factor is addressed both in comprehensive sexuality and HIV education and in the HIV prevention programming recommended by the GPC and partners including UNICEF, PEPFAR and the Global Fund. In 2021, only 11 of 19 countries reported on the indicator(s) tracking intimate partner violence, and among those, eight found high or very high proportions of adolescent girls and women (15–49 years old) experiencing intimate partner violence in the previous 12 months (exceeding 20%).

Overall, Kenya and Lesotho stand out among the 19 GPC focus countries in having a score of “good” on programming for adolescent girls and young women and their male partners (Figure 4). The scores were “low” or “very low” in the other countries with mixed epidemics, except Eswatini, which scored “moderate”. Successful efforts at developing policy and integrating HIV into the health and education sectors are encouraging, but scaling up to provide dedicated, complete packages of HIV services tailored with and for young people in the other 60% of priority locations remains critical if countries are to progress toward their 2025 targets.

Prevention among key populations, especially sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people and people in prisons

Key populations and their sexual partners are at greatly elevated risk of acquiring HIV in all countries, and they represent 65% of the people newly infected worldwide in 2020 (21). In sub-Saharan Africa, sex workers, people who inject drugs, gay men and other men who have sex with men, transgender people and their sexual partners represent together 39% of the people newly infected in 2020, and in other regions combined they represent the vast majority: 93% (21). In GPC focus countries and worldwide, achieving the goals and targets of the new Global AIDS Strategy 2021–2026 requires improving HIV prevention efforts with, for and implemented by these populations (4).

Tables 3–5 show significant gaps in the availability of data for all key populations, but there has been progress since 2019. All but one country now have population size estimates for sex workers, all but three for gay men and other men who have sex with men and 18 of the 28 for people who inject drugs. Twelve countries now have estimates of the population of transgender people, and 16 estimate the population of prisoners.

Only a small minority of countries reported on prevention programme coverage among key populations through the Global AIDS Monitoring system.⁸ For the GPC scorecards, programme coverage was therefore estimated, triangulating Global AIDS Monitoring data with implementation reports from programmes supported by the Global Fund and PEPFAR. The results show that most countries have programme packages for key populations in place, but only a minority include all recommended elements. Criminalization of sex work, homosexuality and drug use remains a barrier for service access in the vast majority of GPC countries.

Sex workers and their clients

Worldwide, sex workers face 26 times greater risk of acquiring HIV than women in the general population. HIV prevalence among sex workers in GPC focus countries is as high as 72% in Lesotho, 61% in Eswatini and more than 40% in Botswana, Malawi, South Africa, Zambia and Zimbabwe.

Sex work is criminalized in 26 of 28 reporting countries despite decades of advocacy by national and international human rights networks and ample evidence of the negative effect that criminalization has on both the supply and uptake of effective HIV prevention and treatment services (16, 27). Only nine countries reported on the indicator measuring stigma and discrimination for sex workers (avoidance of health care). Their reports ranged from 5% in Cameroon to 49% in Malawi. Lesotho and Uganda also reported that fewer than 10% of sex workers avoided health care because of stigma and discrimination, suggesting a more enabling environment for sex workers to protect their health.

Decades into the HIV response, it might have been expected that condom use in paid sex had become the norm. However, in 2020 only eight countries reported good or very good levels of condom use with the most recent client, and 14 countries reported low or very low levels. In the latter countries, condom use with the last client ranged between 35% and 79%. The GPC review and triangulation of data from Global AIDS Monitoring and Global Fund and PEPFAR programmes estimated the coverage of combination prevention programmes for sex workers in 24 GPC focus countries: coverage was good for Ghana and Uganda but very low for two thirds of the countries. The data were sufficient to give overall scores to 24 GPC focus countries for their sex worker programmes; only two were “good” (see Figure 3).

⁸ The many data gaps have diverse causes. Some result from challenges in harmonizing output indicators and definitions used by different implementing partners at the country level. As noted earlier, some key data sources were not updated in 2020 because of the COVID-19 pandemic. Data gaps also can reflect lack of investment in monitoring programmes serving key populations. This, in turn, results from factors ranging from resource constraints to political choices.

Table 3. Scorecard for HIV prevention among sex workers

	Impact	Outcome			Output		
	HIV prevalence, all ages (%)	% condom use with most recent client (self-reported)	% condom use at last paid sex act (reported by clients)	% receiving antiretroviral therapy	Population size estimate	Prevention strategy including core elements of prevention package	Criminalization of sex work
Africa region							
Angola	8	72	71	42	54 000	> Half	Yes
Botswana	42	76		88	7 000	> Half	Yes
Cameroon	24	96	83	99	71 000	All	Yes
Cote d'Ivoire	5	63	63		75 000	> Half	Yes
Democratic Republic of the Congo	8	74	34		350 000	All	Yes
Eswatini	61	50			4 000	< Half	Yes
Ethiopia	24	98	81		85 000	> Half	Yes
Ghana	7	90	44	99	52 000	All	Yes
Kenya	29	92	74	73	168 000	All	Yes
Lesotho	72	62	90		8 000	> Half	Yes
Malawi	50	65	75	91	36 000	> Half	Yes
Mozambique		id	31		224 000	> Half	No
Namibia	30	42	67		4 000	> Half	Yes
Nigeria	17	86	74	24	874 000	All	Yes
South Africa	45	86	83	47	24 000	> Half	Yes
Uganda	31	69	73	65	130 000	< Half	Yes
United Republic of Tanzania	15	72	44		156 000	> Half	Yes
Zambia	49	79	56	86	126 000	> Half	Yes
Zimbabwe	42	95	90	59	45 000	All	Yes
Other regions							
Brazil	5	90			1 402 000	> Half	Yes
China	0	93				> Half	Yes
India	2	91	48		658 000	All	Yes
Indonesia	2	67		22	278 000	All	Yes
Islamic Republic of Iran	2	61			138 000	< Half	Yes
Mexico	1	84			240 000	> Half	No
Myanmar	8	90	77	59	66 000	All	Yes
Pakistan	4	35		5	229 000	< Half	Yes
Ukraine	5	94	84	29	87 000	All	Yes

■ Very good
 ■ Good
 ■ Medium
 ■ Low
 ■ Very low
 Insufficient data

Source: Global HIV Prevention Coalition country scorecards

Note: The prevention strategy includes "all" core elements of the prevention package if seven of seven services are included; ">half" if 4–6 services are included; and "<half" if 0–3 services are included. The services comprise community empowerment and capacity-building; community-based outreach and services; condom distribution; clinical services; legal support services; actions to address gender-based violence; and actions to reduce stigma and discrimination in health-care settings.

Gay men and other men who have sex with men

Worldwide, gay men and other men who have sex with men have 25 times greater risk of acquiring HIV than other men (21). The HIV prevalence among gay men and other men who have sex with men ranged from 2% in Angola and 3% in India to 27% in Eswatini, 33% in Lesotho and 43% in South Africa.

Table 4. Scorecard for HIV prevention among gay men and other men who have sex with men

	Impact	Outcome		Output		
	HIV prevalence, all ages (%)	% condom use with at last anal sex	% receiving antiretroviral therapy	Population size estimate	Prevention strategy including core elements of prevention package	Criminalization of same-sex relations
Africa region						
Angola	2	59		29 000	> Half	No
Botswana	15	78	74	3 000	< Half	No
Cameroon	21	78	97	7 000	All	Yes
Cote d'Ivoire	8	83		49 000	> Half	No
Democratic Republic of the Congo	7	51		195 000	> Half	No
Eswatini	27	80		2 000	< Half	Yes
Ethiopia					id	Yes
Ghana	18	60	4	55 000	All	Yes
Kenya	18	55	63	33 000	> Half	Yes
Lesotho	33	46		6 000	> Half	No
Malawi	13	79	86	43 000	> Half	Yes
Mozambique		id		64 000	> Half	No
Namibia	8	55		2 000	> Half	Yes
Nigeria	21	70	26	240 000	All	Yes
South Africa	43	72	69	310 000	> Half	No
Uganda	13	39	66	24 000	< Half	Yes
United Republic of Tanzania	8	14		50 000	> Half	Yes
Zambia				7 000	> Half	Yes
Zimbabwe	21	69	73	23 000	All	Yes
Other regions						
Brazil	18	64		2 038 000	> Half	No
China	6	86	91		> Half	No
India	3	84		238 000	All	No
Indonesia	18	70	38	754 000	> Half	Yes
Islamic Republic of Iran					< Half	Yes
Mexico	12	65		1 200 000	> Half	No
Myanmar	9	57	44	252 000	All	Yes
Pakistan	4	22	1	832 000	< Half	Yes
Ukraine	8	78	46	179 000	All	No

Very good Good Medium Low Very low Insufficient data

Source: Global HIV Prevention Coalition country scorecards

Note: The prevention strategy includes "all" core elements of the prevention package if nine of nine services are included; ">half" if 5-8 services are included; and "<half" if 0-4 services are included. Services comprise community empowerment and capacity-building; community-based outreach and services; condom and condom-compatible lubricant distribution; sexually transmitted infection prevention, screening and treatment services; clinical services; psychosocial counselling and/or mental health services; legal support services; actions to address homophobic violence; and actions to reduce stigma and discrimination.

Same-sex sexual acts are still criminalized in 16 GPC focus countries. Fifteen countries include more than half the recommended elements of the package of services for gay men and other men who have sex with men in their national policy, but only seven of 28 include all elements.

Among 14 countries reporting this indicator, Cameroon, China and Malawi reported that more than 81% of gay men and other men who have sex with men were receiving antiretroviral therapy; in six other countries, less than half were receiving antiretroviral therapy.

After data triangulation, data from 22 countries are available on the percentage of gay men and other men who have sex with men who received at least two HIV prevention interventions in the past three months, with 17 of the 22 countries reporting very low coverage. Only two countries reported very good (Eswatini) or good (Cameroon) coverage.

Turning to indicators of behavioural prevention, condom use was rated “good” (>80%) in only 3 of 23 countries: China, Côte D’Ivoire and India. In 10 countries it ranged from 14% in the United Republic of Tanzania and 22% in Pakistan to 60% in Ghana and 57% in Myanmar—all rated very low ($\leq 60\%$) by GPC standards. The rate of condom use did increase in five countries relative to the previous GPC report (Côte D’Ivoire, Eswatini, Ghana, Malawi and Nigeria) but is lower in Kenya, Mexico, Pakistan and South Africa. Only seven countries reported on the GPC indicator for stigma and discrimination (avoidance of health care because of it). Interestingly, the highest reported rate, 17%, was from Brazil, whereas only 6% in Côte d’Ivoire and 8% in Kenya and Zimbabwe reported avoiding health care because of stigma and discrimination. Given Brazil’s traditions of leadership and engagement with communities of gay men and other men who have sex with men and with transgender people (28, 29), its higher rate of perceived stigma and discrimination by these groups may also reflect their greater awareness and better reporting compared with other countries.

People who inject drugs

Worldwide, people who inject drugs have 35 times greater risk of acquiring HIV than the general population (21). Injecting drug use has been a worldwide phenomenon for decades and—despite large variation in population sizes—should be addressed in countries’ HIV strategies, including many of the countries in sub-Saharan Africa with mixed epidemics. Fifteen GPC focus countries reported HIV prevalence among people who inject drugs, ranging from 3% in Côte d’Ivoire, Islamic Republic of Iran and Mexico to 21% in Pakistan and Ukraine.

The GPC review and triangulation of Global AIDS Monitoring, Global Fund and PEPFAR data yielded information for 16 GPC focus countries on the coverage of HIV services for people who inject drugs: the coverage is very low in three quarters of these.

Data also are sparse regarding antiretroviral therapy for people who inject drugs: 10 GPC focus countries reported on this GPC indicator, including only four in sub-Saharan Africa, and only China was within reach of the Political Declaration’s 90-90-90 goals (82%). Coverage was below 60% in seven of the nine countries and less than 20% in three of these (Islamic Republic of Iran, Myanmar and Pakistan).

Table 5. Scorecard for HIV prevention people who inject drugs

	Impact	Outcome			Output			
	HIV prevalence, all ages (%)	% receiving antiretroviral therapy	% with safe injecting practices	% receiving opioid substitution therapy	Population size estimate	Number of needles and syringes per person who injects drugs	Prevention strategy including core elements of prevention package	Criminalization of drug use and consumption or possession for personal use
Africa region								
Angola							None	
Botswana							None	Yes
Cameroon					1 500		None	No
Cote d'Ivoire	3				400		Some	Yes
Democratic Republic of the Congo	4		51		156 000	0	Some	No
Eswatini					300		None	Yes
Ethiopia							None	Yes
Ghana							None	Yes
Kenya	18	68	88	10	16 000	137	All	Yes
Lesotho							None	Yes
Malawi							None	Yes
Mozambique					14 000		Some	Yes
Namibia							None	Yes
Nigeria	6	25	71		326 000	0	All	Yes
South Africa	20	41		1	83 000	36	All	Yes
Uganda	17	78			7 000		Some	Yes
United Republic of Tanzania	16		84	26	36 000	15	Some	Yes
Zambia					27 000		None	Yes
Zimbabwe							None	Yes
Other regions								
Brazil	na	na	na	na	na	na	na	Yes
China	6	82	87			246	All	Yes
India	6		86	20	128 000	366	All	Yes
Indonesia	14	58	90	5	35 000	1	Some	Yes
Islamic Republic of Iran	3	17	73	15	90 000	76	Some	Yes
Mexico	3		71	9	109 000	6	All	No
Myanmar	19	14	91	21	93 000	369	Some	Yes
Pakistan	21	16	73		113 000	46	Some	Yes
Ukraine	21	38	97	5	350 000	65	All	Yes

■ Very good
 ■ Good
 ■ Medium
 ■ Low
 ■ Very low
 Insufficient data
 na Not applicable

Source: Global HIV Prevention Coalition country scorecards

Note: The prevention strategy includes "all" core elements of a harm reduction package if three of three services are included; "some" if one or two services are included; and "none" if zero services are included. Services comprise naloxone being available through community distribution; opioid substitution therapy programmes in operation; and needle and syringe programmes in operations.

The will and ability of national programmes to provide the package of proven HIV prevention interventions for people who inject drugs remains too low and very uneven. Seven GPC focus countries in sub-Saharan Africa have HIV strategies that include all three core elements of the package, including safe injecting practices and opioid substitution therapy, but 11 country strategies include none. Safe injecting practices are slightly more widespread than provision of opioid substitution therapy (see Table 5). Even in the countries that are reporting services for people who inject drugs, the programmes tend to be far too limited in coverage and intensity. For example, WHO recommends that needle and syringe exchange programmes provide 200 clean needles per person per year. China, India and Myanmar met that standard, but the other countries that provided data reported between <1 and 137 needles and syringes per person in 2020.⁹ To varying degrees, all invest insufficiently in prevention programmes for people who inject drugs, and the resources they have are spread too thin.

Treating drug use as a public health problem is more effective than punishment in reducing the associated health and social risks (30, 31), yet injecting drug use remains a consistently criminalized practice across countries.

Transgender people

Data on HIV prevention and treatment services for transgender people continue to be extremely scarce, although modelling data find that transgender women's risk of acquiring HIV is 34 times greater than other adults (21). Twelve GPC focus countries reported estimates of the population size for transgender people in 2020, three more than in 2019. Nine countries reported the estimated HIV prevalence for this key population, ranging from 0% and 2% (all ages) in the Islamic Republic of Iran and Ukraine to 28% in Zimbabwe and 30% in Brazil. Estimates of antiretroviral therapy coverage were available in the Global AIDS Monitoring database for only five countries.

Nine countries reported on the indicator for coverage of other prevention services for transgender people, and the levels reported were exceedingly low, except for Indonesia, which was moderate. Only three countries reported the indicator for levels of stigma and discrimination faced by transgender people, but other evidence from the GPC and other countries indicates that these are major obstacles to both help seeking and to providing needed services (21).

The predominance of "insufficient data" for the five indicators in the 2021 GPC scorecards shows that transgender people are being left behind in HIV prevention programming. The indicator on criminalization is the sole exception. Although only six of 28 GPC focus countries have criminalized transgender people, an array of proactive legal and policy developments are needed to protect their rights, including legal changes of gender markers and prohibition of arbitrary and discriminatory arrests.

⁹ These figures generally do not count needles and syringes that are procured without prescription from pharmacies, as in Ukraine. The number of needles distributed per person should therefore be read in conjunction with reported use of safe injecting equipment. If both are below targets, programmatic action is required.

People in prisons

Two data points regarding HIV prevention in prisons are available in the 2021 scorecards: population size estimates (see above) and whether the national prevention strategy includes the core components of the recommended package of services for people in prisons. Twenty countries reported on the content of their prevention strategies for people in prisons. Of these, only Nigeria's strategy contains all the recommended components, and the strategies of eight other countries contain at least one of the core components: operational needle and syringe programmes in prisons; opioid substitution therapy programmes in prisons; and condoms and lubricants available in prisons. Remedying the gaps in attention and information about HIV prevention in prisons will contribute to countries' ability to end HIV as a public health threat by 2030. Scaling up HIV treatment access in prisons is feasible and can - in combination with voluntary testing and counselling - make a significant contribution to improve health of prisoners living with HIV and reducing HIV transmission.

Condom programming

A modelling study in 2021 estimated that increased condom use since 1990 has prevented 117 million from acquiring HIV (32). Condom programming, including condom social marketing, was the mainstay of HIV prevention responses until the advent of antiretroviral therapy, and it has remained central to HIV prevention strategies worldwide. Outcome indicators on condom use for key populations and clients of sex workers are reported for all GPC focus countries, but additional indicators are included in GPC scorecards for the 19 countries of sub-Saharan Africa (see Table 6).

Condom programmes are among the most cost-effective interventions in the HIV response. Assuming an average cost of about US\$ 0.18 for each male condom distributed, each averted HIV infection during 1990-2019 cost about US\$ 230 (32)

Table 6. Scorecard summary for condom programming

	Condom use with non-regular partners (women 15-49, %)	Condom use with non-regular partners (men 15-49, %)	Knows condom as prevention method (women 15-49, %)	Knows condom as prevention method (men 15-49, %)	Woman justified to insist on condom use if husband has STI (women 15-49, %)	Woman justified to insist on condom use if husband has STI (men 15-49, %)	Number of condoms distributed/sold (in millions)	Number of condoms distributed/sold per couple-year* (age range 15-64 - 2020)	% of condom distribution need met (2020)
Angola	29	53	66	78	59	74			
Botswana							27	38	
Cameroon	43	63	77	77	71	72	36	5	16
Cote d'Ivoire	37	50	67	82	78	90	52	7	25
Democratic Republic of the Congo	23	31	56	73	68	79	36	2	6
Eswatini	54	67	91	87	94	96	15	43	86
Ethiopia	20	51	58	77	61	80			
Ghana	17	39	77	86	91	95			
Kenya	57	76	80	88	89	92	170	11	47
Lesotho	76	77	92	88	92	90			
Malawi	49	73	75	75	82	88	81	15	60
Mozambique	42	47	55	65	61	72	84	10	30
Namibia	66	80	88	90	93	91	34	46	100
Nigeria	36	65	73	78	77	74	130	2	14
South Africa	58	65					557	28	65
Uganda	38	62	87	88	87	91	143	12	47
United Republic of Tanzania	28	35					27	2	6
Zambia	35	54	83	87	73	81	17	3	11
Zimbabwe	65	82	84	88	87	85	83	21	67

* The number of condoms per couple-year represents the total number of condoms distributed and sold in a year, divided by half the population aged 15-64 in a country (assuming that each condom is used in a sexual act involving two persons). Both male and female condoms are included in the number of condoms distributed and sold. The indicator provides a proxy for comparing condom distribution numbers in different countries relative to population size.

■ Very good
 ■ Good
 ■ Medium
 ■ Low
 ■ Very low
 Insufficient data

Source: Global HIV Prevention Coalition country scorecards

The difficulties women and girls have in suggesting or requiring condom use have been discussed and dissected for decades, and the GPC outcome indicators provide some revealing data. In the 16 countries that reported on this indicator, between 55% and 92% of women and 65% and 90% of men know that condoms are a prevention method. Reported condom use with non-regular partners remains distressingly low for both women and men in all but a few countries. It was noteworthy, then, that slightly more men than women (range 72-96% for men and 59-94% for women) report that a woman is justified in insisting on condom use if the husband has a sexually transmitted infection.

To counter declining condom uptake, the GPC advocated and partnered with the Global Fund to create a strategic initiative on condom programming (33), and through it, four GPC focus countries (Malawi, Mozambique, Uganda and Zambia) obtained earmarked funds to reinvigorate their male and female condom programmes. The proportion of condom distribution need met was computed for 14 countries. Only Eswatini's and Namibia's condom programmes were rated good or very good. Distribution in nine countries was rated low. The number of condoms distributed or sold per couple-year ranged from 2 to 46 (see Table 6).

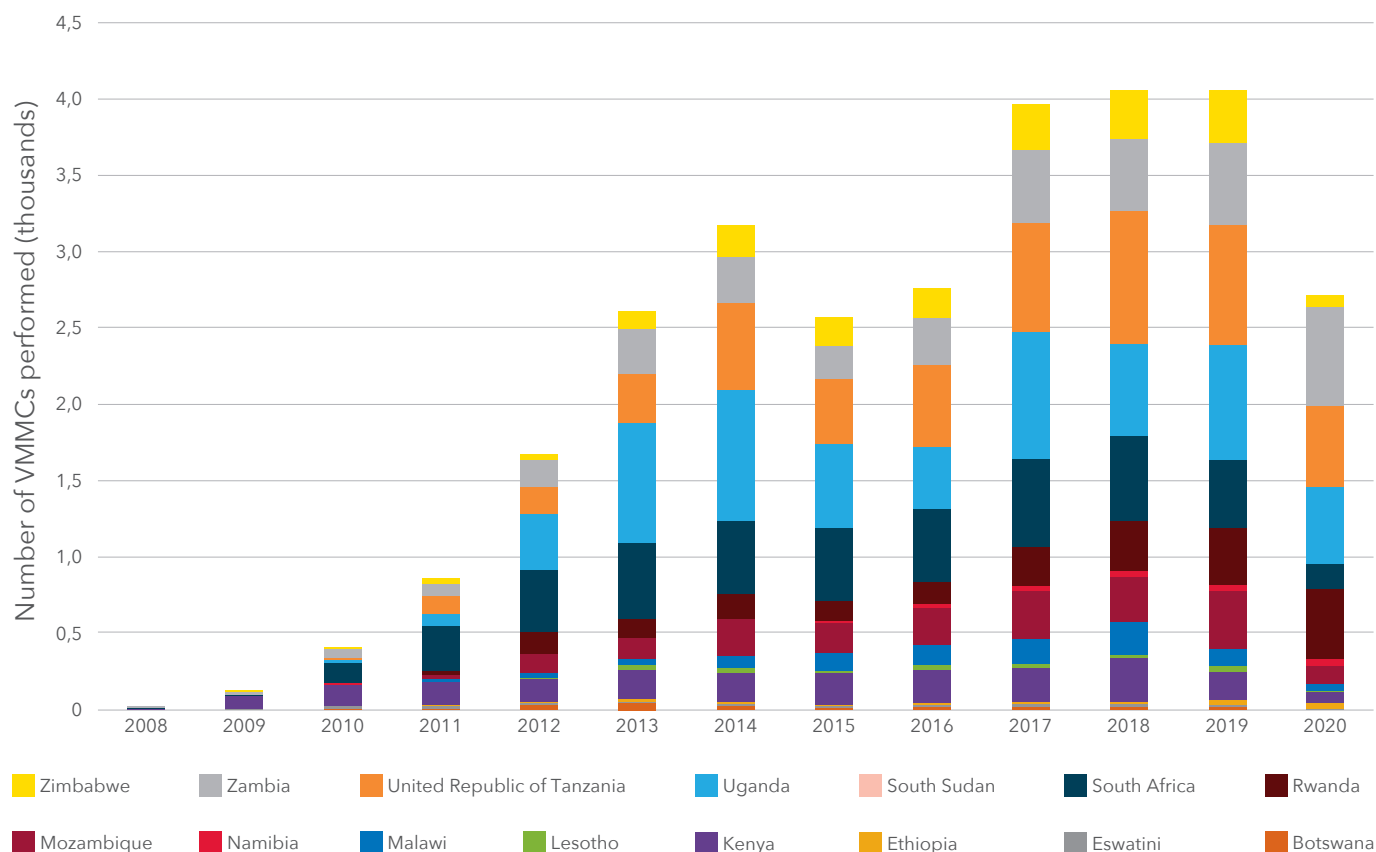
Voluntary medical male circumcision

Voluntary medical male circumcision continues to be an important HIV prevention intervention in countries with high HIV prevalence and low male circumcision prevalence. Almost 30 million voluntary medical male circumcisions have been performed since the programme began, as part of a package of prevention interventions for males that includes safer sex education, condom education and provision, HIV testing and linkage to care, antiretroviral therapy and sexually transmitted infection treatment as needed. Although the effectiveness of traditional circumcision varies, voluntary medical male circumcision is a one-time preventive procedure that reduces the risk of HIV transmission from women to men by an estimated 60%.

The benefits have been accruing most rapidly for men with more education and wealth. In 11 of 12 countries with recent survey data, men in higher wealth quintiles were more likely than those in lower quintiles to report having been medically circumcised (21).

Voluntary medical male circumcision programmes were heavily affected by the COVID-19 pandemic, which required medical clinics to shut down for months in 2020. Even after health facilities reopened, voluntary medical male circumcision procedures did not immediately rebound in most countries. Ethiopia, United Republic of Tanzania and Zambia were able to achieve 100% of their voluntary medical male circumcision targets in 2020. Seven other countries performed less than one third of their intended procedures (Figure 10).

Figure 11. Number of voluntary medical male circumcisions performed in 15 countries in sub-Saharan Africa, 2008-2020



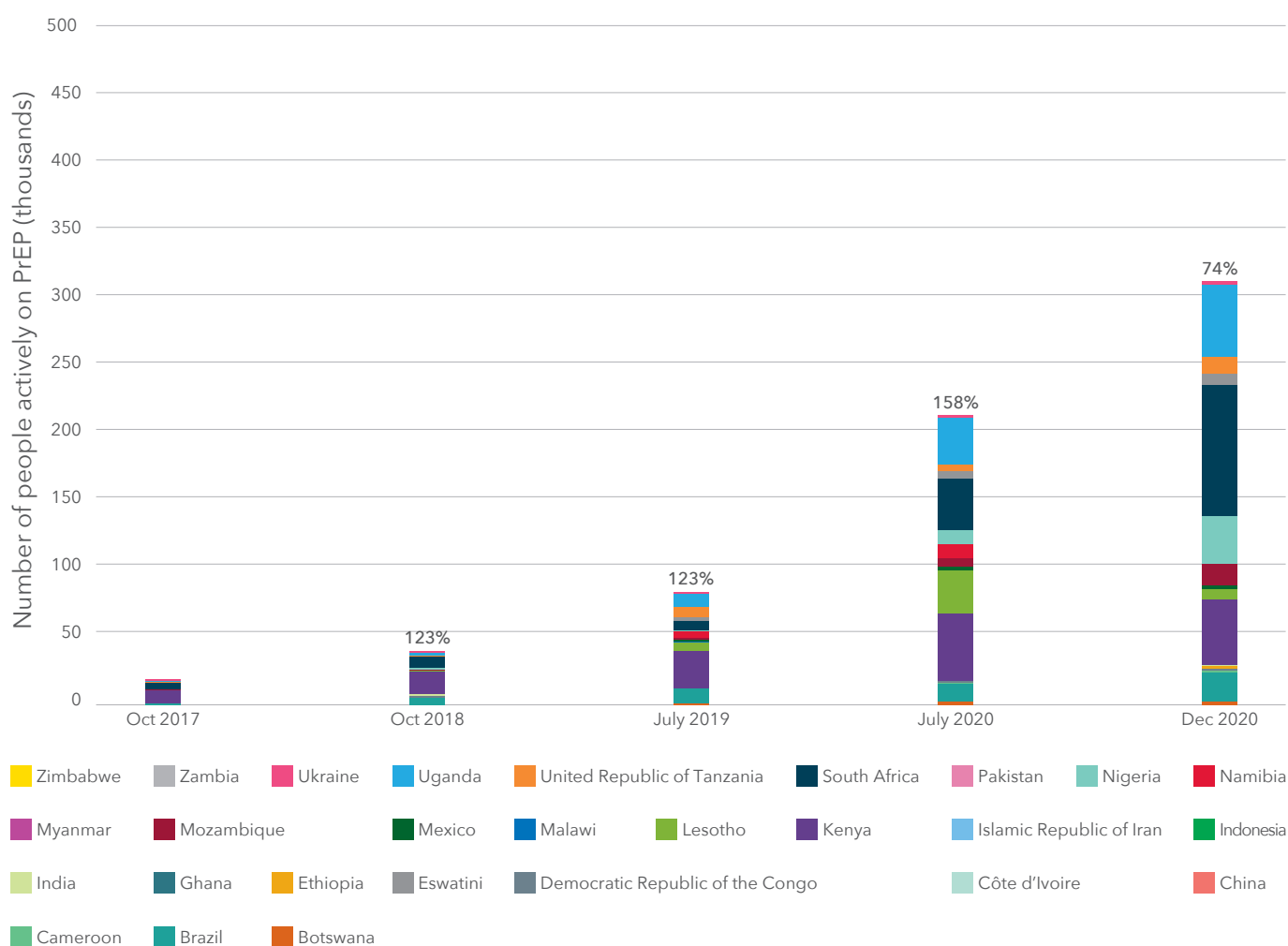
Source: UNAIDS Global AIDS Monitoring, 2021 (<https://aidsinfo.unaids.org>). Note that Rwanda and South Sudan are not GPC focus countries, but they are high-priority countries for voluntary medical male circumcision.

In sum, about 18 million voluntary medical male circumcisions were performed in 2016–2020, which falls short of the 2020 target by more than 7 million. A large fraction of that shortfall would have been made up by the circumcisions forgone because of COVID-19.

PrEP and other prevention based on antiretroviral drugs

An increasing number of countries in the GPC are implementing PrEP, but the scale-up of PrEP has been insufficient and unequal. More than 1 million people in 24 GPC focus countries have ever initiated PrEP as of 2021 (34).¹⁰ This scale of increase is inadequate to achieve the full benefit of PrEP in preventing infection among people at significant risk of HIV. From October 2017 to December 2020, the number of PrEP users in GPC countries increased from 20 000 to 460 000. (Figure 11).

Figure 12. Number of people using PrEP in GPC focus countries, with the percentage increase from the previous year

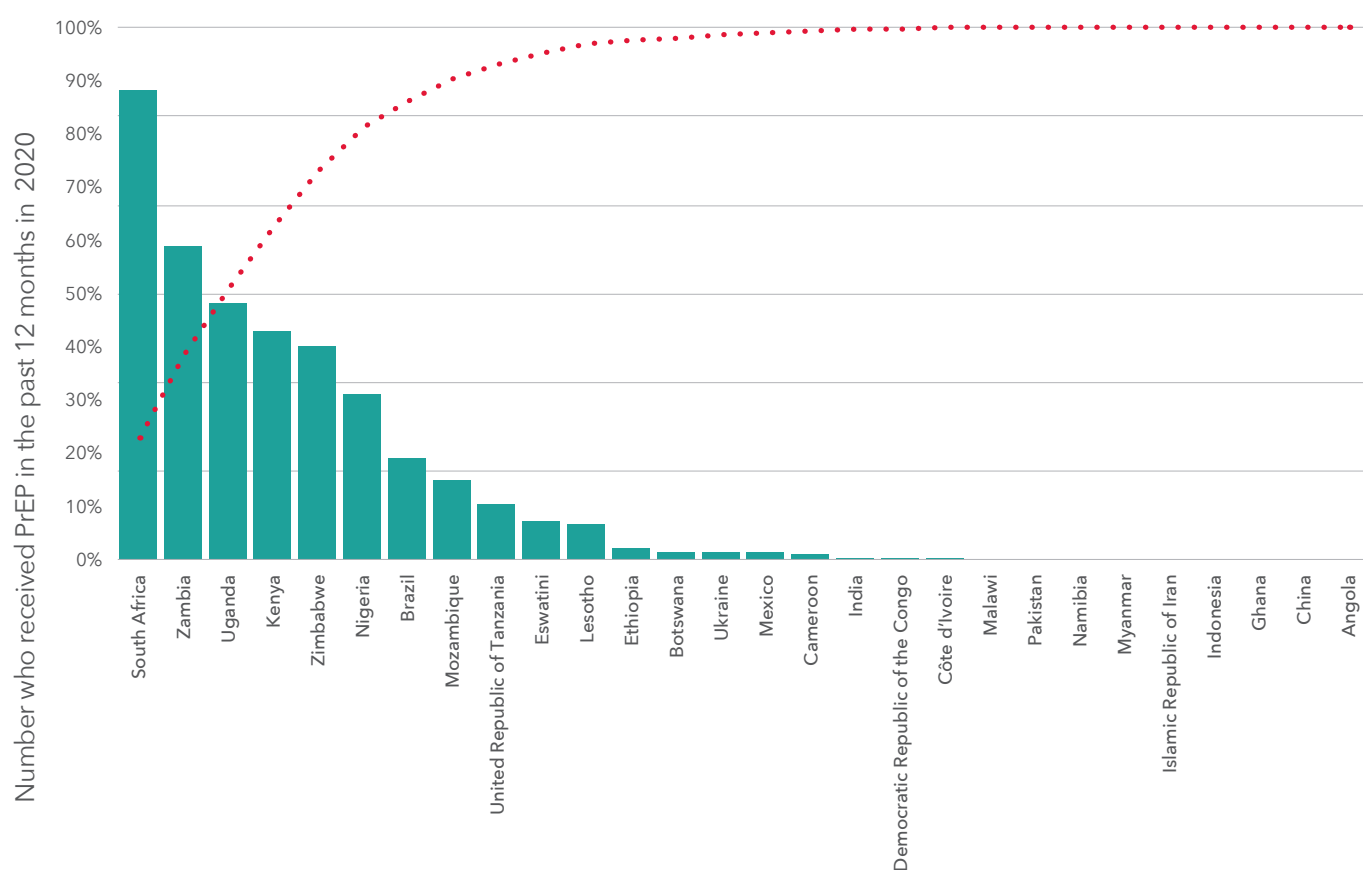


Source: UNAIDS Global AIDS Monitoring, 2021 (<https://aidsinfo.unaids.org>).

¹⁰ The latest data from AVAC PrEPwatch (October 2021) did not include information from Angola, Indonesia, Islamic Republic of Iran or Myanmar.

In 2020, 23 GPC focus countries have PrEP guidelines (and in preparation for an additional four), and 18 countries have regulatory approval in place. Fourteen of 18 countries that have PrEP data for this and last year's scorecard reported increases in PrEP coverage between July 2020 and December 2020, ranging from 16% to 482%. Four countries (Kenya, Lesotho, Malawi and Mexico) registered slight declines. Not surprisingly, coverage with this relatively new intervention is still low, and the definitions of eligible and priority populations differ across countries. Six of 19 countries have been rated "good" on a composite PrEP score based on the status of PrEP regulations, guidelines and coverage: Eswatini, Kenya, Lesotho, Uganda, Zambia and Zimbabwe. Six countries account for more than 80% of PrEP users in GPC countries in 2020 (see Figure 12). The 2021 scorecard summary rates the PrEP status in 10 other GPC countries as being very low. Among the large middle-income focus countries, only Brazil has undertaken PrEP in a major way.

Figure 13. Variation in uptake of PrEP in GPC focus countries



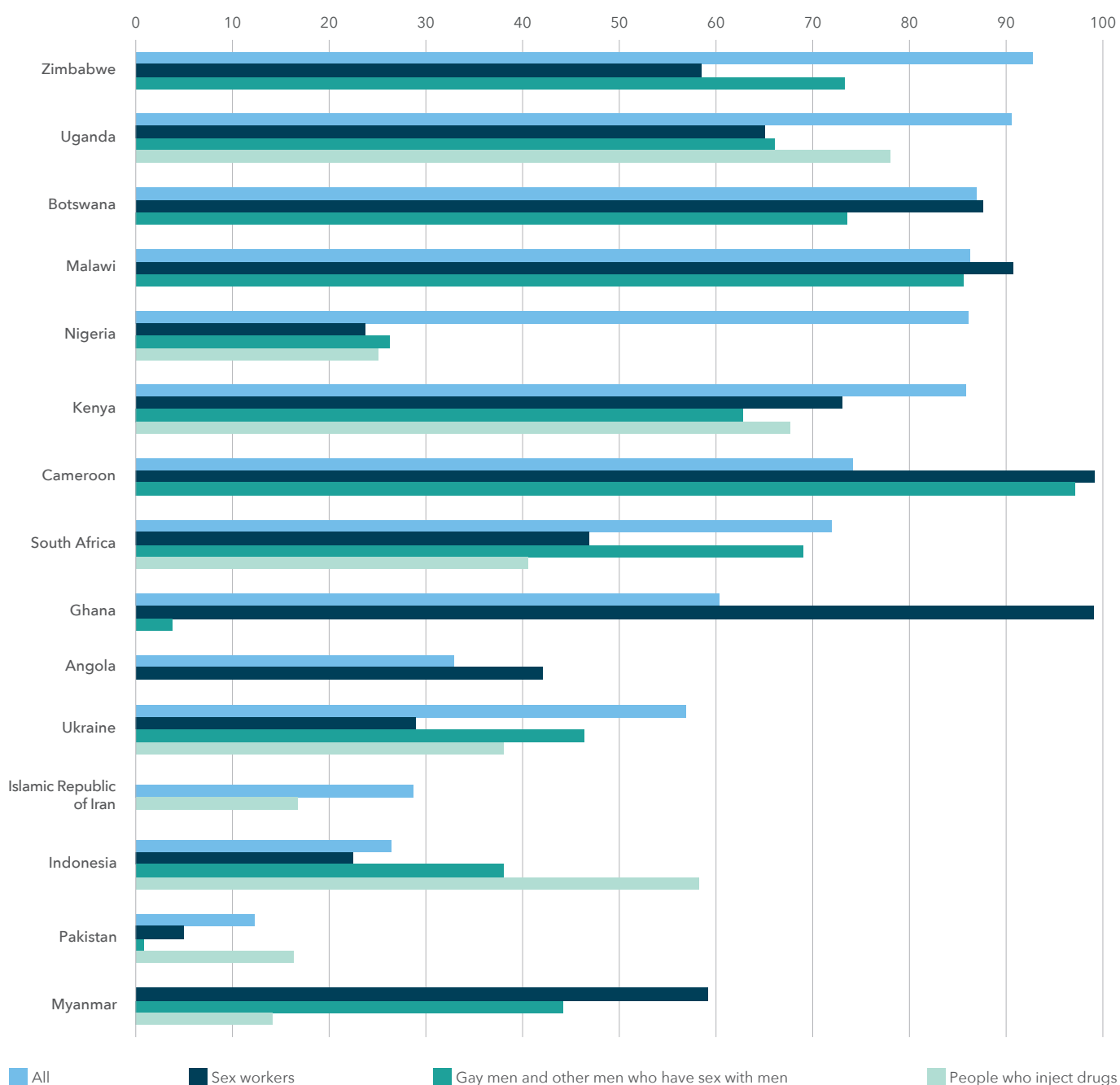
• • Cumulative percentage of PrEP users in countries (from left to right starting with countries with the largest number of PrEP users)''

Source: UNAIDS Global AIDS Monitoring, 2021 (<https://aidsinfo.unaids.org>).

The 19 GPC focus countries in Africa have done well over the decade in diagnosing people living with HIV (14 are rated good or very good), in getting people living with HIV onto antiretroviral therapy (12 of 19 countries are rated good or very good) and in the proportion of diagnosed people living with HIV who have viral suppression (13 of 14 reporting countries are rated good or very good). Eight African countries met or exceeded the 2020 target of 90% of people living with HIV diagnosed. Eleven countries met or exceeded the second 90 target (81% of people diagnosed with HIV are receiving antiretroviral therapy), and nine met the third 90 target (73% of all people living with HIV have viral suppression). In contrast, the nine

GPC focus countries in other regions, where the focus is on key populations, fell far short of the 90-90-90 treatment targets. Figure 13 presents data from 15 countries, including five with concentrated epidemics. Only four countries report antiretroviral therapy coverage for all three key populations. Overall, Figure 13 highlights that countries differ in which key populations are better served and that inequities persist in the provision of antiretroviral therapy among all key populations. Only Cameroon, Ghana and Malawi reported that 90% of a key population was accessing antiretroviral therapy.

Figure 14. Percentage of people living with HIV in 15 countries using antiretroviral therapy by subpopulation, 2020



Supportive strategies: societal enablers

The GPC advice and tools acknowledge the importance of social, political gender, environmental, and economic factors in promoting or impeding progress in each of the HIV prevention pillars and overall. Thus, in addition to recommending health system and behavioural interventions, the recommended packages for the HIV prevention pillars include selected interventions to address those factors that can either enable or constitute barriers to their HIV prevention objectives. Promoting societal enablers includes decriminalizing key populations and/or their high-risk behaviour, providing social protection and capacity development for underserved groups and combatting harmful beliefs and social norms such as HIV-related stigma and discrimination, tolerance of intimate partner violence, and gender-inequality. Investing in these efforts and combatting structural barriers such as punitive laws and policies are hallmarks of combination HIV prevention (35–37). In addition, three of the four overall barriers to successful HIV prevention that were identified at the launch of the GPC (insufficient political leadership, policy and structural barriers and limited HIV prevention funding) can only be addressed directly through these supportive strategies.

GPC countries and global partners have made some progress in addressing these overarching barriers (see Table 7). At the same time, major gaps remain on all four key barriers and they remain to be addressed as barriers.

Table 7. Progress made in addressing major barriers to HIV prevention

Key barrier identified in 2017	Progress made
Limited political leadership in HIV prevention	HIV prevention firmly established on the global agenda and in the new Global AIDS Strategy Active national HIV prevention coalitions and working groups in several countries
Policy and structural barriers to accessing HIV prevention services	Greater recognition of key populations in national plans and funding requests Stronger commitment to address the multifaceted vulnerability of adolescent girls and young women
Limited HIV prevention financing	High and stable PEPFAR investment in HIV prevention Trend of declining HIV prevention financing through the Global Fund halted and reversed Increasing number of countries providing domestic financing of HIV prevention
Limited implementation at scale	Increased coverage of voluntary medical male circumcision and PrEP Increased coverage of specific programmes for adolescent girls and young women Some increases in service access for key populations in a few countries

Source: prepared by the Global HIV Prevention Coalition Secretariat

Social determinants, gender inequality and other structural factors that influence HIV-related social norms and behaviour are notoriously difficult to define and measure (39). The GPC takes a practical approach, tracking proxies for these complex and interdependent factors that can be drawn from existing data sources (see Tables 8 and 9).

Although some of the factors tracked in these indicators provide the context that helps to explain differences in outcomes in the core interventions, they are features that can be altered through policy and programme efforts, when these are planned and funded components of combination HIV prevention packages. Tables 8 and 9 present a crude but stark picture of the gaps in investment and action on these supporting strategies.

Table 8. Indicators of structural barriers for HIV prevention for adolescent girls and young women and their male partners

Countries	Adolescent girls and young women				
	Proportion of women who experienced intimate partner violence (age 15-49)	Girls who completed lower secondary education	Policies on life skills-based HIV and sexuality education (secondary schools)	Laws requiring parental consent for adolescents to access HIV testing services, age of consent	HIV testing services integrated within sexual and reproductive health
Angola	25,9	32	Yes	Yes, <12	Yes
Botswana		92	Yes	Yes, <16	Partial
Cameroon		43	Yes	Yes, <16	Yes
Cote d'Ivoire	3,6	58	Yes	Yes, <16	Yes
Democratic Republic of the Congo		52		Yes, <18	
Eswatini		54	Yes	Yes, <12	Yes
Ethiopia	19,8	22	Yes	Yes, <16	Partial
Ghana		50	Yes	Yes, <14	Yes
Kenya		69	Yes	Yes, <18	Yes
Lesotho		55	Yes	Yes, <12	Yes
Malawi	24,3	21	Yes	Yes, <14	Yes
Mozambique	15,5	11	Yes	Yes, <12	Yes
Namibia		62	Yes	Yes, <14	Yes
Nigeria	13,8	59	Yes	Yes, <18	Yes
South Africa	30,3	91	Yes	Yes, <12	Yes
Uganda	29,9	23	Yes	Yes, <12	Yes
United Republic of Tanzania	29,5	27	Yes	Yes, <14	Yes
Zambia	25,3	50	Yes	Yes, <16	Partial
Zimbabwe	19	53	Yes	Yes, <16	Yes

■ Very good
 ■ Good
 ■ Medium
 ■ Low
 ■ Very low
 Insufficient data

Source: Global HIV Prevention Coalition country scorecards

Table 9. Scorecard indicators of structural barriers for HIV prevention with key populations

Countries	Key population											
	National Strategy Includes Key Elements of Recommended Package				Percent who avoided health care due to stigma & discrimination				Criminalization of key populations			
	Sex workers	Gay men & other MSM	People who inject drugs	Prisoners	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people
Angola	> Half	> Half	None						Yes	No		Yes
Botswana	> Half	< Half	None						Yes	No	Yes	No
Cameroon	All	All	None	None	4,7	13,5			Yes	Yes	No	Yes
Cote d'Ivoire	> Half	> Half	Some	None	13,9	5,5	9,3	22,6	Yes	No	Yes	No
Democratic Republic of the Congo	All	> Half	Some						Yes	No	No	No
Eswatini	< Half	< Half	None	Some					Yes	Yes	Yes	No
Ethiopia	> Half		None	None					Yes	Yes	Yes	Yes
Ghana	All	All	None						Yes	Yes	Yes	No
Kenya	All	> Half	All	None					Yes	Yes	Yes	No
Lesotho	> Half	> Half	None		8	8			Yes	No	Yes	No
Malawi	> Half	> Half	None	None	49	12,9			Yes	Yes	Yes	Yes
Mozambique	> Half	> Half	Some						No	No	Yes	No
Namibia	> Half	> Half	None	None					Yes	Yes	Yes	No
Nigeria	All	All	All	All					Yes	Yes	Yes	No
South Africa	> Half	> Half	All	Some					Yes	No	Yes	No
Uganda	< Half	< Half	Some	Some	9,3		64		Yes	Yes	Yes	No
United Republic of Tanzania	> Half	> Half	Some	None					Yes	Yes	Yes	No
Zambia	> Half	> Half	None	None					Yes	Yes	Yes	Yes
Zimbabwe	All	All	None	None	39,3	8,3		10,8	Yes	Yes	Yes	No
Brazil	> Half	> Half	na	Some	12,1	17,3			Yes	No	Yes	No
China	> Half	> Half	All	None					Yes	No	Yes	No
India	All	All	All						Yes	No	Yes	No
Indonesia	All	> Half	Some	Some					Yes	Yes	Yes	No
Islamic Republic of Iran	< Half	< Half	Some	Some	27,8				Yes	Yes	Yes	No
Mexico	> Half	> Half	All	Some					No	No	No	No
Myanmar	All	All	Some						Yes	Yes	Yes	Yes
Pakistan	< Half	< Half	Some	None					Yes	Yes	Yes	No
Ukraine	All	All	All	Some	16,3	9,7	10,3	8,4	Yes	No	Yes	No

■ Very good
 ■ Good
 ■ Medium
 ■ Low
 ■ Very low
 Insufficient data
 na Not applicable

Source: Global HIV Prevention Coalition country scorecards

The tables show numerous data gaps, a predominance of medium and low scores in the indicators regarding intimate partner violence and schooling among adolescent girls and young women and low scores on the most basic measure of quality of HIV prevention programmes for key populations (including the key elements of the recommended intervention package in the national strategy). More or better indicators are probably needed to track action toward creating a

more enabling environment for HIV prevention in GPC countries. The new Global AIDS Strategy 2021–2026 emphasizes that action to enhance the societal enablers will make an essential contribution to countries' abilities to meet their 2025 HIV prevention targets.

Effects of COVID-19

The COVID-19 pandemic disrupted HIV prevention programmes and services. COVID-19 responses and restrictions also upended livelihoods and interrupted access to education and other health care and increased violence against women (40, 41). It provided occasions for erosion of human rights and a surge in punitive legal and policy measures in far too many settings, and this is certain to amplify HIV risk and HIV vulnerability. All of these are likely to affect women and girls more severely than men and boys. Remarkably, HIV prevention, treatment and care services managed to carry on in the face of these challenges. Most countries maintained their antiretroviral drug-based prevention activities after an initial shock, and there were encouraging examples of countries and communities adapting, from which lessons can be learned (42).

Many national AIDS commission managers were drawn into the centre of their country's COVID-19 response. They were able to share their emergency response and community engagement expertise in developing strategies to respond to this new public health crisis. Basic principles such as the greater involvement of people living with HIV born early in the rise of the global AIDS movement (1, 5) are directly relevant to the challenge of building trust and bringing COVID-19 testing and treatment to the vulnerable communities that most need them.

"In light of the demonstrated value of HIV infrastructure for national COVID-19 responses, the HIV response should showcase how HIV investments build capacity, strengthen programme infrastructure, support pandemic preparedness and create platforms to address other health conditions, including noncommunicable diseases."

Global AIDS Strategy 2021–2026 (4)

The GPC Secretariat asked the 28 focus countries what service adaptations they had put in place during the COVID-19 pandemic response and found the following (see Figure 14):

- ▶ 27 of 28 recommend multimonth dispensing for HIV treatment, and 13 indicated they provide alternate access to antiretroviral therapy.
- ▶ 26 adopted multimonth dispensing for male and female condoms, but only three have listed condoms as a critical health commodity to promote continued supply.
- ▶ 21 adopted multimonth dispensing for PrEP, and 10 are providing alternative access to it, including community distribution.
- ▶ 21 countries indicated they achieved safe continuation of outreach activities for key populations, and 16 have online counselling services for key populations.

Few countries conducted supply chain assessments to ensure no shortages of antiretroviral drugs or condoms. Only one country reported providing HIV self-testing in the context of PrEP. Significant gaps remain in assuring harm-reduction services for people who inject drugs—namely multimonth dispensing for safe injecting equipment and/or take-home doses or alternative access to opioid substitution therapy.

Figure 15. HIV prevention services adaptations under COVID-19

		Angola	Botswana	Cameroon	Cote d'Ivoire	Democratic Republic of the Congo	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	South Africa	Eswatini	United Republic of Tanzania	Uganda	Zambia	Zimbabwe	Brazil	China	India	Indonesia	Islamic Republic of Iran	Mexico	Myanmar	Pakistan	Ukraine
Young women	Safe continuation of outreach																												
	Online counselling																												
Key populations	Safe continuation of outreach																												
	Online counselling																												
Condoms	Assessed and adjusted supply chain processes																												
	Adopted multimonth dispensing																												
	Male and female condoms prioritized as essential products																												
	Alternative access																												
PrEP	Integrated self-testing in the context of PrEP multimonth dispensing																												
	Adopted multimonth dispensing																												
	Alternative access including community distribution of PrEP																												
HIV treatment	Adopted multimonth dispensing																												
	Alternative access																												
Harm reduction	Assessed and adjusted supply chain processes																												
	Needles & syringes: Adopted multimonth dispensing																												
	Opioid substitution treatment (alternative access)																												

Yes - the service is provided or is in place

No - service not provided or not in place

Not assessed

Source: Global HIV Prevention Coalition country scorecards

Future developments in the GPC scorecards

The GPC scorecards and posters are highly valued in GPC countries and beyond (3). They provide a concise and user-friendly, cross-sectional picture of complex national HIV prevention programmes. They have many moving parts—many more than do HIV treatment programmes—because of the diverse evidence-informed interventions required and the number and diversity of actors and organizations involved. Compiling the outs and outcomes of the many interventions and implementers in a single frame, where they can be observed alongside HIV testing and treatment, provides a significant boost to effective HIV programming and oversight.

However, the GPC scorecards can be further developed. The national averages obscure significant subnational differences in the risks, needs and accomplishments that are captured in the scorecards today. The GPC intends to support implementing scorecards at subnational levels. Further, as countries gather, collate, and report more disaggregated data from more partners in more locations and groups, increasingly useful programming guidance can be extracted. For example, the breakout of data on the distribution of new infections among children 0–14 years old, included this year in the country summaries (Annex 1), indicates which steps in the cascade for eliminating the mother-to-child transmission of HIV need to be reinforced the most.

The scorecards' credibility and utility depend on the availability and accuracy of their data, and the many empty cells in the 2021 summary scorecards (marked "insufficient data") indicate issues that need to be addressed. COVID-19 restrictions caused some gaps in reporting. Discrepancies around definitions and measurement of some indicators caused a few others. However, the gaps are most numerous for issues that are culturally and politically sensitive, from the rate of intimate partner violence reported by women to the availability of HIV prevention services for key populations (8, 9, 43). Remedying these persistent knowledge and service gaps will require leadership as well as funding. Governments and communities should be neither blind to nor blinded by lack of data regarding critical gaps in their HIV prevention programmes.

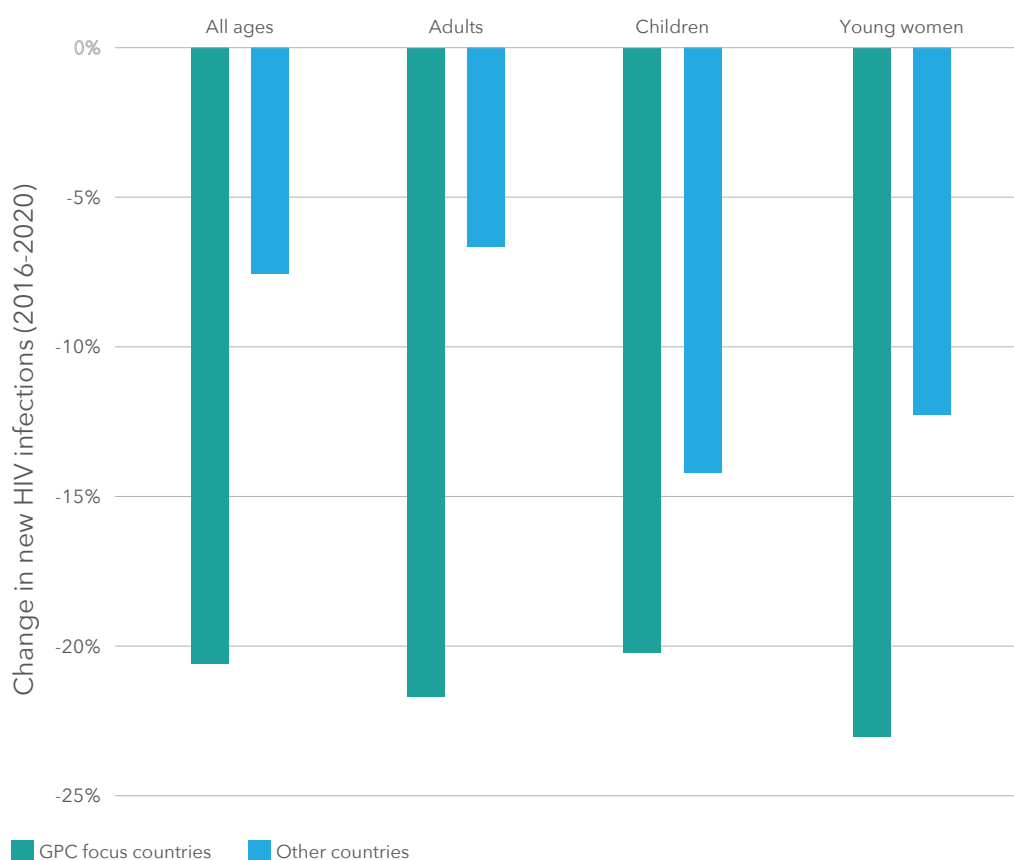
Conclusions

Where the response stands

Over the past four years, GPC focus countries have strengthened their combination HIV prevention programmes using the 10-step HIV Prevention 2020 Road Map and formalizing a community of practice that is monitoring, assessing and learning from their own and each other's HIV prevention efforts. Reviewing the scorecard data, several observations arise.

The country-by-country synopsis provided by the 2021 scorecards indicates that their prevention successes are diverse, but their shortfalls have much in common. Impressive progress has been made in antiretroviral therapy coverage in more than half the GPC countries in sub-Saharan Africa. Scale-up of PrEP and voluntary medical male circumcision has been successful in some countries but lags behind in many. The decline in condom programming has drawn attention from funding partners and several countries, but remedial action is still far from adequate, and adolescent girls and young women are now centre stage in countries with high HIV prevalence but still with only pockets of programmatic success. The 28 GPC focus countries were mobilized into the GPC because they had the highest HIV burden and thus had the farthest to go to meet the goal of ending HIV as a public health threat by 2030. It is encouraging that, even though gaps are called out in the scorecards for every country and every pillar strategy, over the past five years the GPC focus countries have made more progress than other countries toward reducing the number of people newly infected with HIV (see Figure 15). Since many of these changes started before 2010, the rate of decline cannot be attributed to programmatic actions in the last five years alone and not to the GPC as a mechanism. The more rapid rate of decline in GPC countries does, however, suggest that progress is being made in those countries which for the past decade have seen intensified HIV prevention and treatment responses.

Figure 16. Change in the numbers of people acquiring HIV, 2016–2020



Source: based on UNAIDS epidemiological estimates (includes only countries with published data).

The country scorecards highlight the reality that enabling policies too often are not accompanied by programme implementation in the right places and on the right scale. Across the board, the weakest links in the national HIV prevention programmes tend to be the interventions with and for key populations, both in mixed and concentrated epidemics, although effective strategies and platforms for HIV prevention with these populations are known and the Global Fund and PEPFAR have made special funding for them available (44, 45). The political will to invest in these platforms among national decision-makers and the communities they represent is still insufficient.

Even when follow-through from policy to implementation appears to be in place, the expected progress along the impact pathway from recommended interventions to increased coverage, higher use of HIV prevention services and reduced numbers of people acquiring HIV does not always result. For example, HIV prevention information and services for adolescent girls and young women have been central to HIV and broader sexual and reproductive health strategies for decades in most countries. Nevertheless, in many countries with mixed epidemics, the scorecards show low levels of condom use with non-regular partners, high levels of intimate partner violence and many people acquiring HIV in this age group. This suggests a need for more refined output indicators, including ones that factor in programme quality, scope and intensity. More granular programming and data collection, led by the affected communities, is needed to respond to and represent important geographical, social and economic differences within and between populations at high risk.

Thus, both the successes and the shortfalls displayed in the GPC scorecards call for reflection. To be successful, countries' HIV prevention programmes need to "do the right things in the right way at the right [locations and] scale" (46). The rate-limiting challenge for HIV prevention programmes is often the third dimension: scale. But the reach and intensity of HIV programmes, in turn, is ultimately constrained by the available resources, and the volume of resources allocated to HIV prevention is clearly insufficient to enable effective programmes at scale. Affirming this, the new Global AIDS Strategy 2021–2026 calls for doubling domestic and international resources for primary HIV prevention in low- and middle-income countries from the estimated US\$ 5.2 billion spent in 2019 to US\$ 9.5 billion in 2025. It specifically calls for increasing investment in the societal enablers from US\$ 1.3 billion in 2019 to US\$ 3.1 billion by 2025 (4).

Limited funding for HIV prevention is partly a function of broader limits in available funding—domestic and international—for HIV and for health and social welfare systems (47, 48). However, these limits also reflect the choices made by leaders within and beyond the health system. This reaffirms something that the GPC recognized from its outset: that the four barriers to effective HIV prevention are mutually reinforcing. Progress has been made on the barriers since 2017 (see Table 7), but there is much more work to do: specifically, more effort on advocacy to shift these upstream social gender, economic and political factors—the societal enablers.

Looking forward

Combination HIV prevention will continue to play a vital role in achieving the ambitious targets presented in the new Global AIDS Strategy 2021–2026. Achieving the 2025 target for reducing the number of people newly infected with HIV requires rapidly accelerating the roll-out and uptake of all five prevention pillars, in parallel to pursuing the new strategy's targets for antiretroviral therapy and eliminating the mother-to-child transmission of HIV. Roll-out will require ongoing investment in the HIV prevention programme management and monitoring functions that were detailed in the 10 steps of the HIV Prevention 2020 Road Map, to implement the improved strategies and plans that are now largely in place in GPC focus countries.

Incremental change in the countries' HIV prevention programmes—doing more and in more strategically selected populations and places—can be expected to move countries toward their 2025 targets. However, the new Global AIDS Strategy 2021–2026 signals an important shift in perspective. It recognizes that the economic and political barriers to effective HIV prevention the GPC identified in 2017 are still in place, and it recommends a more radical effort to address them through a focus on ending inequalities. It gives priority to operationalizing the global health community's longstanding commitments to gender equality, equity, inclusion and dignity of all people.

The inequalities to be targeted include the legal and policy barriers and the funding gaps that constrain the provision of comprehensive HIV prevention and treatment services, especially for key populations, and that signal government neglect of discrimination against these groups. Collaborating with affected and neglected communities, building their capacity to design, implement and advocate for the services, and integrating health sector efforts with the expertise and efforts of partners beyond the health sector are increasingly important ways forward.

The final year of the GPC's 2020 road map and the design of the new strategy took place in a period that brought terrible losses from COVID-19 to families, communities, and countries around the world. The costs of mitigation and recovery have affected the funding available to invest in all health and development programmes worldwide. However, during this period, the global social movements of Me Too and Black Lives Matter also showed that human rights abuses and neglect that have flourished in the shadows can be denormalized. These movements suggest that, with more focused effort, evidence-informed advocacy and collaboration among HIV programmes' stakeholders, the persistent underinvestment in the HIV prevention needs and demands of sex workers, people who inject drugs, gay men and other men who have sex with men, transgender people, prisoners and other marginalized groups can be denormalized too.

The GPC scorecard methodology is only one tool in the toolbox that supports the global push toward ending AIDS as a public health threat by 2030. A vast quantity of additional data, tools and lessons learned is being shared through the UNAIDS global reports and reports and guidelines from regional bodies, civil society networks, United Nations agencies and international partners (<https://hivpreventioncoalition.unaids.org>). However, by offering a rigorous snapshot of the biomedical, behavioural and structural components of national HIV prevention programmes, which can be compared year upon year, or country by country, the GPC scorecards remain a unique and accessible resource for national and global HIV programmes and their stakeholders as they seek to tailor their efforts to "end inequality; end AIDS".

Annex 1.

Status of HIV prevention in 28 Global Prevention Coalition focus countries

Introduction to country summaries

Annex 1 provides summaries of the country status and progress in primary HIV prevention programmes in form of a two-page poster for each of the 28 countries participating in the Global HIV Prevention Coalition. The country summaries contain information on all levels of the HIV prevention programme results chain, including impact on HIV incidence, programme outcomes for various HIV prevention methods, coverage of programmes, enablers and structural factors. The choice of indicators was guided by two types of considerations: Which are the most relevant indicators for measuring impact, outcome and coverage of programmes as well as for programme enablers? Which data are currently available in most countries through the Global AIDS Monitoring system, UNAIDS estimates and the most commonly conducted types of population-based surveys including Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Integrated Bio-Behavioural Surveillance (IBBS), Population-based HIV Impact Assessments (PHIA) and other AIDS Indicator Surveys.

The data included in the country summaries refer to different time periods.

- ▶ The estimates of the number of people newly infected with HIV are based on modelling using data from population-based surveys, which are conducted every two to five years. These surveys are also the source for data on prevention behaviour, such as condom use.
- ▶ Programme coverage refers to the most recent calendar year—ideally 2020—but reflects financing decisions taken earlier in the response.

As such, progress on one indicator in one year does not necessarily show immediately in another, higher-level indicator, since that progress might only be revealed through a survey (the results of which may only become available years later).

HIV incidence and prevalence

Trends in the number of people newly infected with HIV (all ages) are based on UNAIDS 2021 estimates (18) and are presented as line graphs against the 2020 target of a 75% reduction in this number as well as the 2025 target. This reduction between 2010 and 2020 is also expressed as a percentage with 2020 as the denominator. The reduction among adults, young women and children is

also shown as a percentage. The HIV prevalence among young women and men as well as key populations (younger than 25 years and all ages) is presented. HIV prevalence among young people—including young key populations—can provide an indication of the level of HIV incidence in recent years while considering that HIV prevalence may also include long-term survivors of vertical transmission of HIV. In addition, it needs to be considered that data for young key populations often have limitations in terms of representativeness and sample size.

HIV prevention outcomes for the five pillars

The country summaries also include information on HIV prevention outcomes, which are generally presented in the form of charts.

- ▶ The data on condom use among young women and men and adults with non-regular partners are based on population-based surveys, such as DHS, MICS and PHIA.
- ▶ The data on condom use and the use of safe injecting equipment and opioid substitution therapy among key populations are based on integrated biological and behavioural surveillance (IBBS). Data on condom use among the clients of sex workers are mostly from DHS.
- ▶ The data on voluntary medical male circumcision are from programme records. The cumulative number of voluntary medical male circumcisions conducted between 2016 and 2020 is measured against the estimated total number of voluntary medical male circumcisions required between 2016 and 2020 according to the UNAIDS Fast-Track model to achieve 90% of boys and men 15–29 years old being circumcised. The data on the male circumcision prevalence among boys and men 15–24 years old comes from population-based surveys, mostly DHS and PHIA.
- ▶ With respect to antiretroviral drug-based prevention, information on the number of people using PrEP for the past four years and on the third 90 (90% of people receiving treatment have suppressed viral loads) is included. PrEP data is based on programme records. The proportion of people virally suppressed is estimated as part of the UNAIDS 2021 estimates (18). A measure for the need for PrEP met is still under development.

Most available survey information is from before 2020; hence, there is not yet sufficient information from surveys to analyse trends over time since the Coalition began operating in 2018 (it was launched in late 2017).

HIV prevention programme coverage

The country summaries include information on programme outputs in terms of availability and coverage of prevention programmes.

- ▶ For prevention programmes among adolescent girls and young women, coverage is measured geographically in terms of the percentage of high-incidence locations based on UNAIDS HIV estimates with dedicated programmes for this population (using data reported to Global Fund, PEPFAR and UNICEF). A more precise indicator to measure coverage is being developed.

- ▶ For prevention programmes among key populations, coverage is defined as the percentage of people who received at least two HIV prevention interventions in the previous three months. This information is based on the number of people reached according to programme records versus the total estimated population size of the key populations. In some countries, this information is also based on population-based surveys such as IBBS.
- ▶ For condoms, coverage is defined as the percentage of condom distribution need that was met. This represents the total number of condoms distributed in a country in a year divided by the total estimated condom need (according to the UNAIDS-UNFPA condom needs estimation tool).
- ▶ For voluntary medical male circumcision, the level of coverage is defined as the number of voluntary medical male circumcisions reported by programmes versus the annual target derived from the UNAIDS Fast-Track model.
- ▶ The PrEP score is based on whether regulatory approval and national guidelines are in place and on a PrEP coverage score. The latter is derived from the estimated number of people receiving PrEP in the past 12 months (based on programme records) relative to the epidemic size. PrEP coverage data is based on programme records and country reporting. The number of new adult HIV infections as per UNAIDS 2021 Estimates serves as a proxy for epidemic size.
- ▶ The ART score is based on the proportion of all people living with HIV who are on HIV treatment. The data on the latter is available from UNAIDS estimates (general population) and from programme records (key populations).
- ▶ The country posters also include a section on eliminating the mother-to-child transmission of HIV reporting on the rate of mother-to-child transmission of HIV, the percentage of pregnant women living with HIV receiving antiretroviral therapy, the number of estimated births to women living with HIV and the number of children acquiring HIV from vertical transmission by mode of transmission derived from Global AIDS Monitoring and 2021 UNAIDS estimates.

The programme coverage data are not strictly comparable between countries, because countries use different methods for population size estimates and different approaches for defining and measuring coverage. Further, large data gaps persist for ascertaining programme coverage, especially among key populations. This is why an additional quick data triangulation for the latter has been done, using data from Global Fund and PEPFAR. Although this exercise has many limitations, it is considered as a starting-point for making use of existing data and encouraging countries to conduct such a triangulation locally in future as part of the country reporting to the Global AIDS Monitoring process.

Summary scores

Each country page also provides a snapshot of the country's HIV prevention scorecard in the form of a summary score for each pillar of HIV prevention that is relevant to that country. When the scores are interpreted, the following points need to be considered.

Scores are expressed on a scale of 0 to 10, based on programmatic coverage and outcome information (as described above). If coverage or outcome information are unavailable, the score indicates "insufficient data". This suggests the need to improve strategic information, such as by conducting more systematic population size estimates, monitoring condom availability or better measuring the number of people reached.

For most indicators, the score is directly aligned to the percentage value of the indicator. For instance, if 20% of a population use a method, the score will be 2, but if 80% use it, the score will be 8. For some indicators that require higher adherence in order to be effective (such as condom use among sex workers or use of safe injecting equipment or treatment coverage among pregnant women), the scale starts at 50%—in other words, 50% utilization is equivalent to a score of “0,” 55% use equals a score of 1 and so on.

Coverage and outcome indicators have the same weight (50% each) in the score. For example, 44% programme coverage and 57% use of a method results in a composite score of 5.

- ▶ For prevention programmes among adolescent girls and young women, the score combines data on the percentage of high-incidence locations covered with programmes, levels of condom use among women 15–24 years old and the percentages of girls completing lower-secondary education.
- ▶ For key populations, the score reflects the percentage of key populations reached with prevention services as well as condom use (for sex workers and gay men and other men who have sex with men) and the use of safe injecting equipment (for people who inject drugs).
- ▶ For condom programmes, the score is based on the percentage of condom distribution need met and the rate of condom use with non-regular partners among women and men 15–49 years old.
- ▶ For voluntary medical male circumcision, the score takes into account the percentage of voluntary medical male circumcisions conducted versus the annual voluntary medical male circumcision targets for 2020 (as a measure of recent programme performance) and the cumulative 2020 voluntary medical male circumcision targets (as a measure of overall progress).
- ▶ For PrEP, the score is based on a combination of preparedness (regulatory approval and guidelines in place) and actual coverage (number of people on PrEP compared with the burden of new HIV infections).
- ▶ For HIV treatment, the score is based on the proportion of all people living with HIV receiving treatment.¹¹
- ▶ For eliminating the mother-to-child transmission of HIV, the score reflects the HIV treatment coverage among pregnant women living with HIV.

Scores in the earlier and current version of the scorecard are not directly comparable: some indicator definitions were updated, particularly for PrEP and voluntary medical male circumcision.

The [country guide](#) to reviewing and consultation for scorecards and country posters in the Global HIV Prevention Coalition describes the methods applied to develop the scores in more detail.

¹¹ For HIV treatment and prevention of vertical transmission, the score is based at the same level of results as for the other thematic areas, which is coverage and outcome. The proportion of all people living with HIV who are on HIV treatment is a result that necessarily includes both dimensions: the coverage of HIV testing and the outcome in form of utilization of HIV treatment. In other words, the score reflects the combined result of the first two in the 90–90–90 cascade.

Enablers, structural factors and COVID-19

Selected structural indicators are included in the country summaries for this 2021 report. For adolescent girls and young women, this includes completion of lower-secondary education, intimate partner violence, laws requiring parental consent for adolescents to access HIV testing services, and policies on life skills-based HIV and sexuality education (secondary schools).

For key populations, data are provided on criminalization of key population behaviour, whether the national strategy includes critical elements of key population programme packages and avoidance of health-care uptake due to stigma and discrimination.

Links between HIV and sexual and reproductive health services are reported, specifically whether HIV testing services and provider-initiated condom promotion are integrated within sexual and reproductive health services.

Finally, data related to HIV prevention adaptations during COVID-19 are included. Those data include safe continuation of outreach and online counselling for young women and key populations, adoption of multimonth dispensing and expanded alternative access for condoms, PrEP, HIV treatment, safe injecting equipment and opioid substitution therapy.

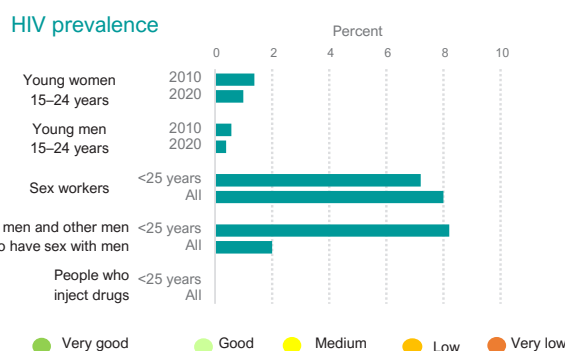
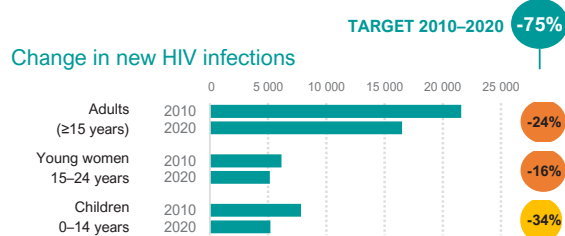
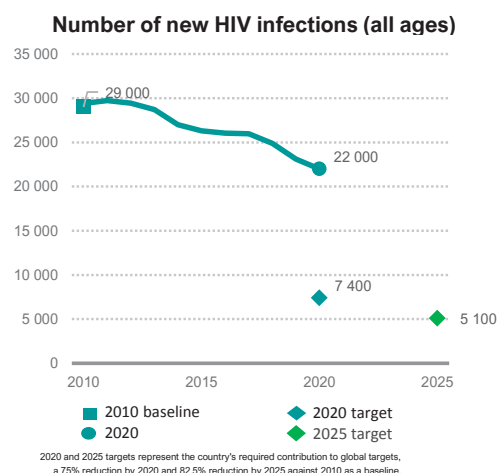
Limitations

The GPC scorecards present a selection of information about the status of national HIV prevention programmes. Only a subset of this information goes into the composite scores, which are therefore indicative rather than definitive and may not show important details that can be derived from examining the source indicators (see Annex 1). Although the national numbers of new HIV infections are derived annually from UNAIDS estimates, many indicators are derived from survey data that are only updated every 3–5 years. Therefore, not all indicators for a given country represent the same year, the values of some indicators may not depict the most recent situation and the values in one country's scorecard are not necessarily derived from surveys conducted in the same year as those for another country. In addition, the National Commitments and Policy Index (NCPI) survey is an important source for scorecard data, and not all indicators are updated annually. In any case, trends in the rates of people acquiring HIV cannot be associated directly with progress, or lack of progress, in their country's HIV prevention programmes or with the direct influence of the GPC. In many countries, the numbers of people newly infected with HIV began to decline before 2015 and others before 2010, so the trends shown in the next section reflect only the most recent phase in their HIV prevention progress.

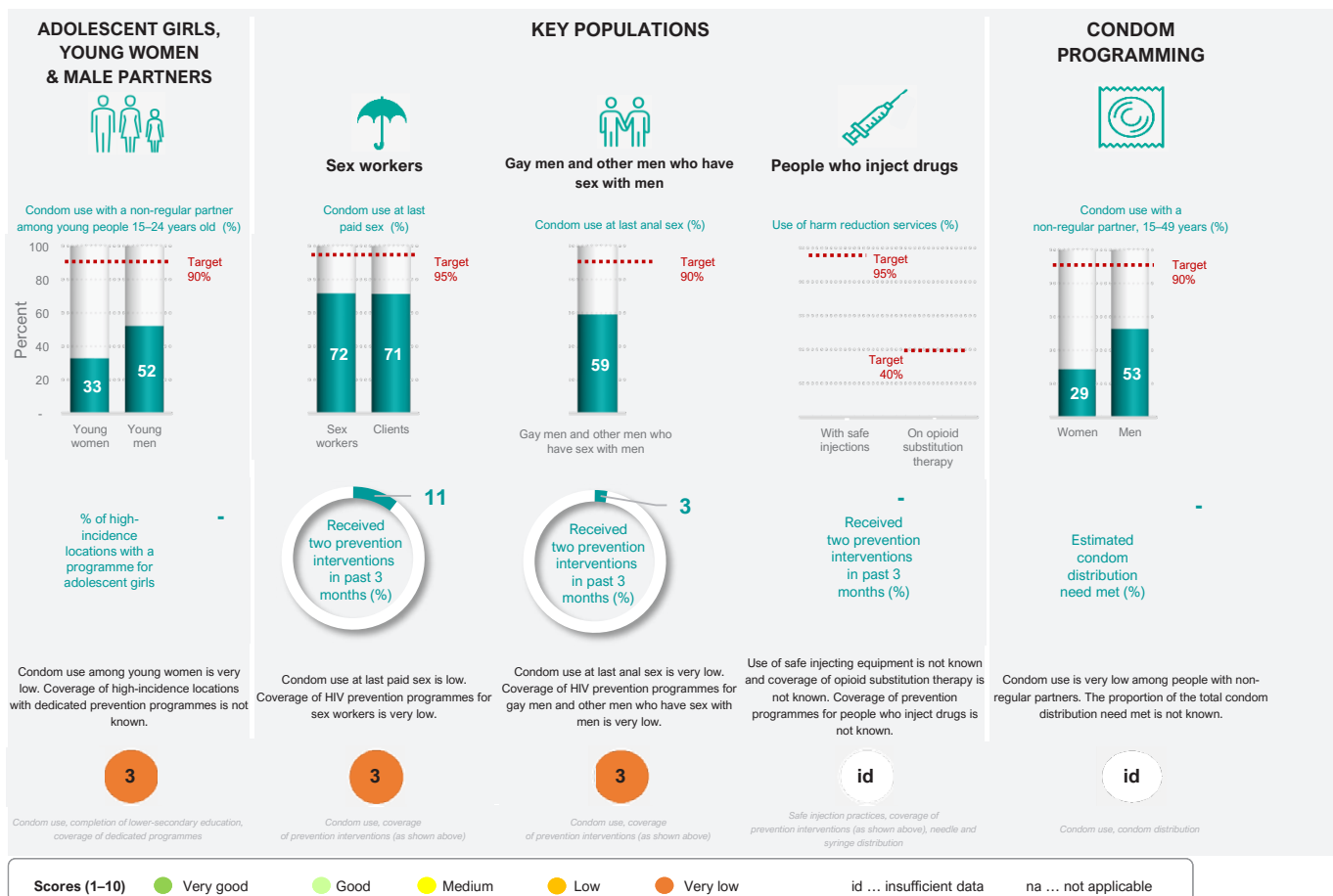
The State of HIV Prevention in Angola

2021

The number of people newly infected with HIV declined from 29000 in 2010 to 22000 in 2020, a 26% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	id	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	54 000	29 400	id	3 400	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	26%	24%
Girls who completed lower secondary education	32%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

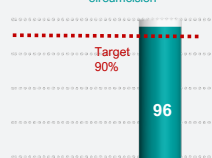
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



% of 2020 target achieved

Male circumcision prevalence, 15–24

% of annual voluntary medical male circumcision target

The country is not among the 15 priority countries for voluntary medical male circumcision

na

Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

No documented PrEP use in 2020

At the end of 2020, there was no use of PrEP reported.

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall 33%

Sex workers 42%

Men who have sex with men id

People who inject drugs id

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is very low.

3

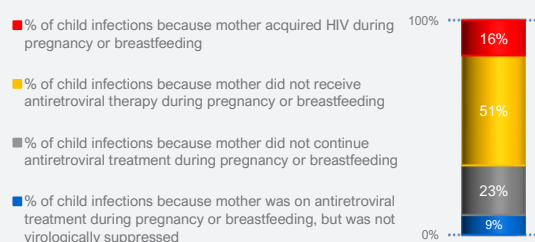
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 19%

% of HIV-positive pregnant women receiving ART (2020)	68%
Number of Estimated births to women living with HIV (2020)	28 000
Number of new child infections due to vertical transmission (2020)	5 200

Distribution of new child infections in 2020



4

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global Aids Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

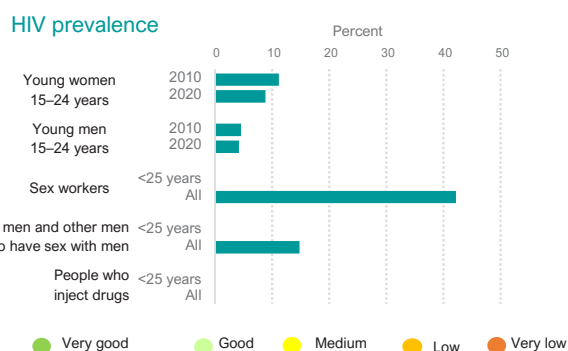
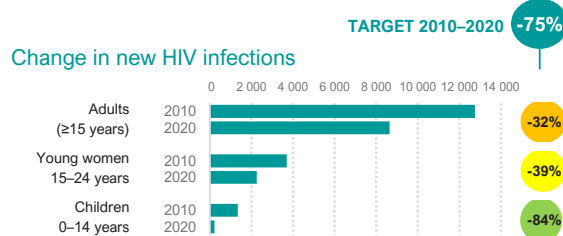
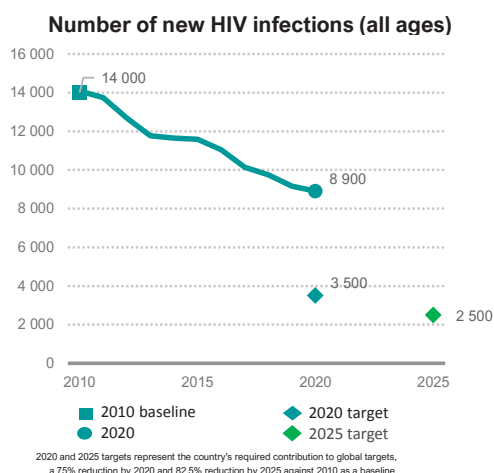
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

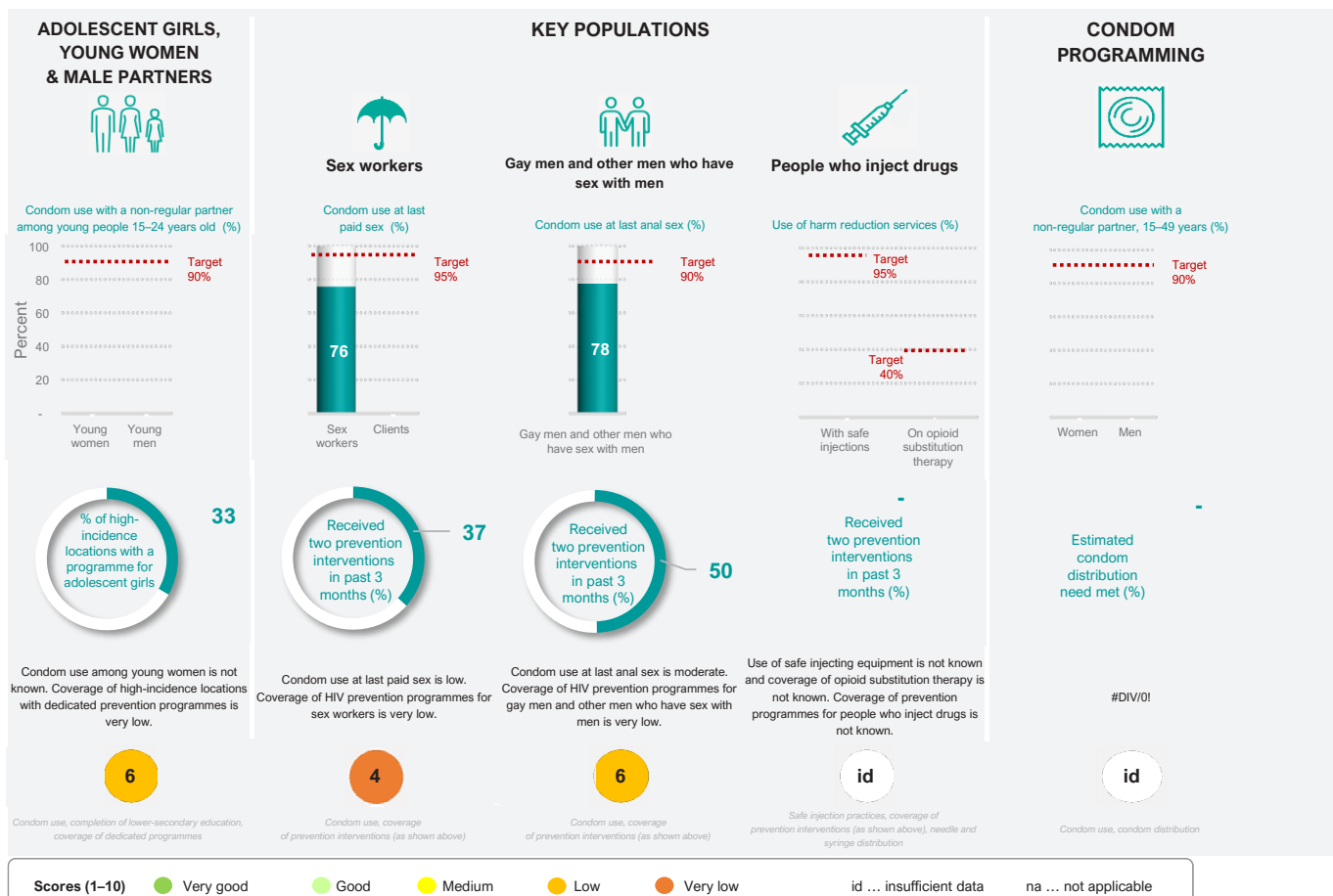
The State of HIV Prevention in Botswana

2021

The number of people newly infected with HIV declined from 14 000 in 2010 to 8 900 in 2020, a 37% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	< Half	None	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	6 700	2 600	id	50	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	92%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing	Adopted multi-month dispensing	Expanded alternative access
Condoms	No	Yes
PrEP	No	Yes
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

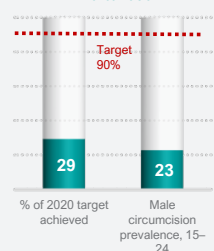
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



6

In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was very slow.

2

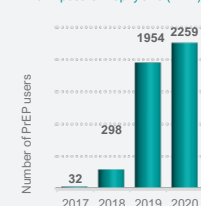
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+16%

At the end of 2020, there were 2259 people actively taking PrEP. In the second half of 2020, use of PrEP stagnated.

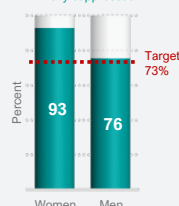
5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	87%
Sex workers	88%
Men who have sex with men	74%
People who inject drugs	id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is high.

9

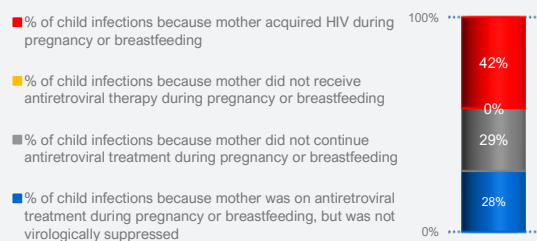
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 2%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	11 000
Number of new child infections due to vertical transmission (2020)	220

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

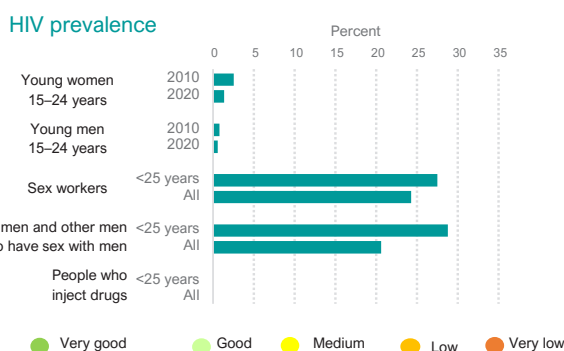
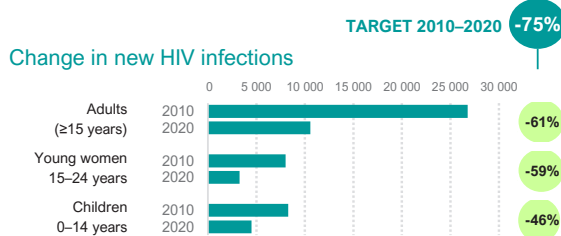
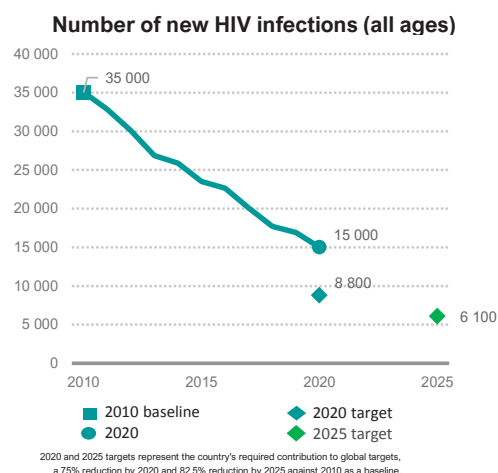
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

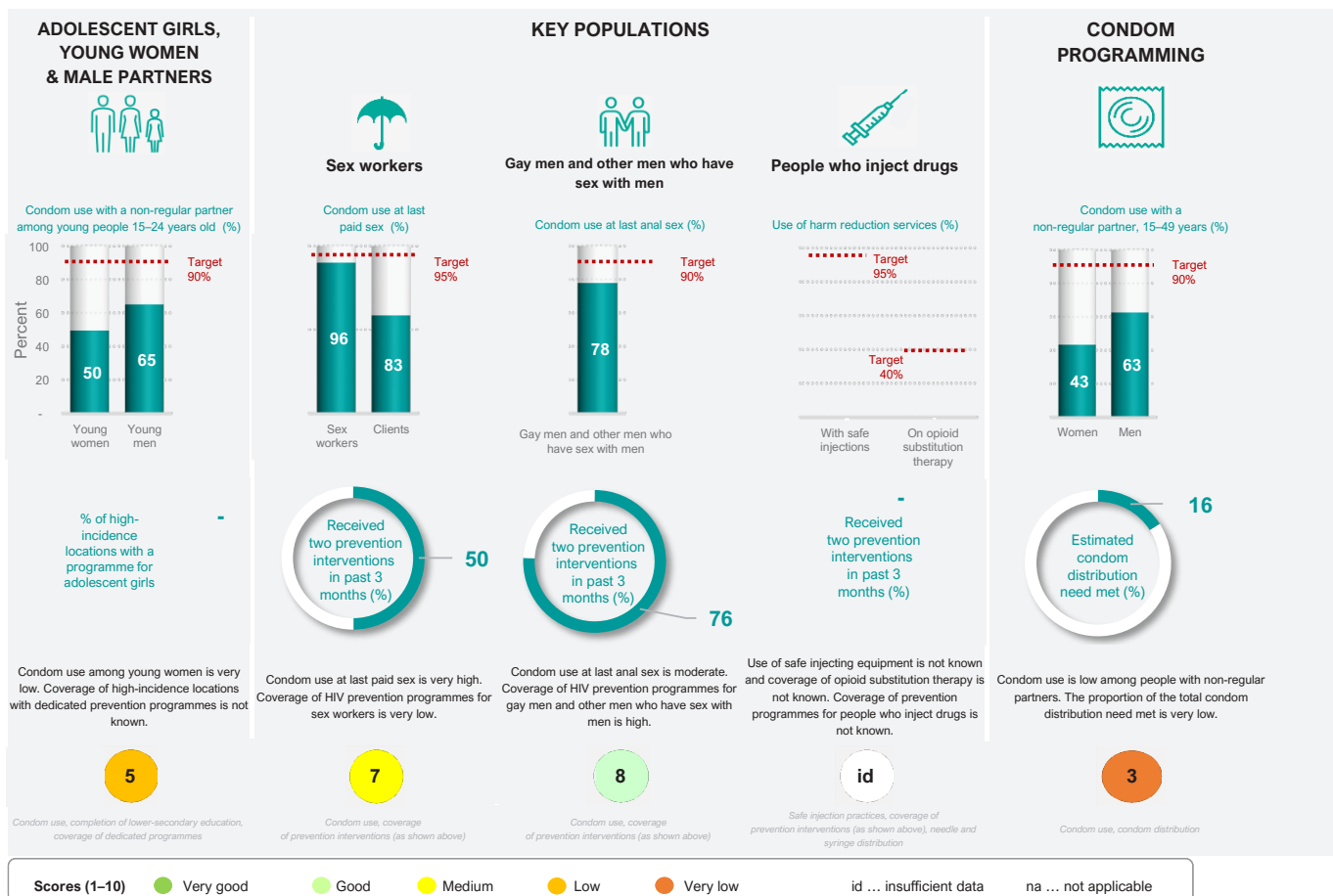
The State of HIV Prevention in Cameroon

2021

The number of people newly infected with HIV declined from 35 000 in 2010 to 15 000 in 2020, a 57% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	No	Yes	na
The national strategy includes critical elements of the programme package for key populations	All	All	None	id	None
Avoided health care because of stigma and discrimination	5%	14%	id	id	na
Population size	70 500	7 000	1 500	id	27 800

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	43%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	No	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

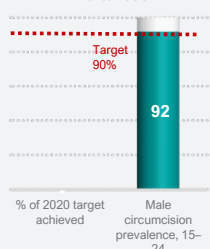
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



% of annual voluntary medical male circumcision target

The country is not among the 15 priority countries for voluntary medical male circumcision

na

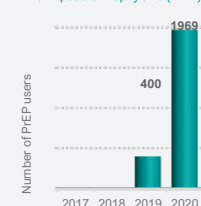
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+392%

At the end of 2020, there were 1969 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	74%
Sex workers	99%
Men who have sex with men	97%
People who inject drugs	id

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is very high.

7

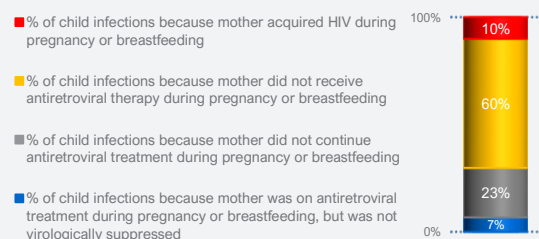
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 17%

% of HIV-positive pregnant women receiving ART (2020)	64%
Number of Estimated births to women living with HIV (2020)	26 000
Number of new child infections due to vertical transmission (2020)	4 500

Distribution of new child infections in 2020



3

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

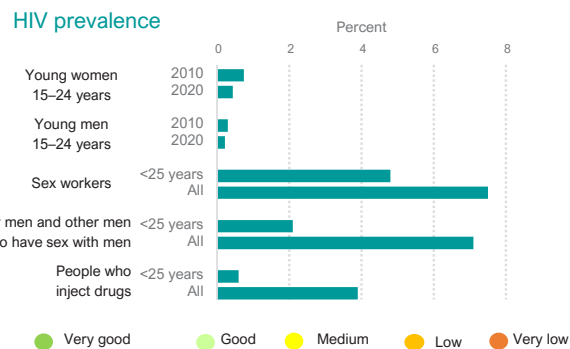
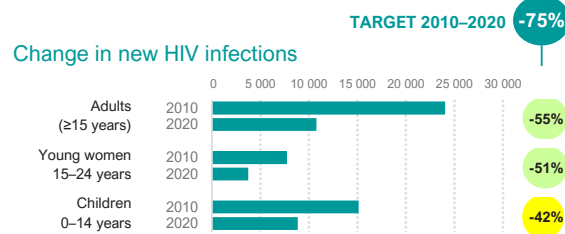
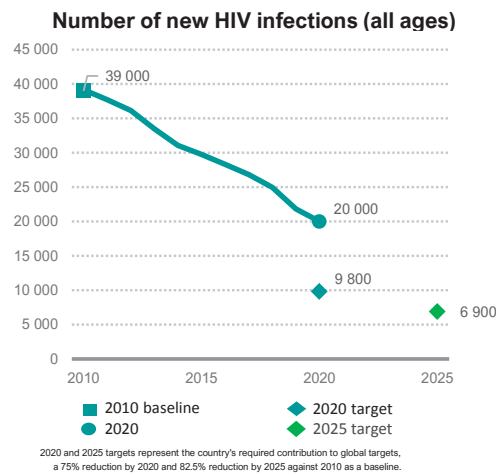
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

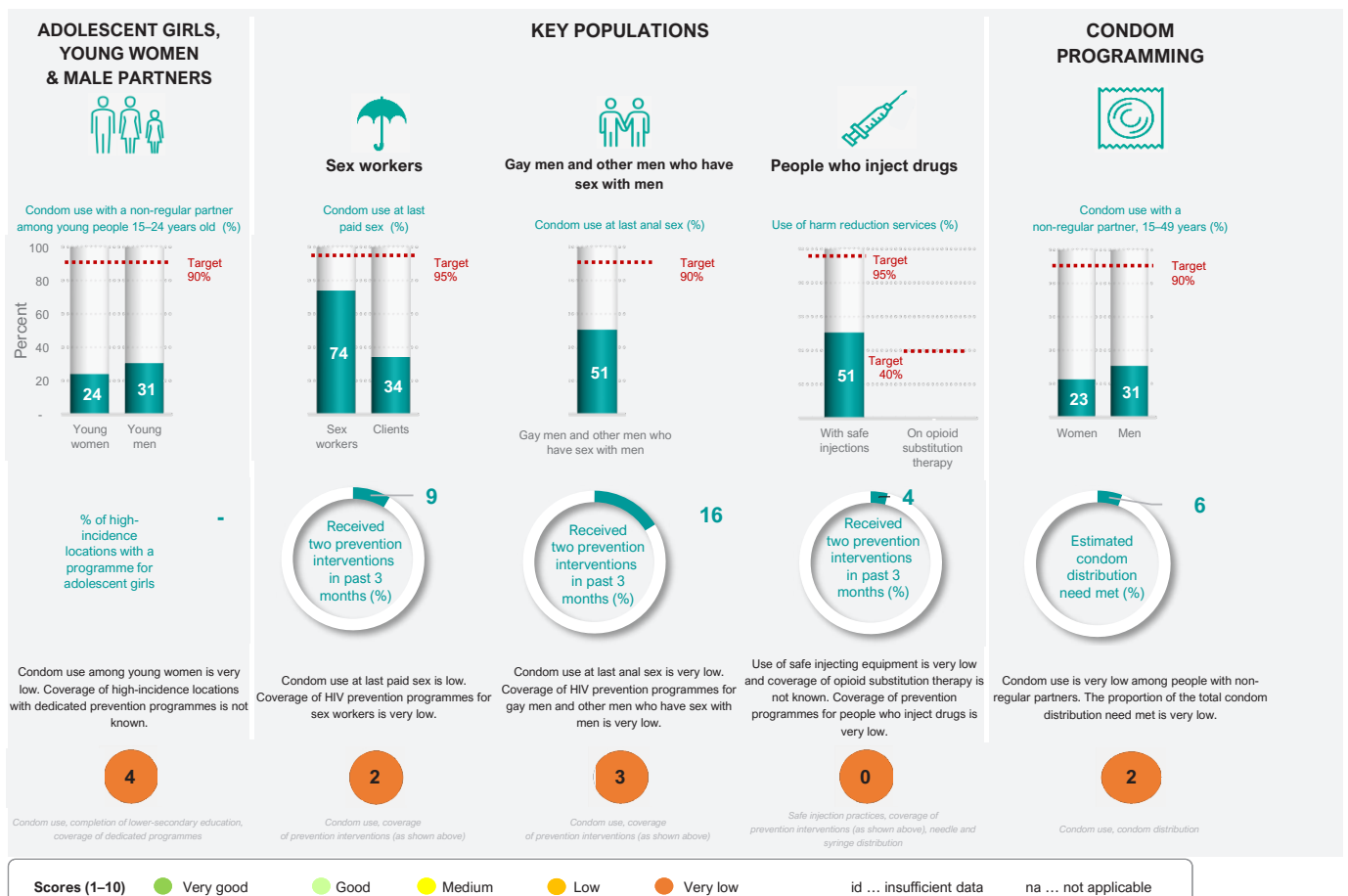
The State of HIV Prevention in Democratic Republic of the Congo

2021

The number of people newly infected with HIV declined from 39 000 in 2010 to 20 000 in 2020, a 50% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	No	No	na
The national strategy includes critical elements of the programme package for key populations	All	> Half	Some	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	350 300	194 900	155 800	id	36 700

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	52%	
Policies on life skills-based HIV and sexuality education (secondary schools)	id	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	id
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



% of 2020 target achieved

Male circumcision prevalence, 15–24

% of annual voluntary medical male circumcision target

The country is not among the 15 priority countries for voluntary medical male circumcision

na

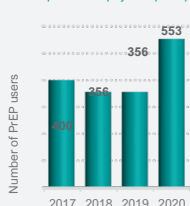
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+55%

At the end of 2020, there were 553 people actively taking PrEP. In the second half of 2020, use of PrEP increased rapidly.

3

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall 75%

Sex workers id

Men who have sex with men id

People who inject drugs id

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is not known.

7

PREVENTION OF VERTICAL TRANSMISSION OF HIV



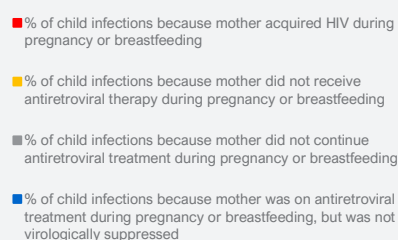
MTCT rate (2020): 28%

% of HIV-positive pregnant women receiving ART (2020) 39%

Number of Estimated births to women living with HIV (2020) 32 000

Number of new child infections due to vertical transmission (2020) 8 800

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

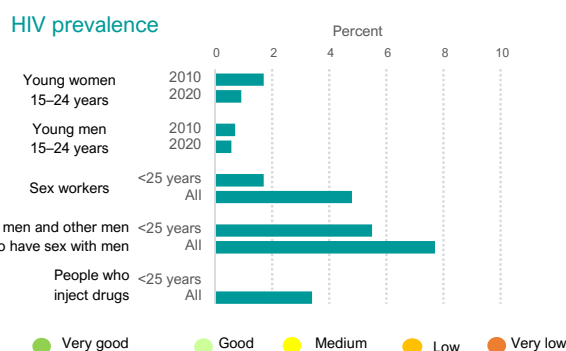
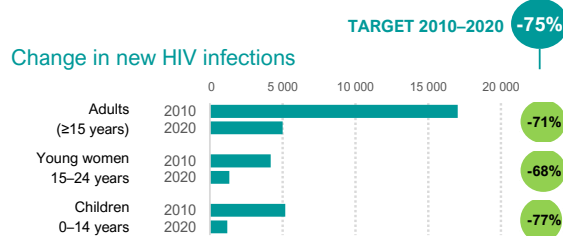
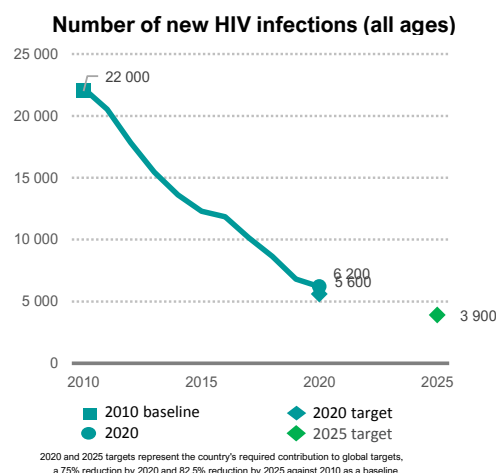
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

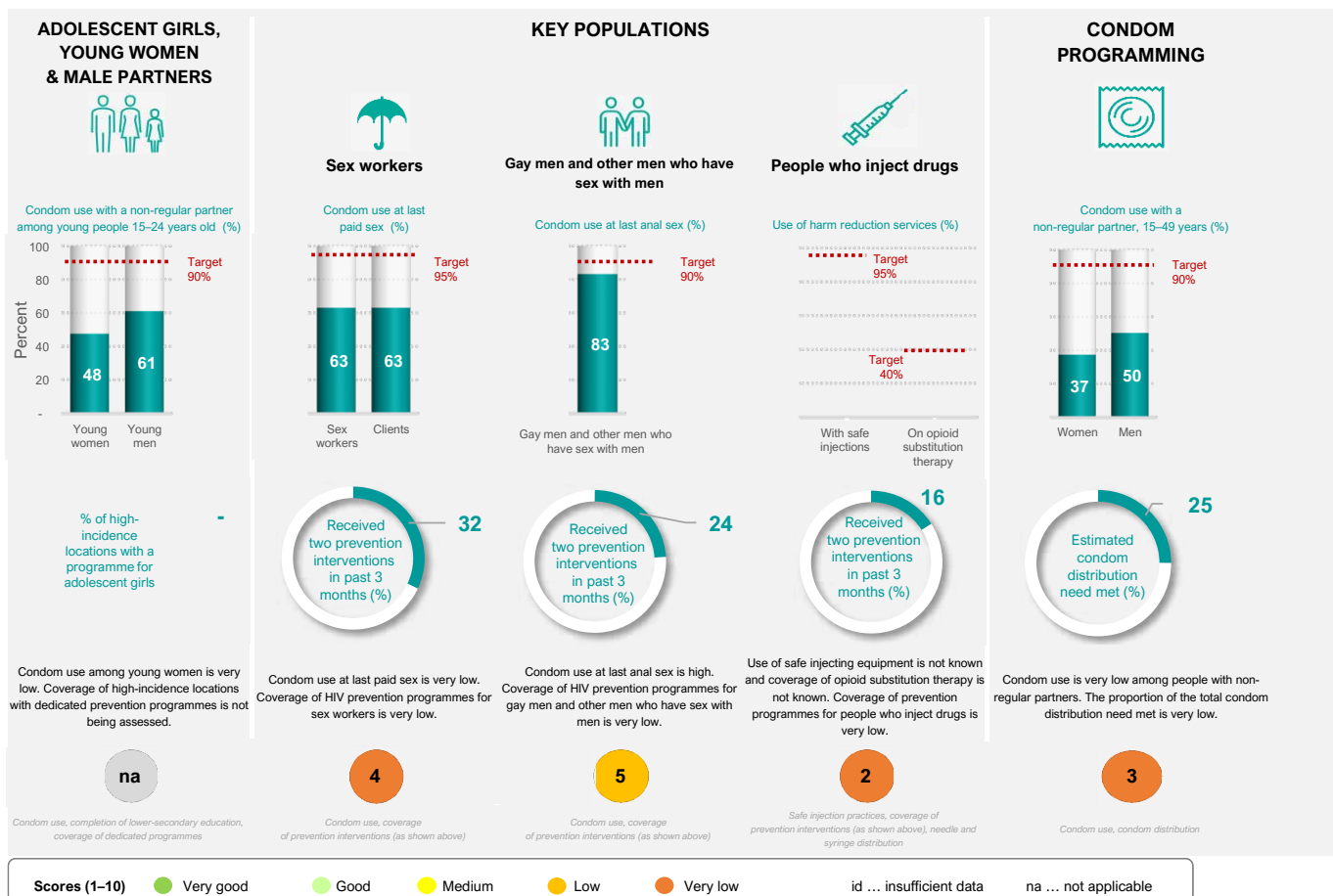
The State of HIV Prevention in Côte d'Ivoire

2021

The number of people newly infected with HIV declined from 22 000 in 2010 to 6 200 in 2020, a 72% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	Some	id	None
Avoided health care because of stigma and discrimination	14%	6%	9%	23%	na
Population size	75 400	49 000	400	700	42 400

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	4%	9%
Girls who completed lower secondary education	58%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

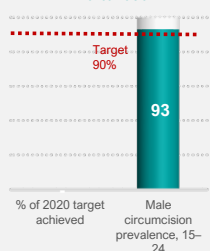
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



% of annual voluntary medical male circumcision target

The country is not among the 15 priority countries for voluntary medical male circumcision

na

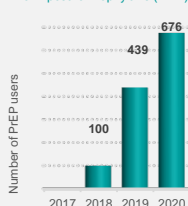
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+54%

At the end of 2020, there were 676 people actively taking PrEP. In the second half of 2020, use of PrEP increased rapidly.

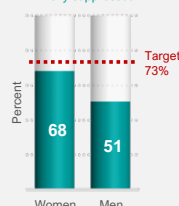
5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	74%
Sex workers	id
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is not known.

7

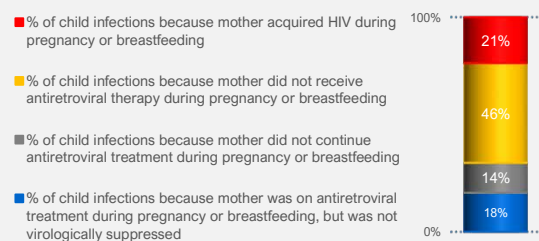
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 8%

% of HIV-positive pregnant women receiving ART (2020)	89%
Number of Estimated births to women living with HIV (2020)	15 000
Number of new child infections due to vertical transmission (2020)	1 200

Distribution of new child infections in 2020



8

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

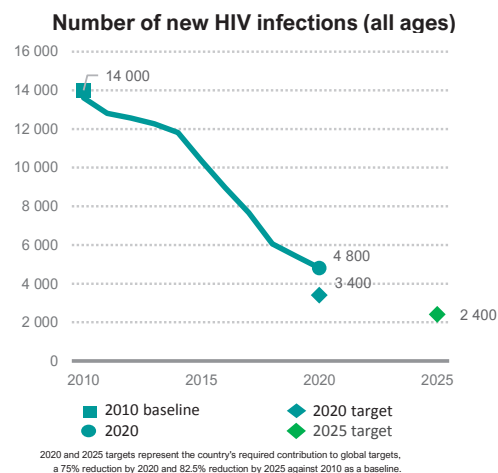
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

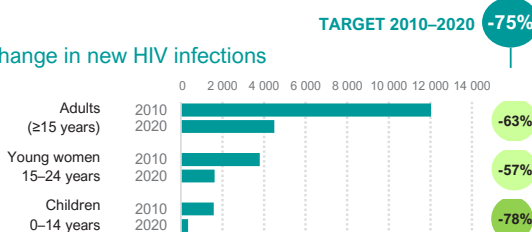
The State of HIV Prevention in Eswatini

2021

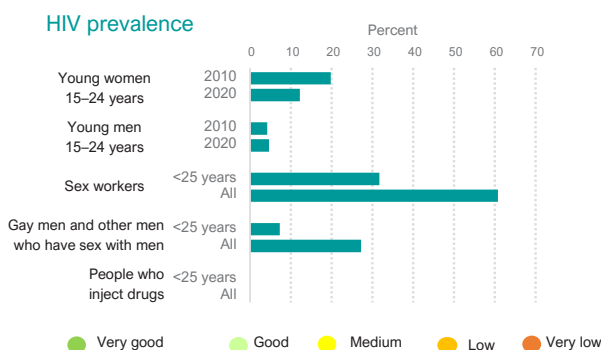
The number of people newly infected with HIV declined from 14 000 in 2010 to 4 800 in 2020, a 64% decline.



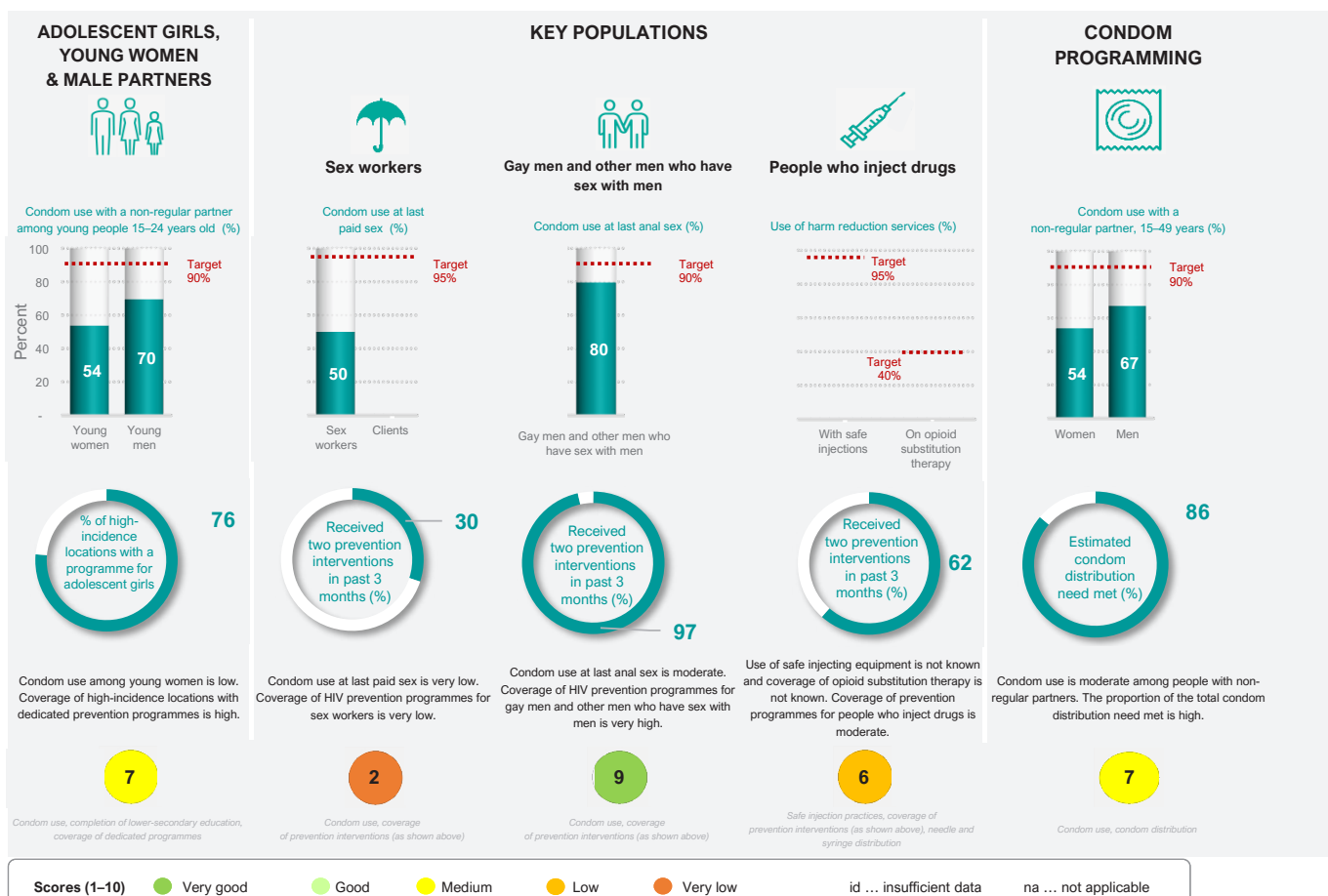
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	None	id	Some
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	4 000	2 400	300	id	46 800

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	54%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		NO

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

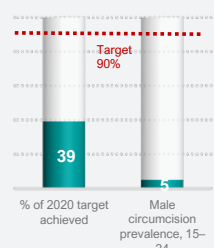
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



24

% of annual voluntary medical male circumcision target

In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was very slow.

3

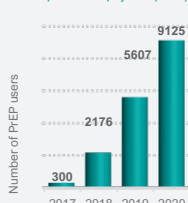
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+63%

At the end of 2020, there were 9125 people actively taking PrEP. In the second half of 2020, use of PrEP increased rapidly.

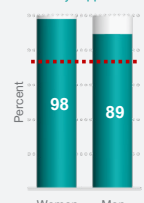
8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall >98%

Sex workers id

Men who have sex with men id

People who inject drugs id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is not known.

10

PREVENTION OF VERTICAL TRANSMISSION OF HIV



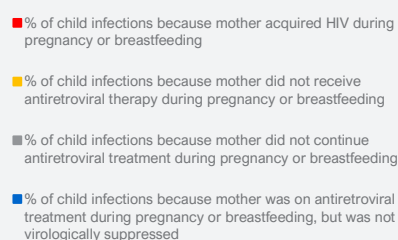
MTCT rate (2020): 4%

% of HIV-positive pregnant women receiving ART (2020) 95%

Number of Estimated births to women living with HIV (2020) 9 300

Number of new child infections due to vertical transmission (2020) 350

Distribution of new child infections in 2020



9

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

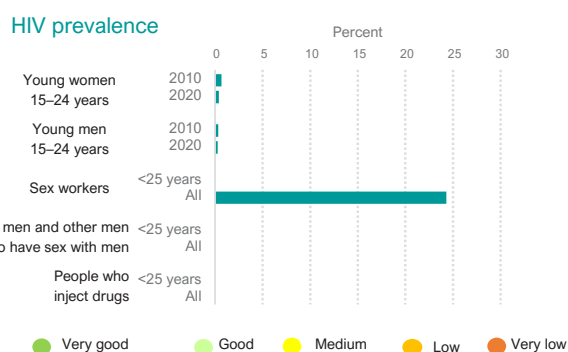
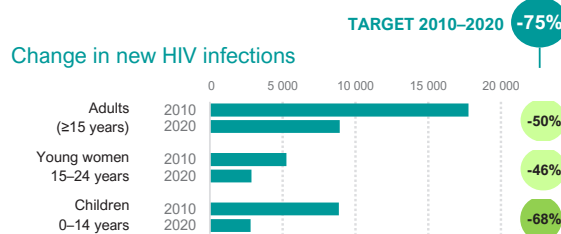
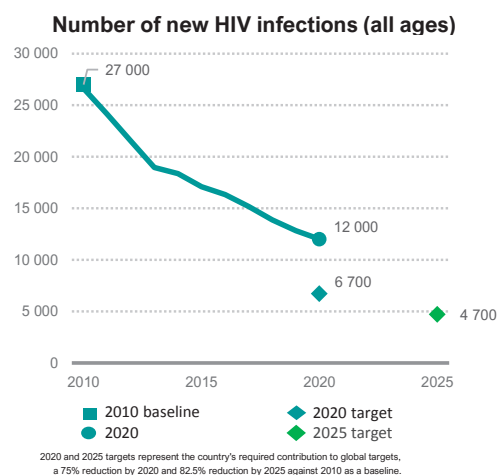
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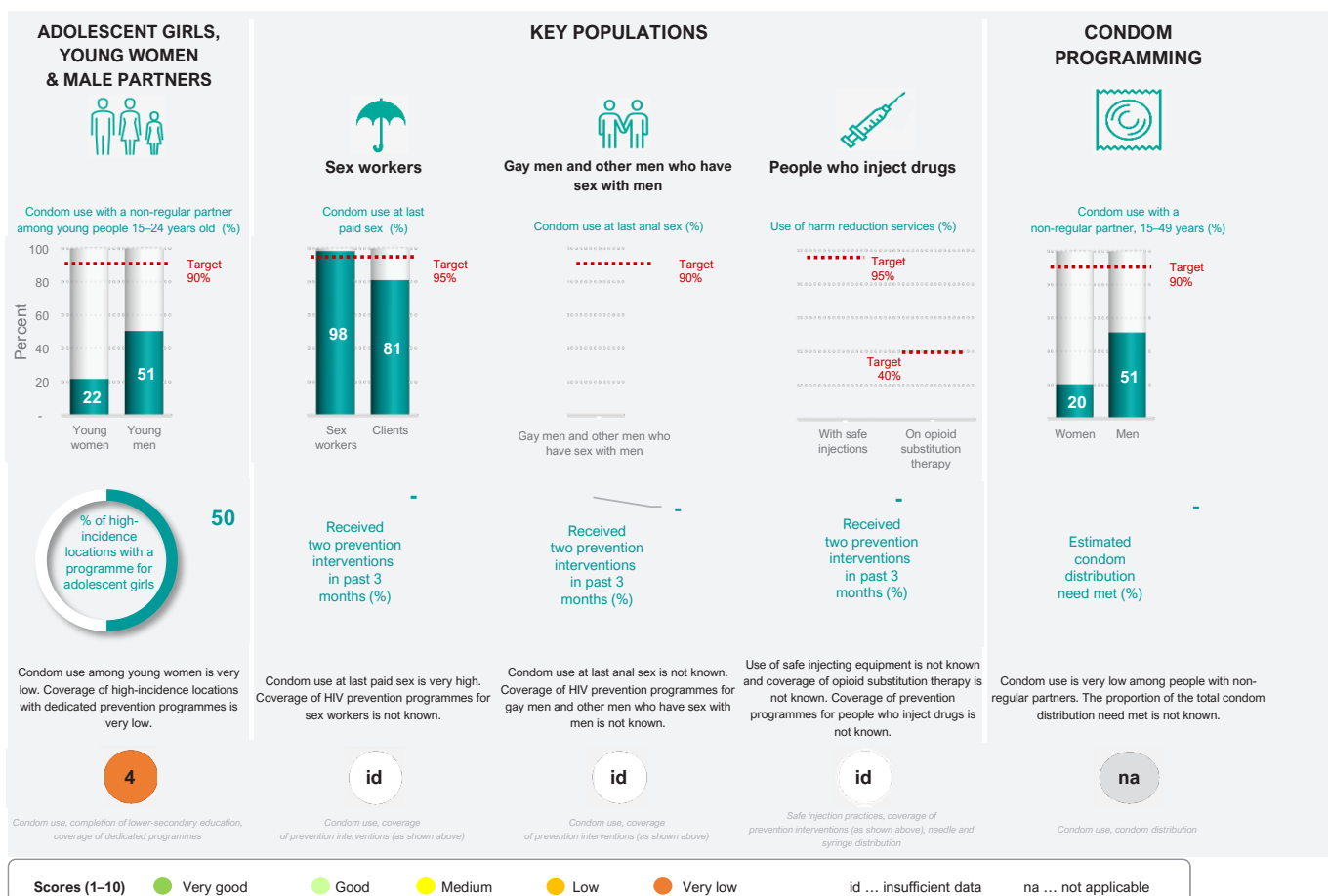
The State of HIV Prevention in Ethiopia

2021

The number of people newly infected with HIV declined from 27 000 in 2010 to 12 000 in 2020, a 56% decline.



HIV programme coverage and outcomes



Scores (1–10)

Very good

Good

Medium

Low

Very low

id ... insufficient data

na ... not applicable

Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	id	None	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	85 000	id	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	20%	24%
Girls who completed lower secondary education	22%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

HIV prevention adaptations during COVID-19

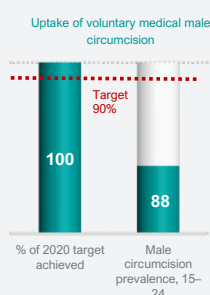
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



% of annual voluntary medical male circumcision target

100

In 2020, progress against annual VMMC targets was very good and overall progress against the full 2020 VMMC target was very good.

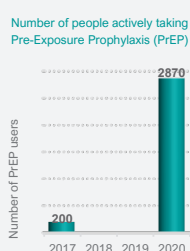
10

Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis



Change in use of PrEP (July–December 2020)

Not known

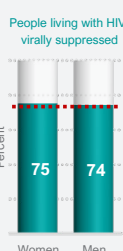
At the end of 2020, there were 2870 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment



Antiretroviral treatment coverage

Overall	78%
Sex workers	id
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is not known.

8

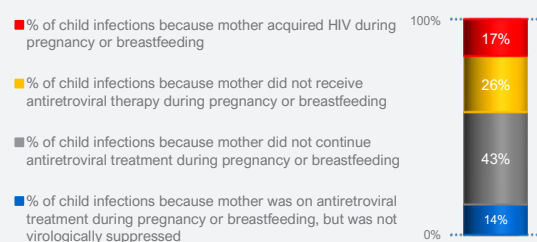
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 15%

% of HIV-positive pregnant women receiving ART (2020)	92%
Number of Estimated births to women living with HIV (2020)	19 000
Number of new child infections due to vertical transmission (2020)	2 800

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

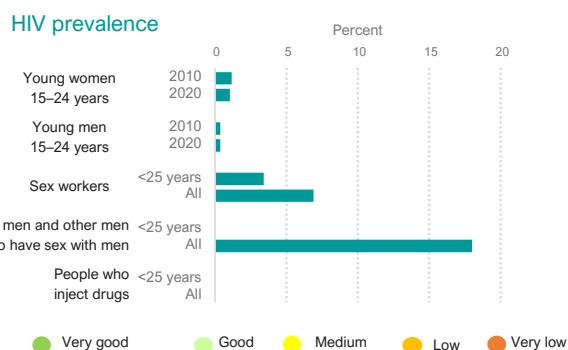
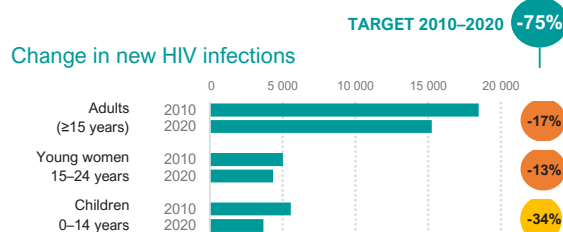
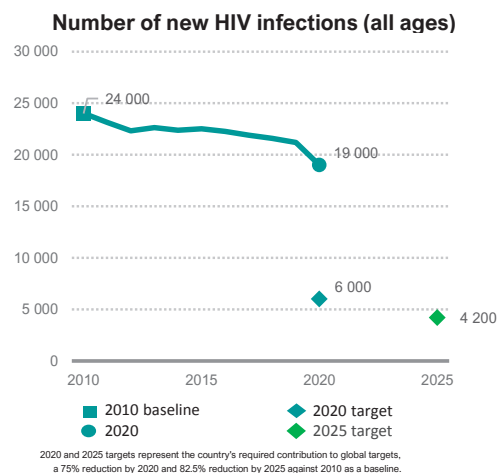
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2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

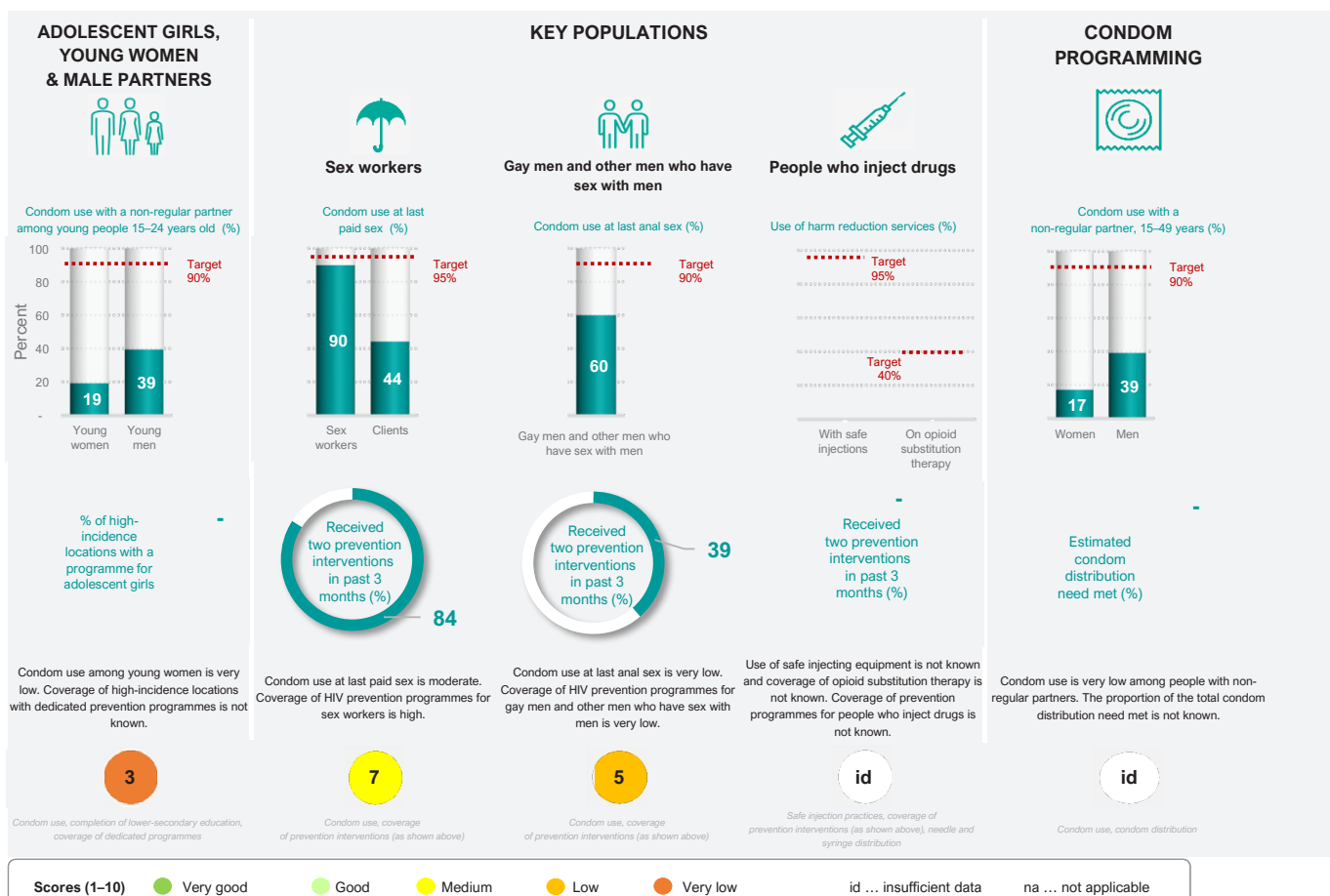
The State of HIV Prevention in Ghana

2021

The number of people newly infected with HIV declined from 24 000 in 2010 to 19 000 in 2020, a 21% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	All	None	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	51 900	54 800	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	50%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	No	No
Safe injecting equipment	No	No
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

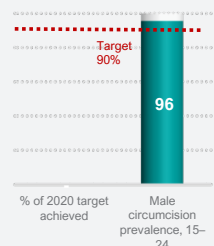
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



% of annual voluntary medical male circumcision target

The country is not among the 15 priority countries for voluntary medical male circumcision

na

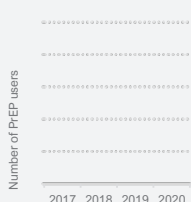
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

No documented PrEP use in 2020

At the end of 2020, there was no use of PrEP reported.

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	60%
Sex workers	99%
Men who have sex with men	4%
People who inject drugs	id

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is low.

6

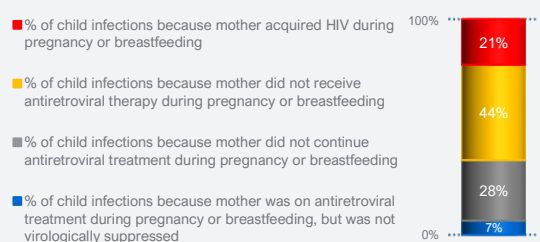
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 21%

% of HIV-positive pregnant women receiving ART (2020)	72%
Number of Estimated births to women living with HIV (2020)	18 000
Number of new child infections due to vertical transmission (2020)	3 700

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

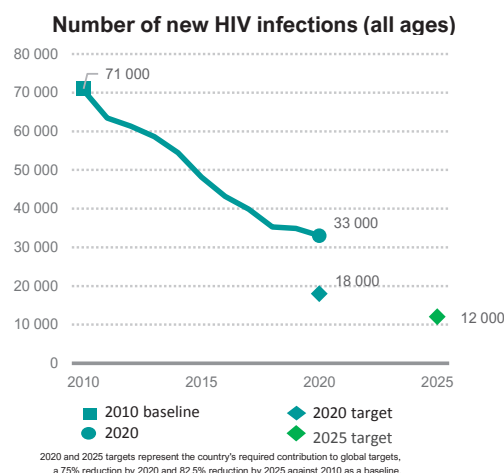
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

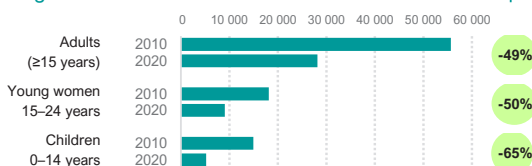
The State of HIV Prevention in Kenya

2021

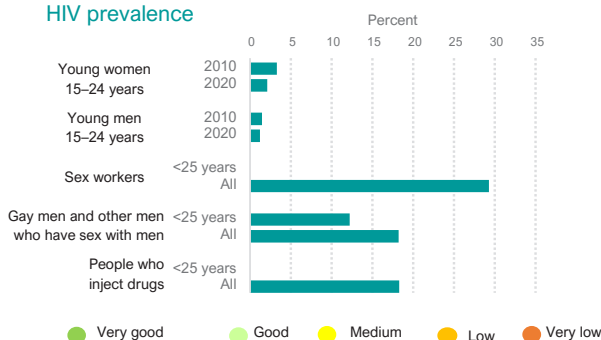
The number of people newly infected with HIV declined from 71 000 in 2010 to 33 000 in 2020, a 53% decline.



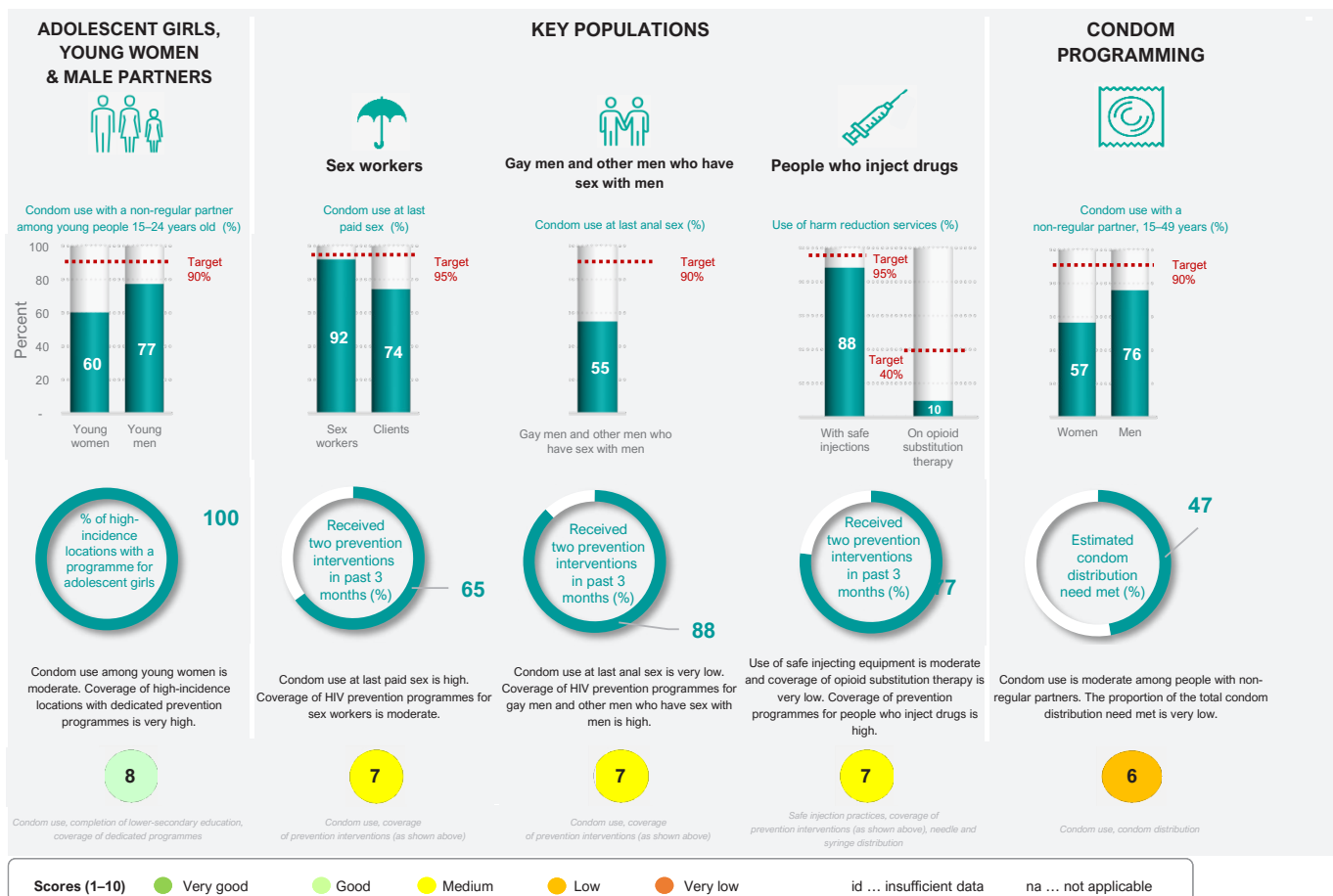
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	> Half	All	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	167 900	32 600	16 000	4 300	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	69%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



In 2020, progress against annual VMMC targets was good and overall progress against the full 2020 VMMC target was very good.

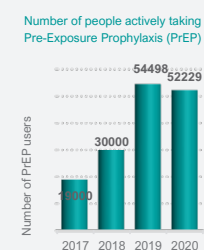


Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis



Change in use of PrEP (July–December 2020)

-4%

At the end of 2020, there were 52229 people actively taking PrEP. In the second half of 2020, use of PrEP declined.



Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment



Antiretroviral treatment coverage

Overall	86%
Sex workers	73%
Men who have sex with men	63%
People who inject drugs	68%

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is moderate.



9

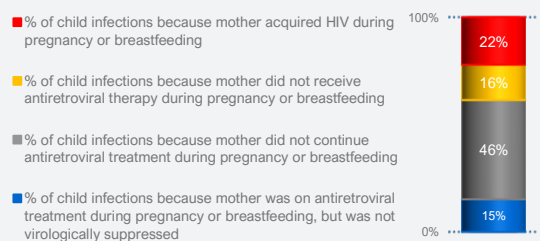
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 10%

% of HIV-positive pregnant women receiving ART (2020)	94%
Number of Estimated births to women living with HIV (2020)	54 000
Number of new child infections due to vertical transmission (2020)	5 200

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

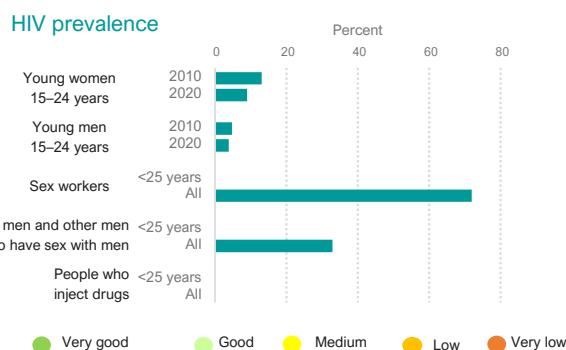
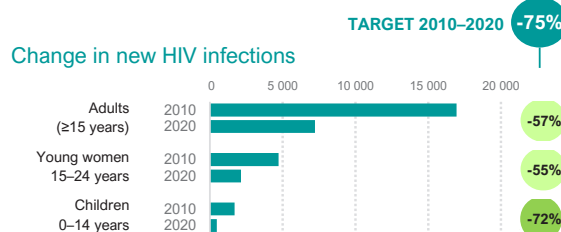
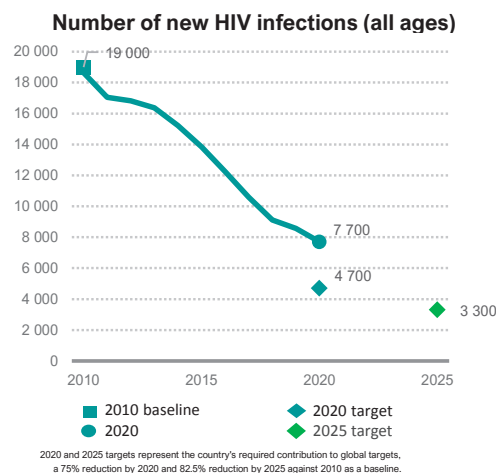
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

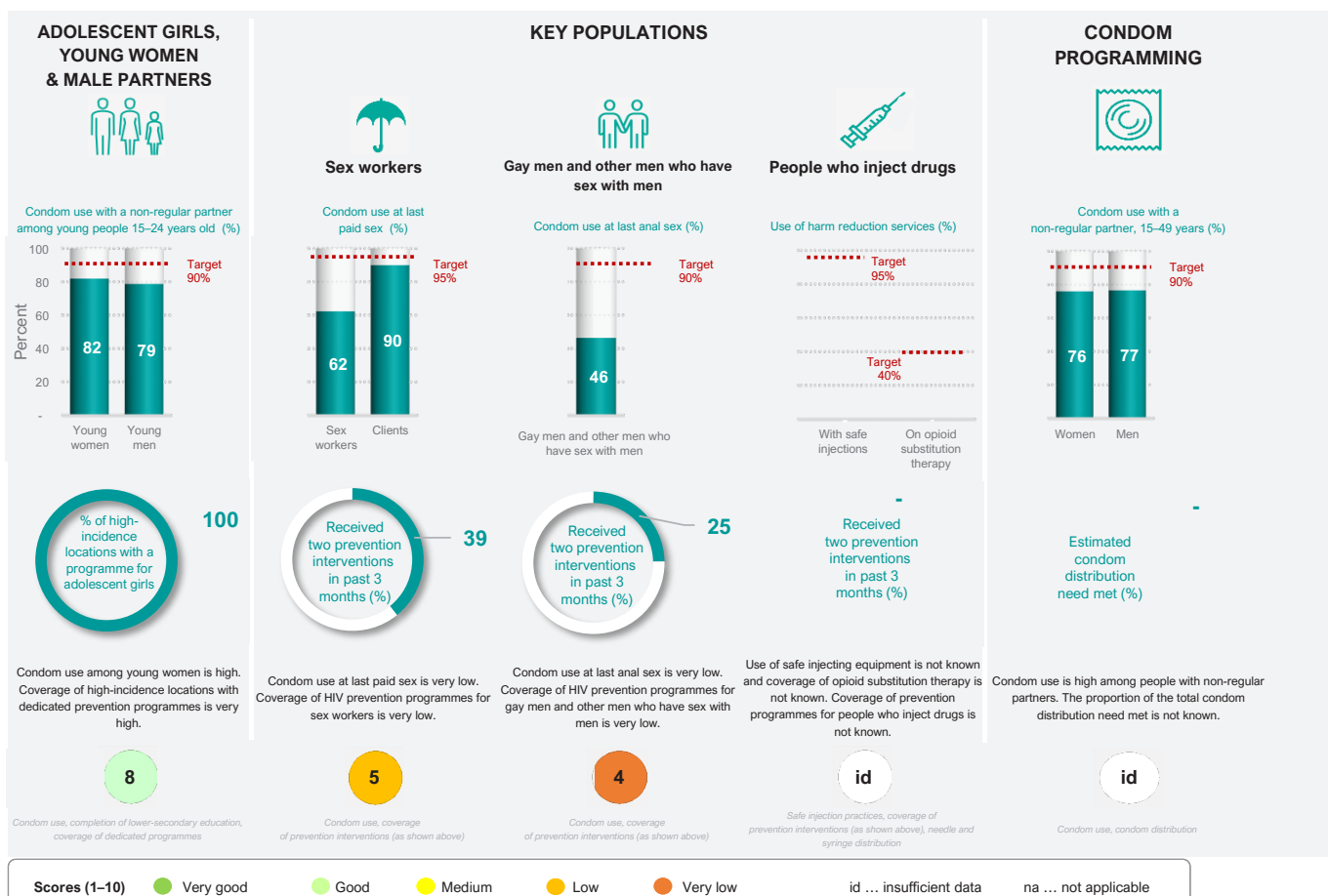
The State of HIV Prevention in Lesotho

2021

The number of people newly infected with HIV declined from 19 000 in 2010 to 7 700 in 2020, a 59% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	id
Avoided health care because of stigma and discrimination	8%	8%	id	id	na
Population size	7 500	6 100	id	id	2 600

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	55%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	No
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

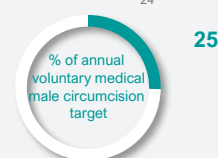
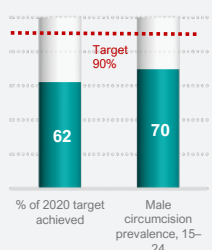
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was moderate.

4

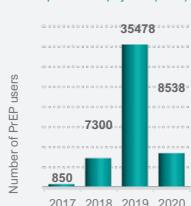
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

-76%

At the end of 2020, there were 8538 people actively taking PrEP. In the second half of 2020, use of PrEP declined.

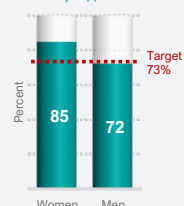
8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	82%
Sex workers	id
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is not known.

8

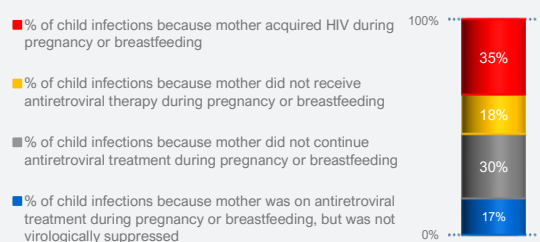
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 6%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	7 800
Number of new child infections due to vertical transmission (2020)	470

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global Aids Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

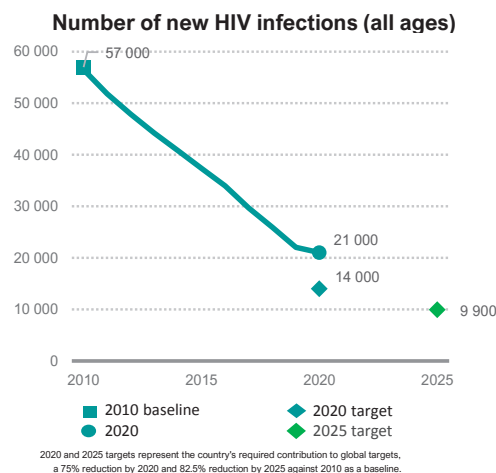
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

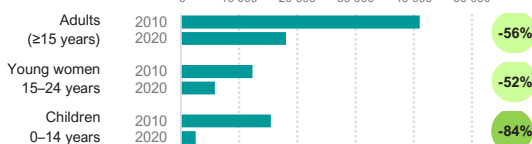
The State of HIV Prevention in Malawi

2021

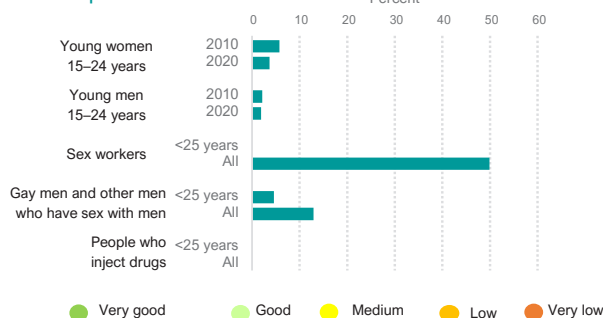
The number of people newly infected with HIV declined from 57 000 in 2010 to 21 000 in 2020, a 64% decline.



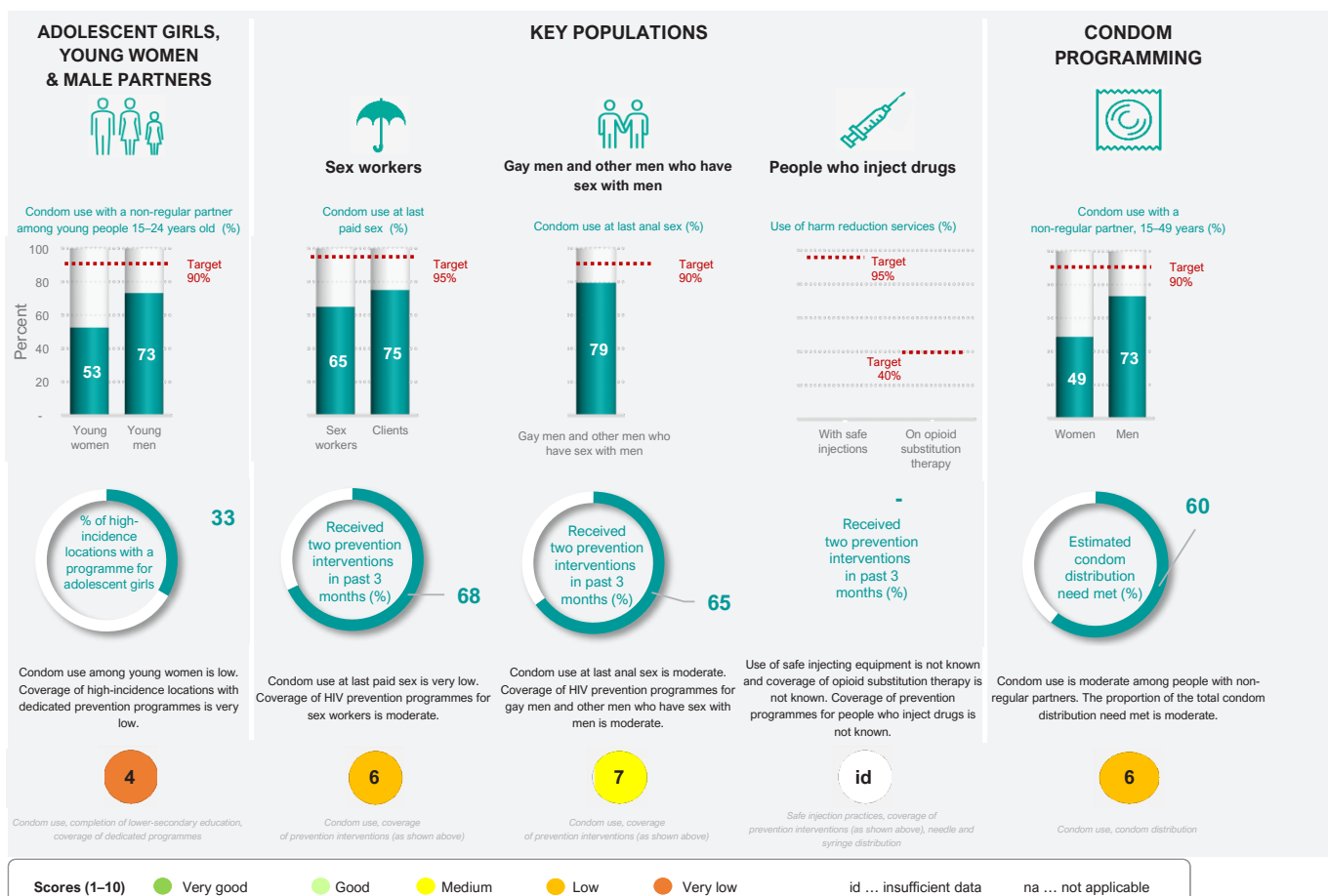
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Scores (1–10)

Very good

Good

Medium

Low

Very low

id ... insufficient data

na ... not applicable

Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	None
Avoided health care because of stigma and discrimination	49%	13%	id	id	na
Population size	36 100	42 600	id	1 000	14 200

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	24%	28%
Girls who completed lower secondary education	21%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

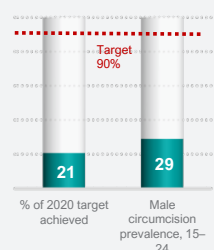
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was very slow.

1

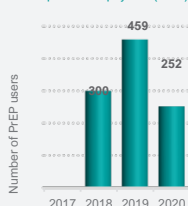
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

-45%

At the end of 2020, there were 252 people actively taking PrEP. In the second half of 2020, use of PrEP declined.

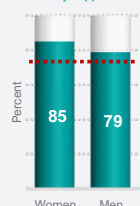
4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	86%
Sex workers	91%
Men who have sex with men	86%
People who inject drugs	id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is very high.

9

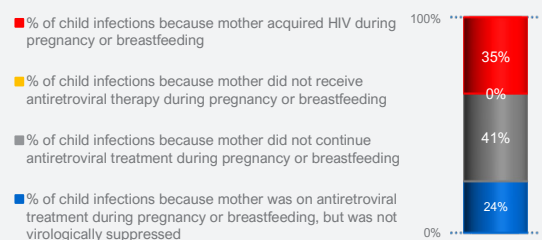
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 6%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	40 000
Number of new child infections due to vertical transmission (2020)	2 500

Distribution of new child infections in 2020



9

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

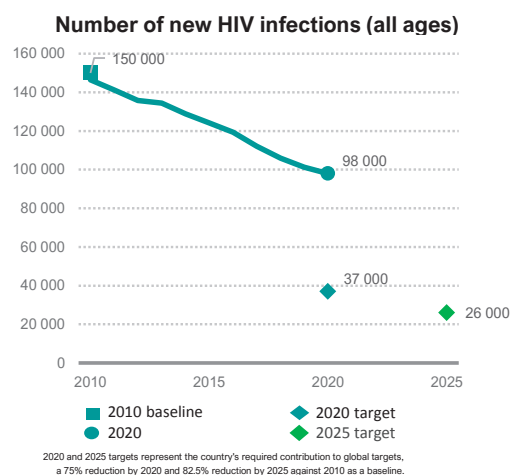
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

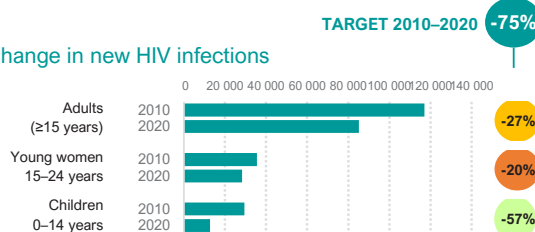
The State of HIV Prevention in Mozambique

2021

The number of people newly infected with HIV declined from 150 000 in 2010 to 98 000 in 2020, a 33% decline.



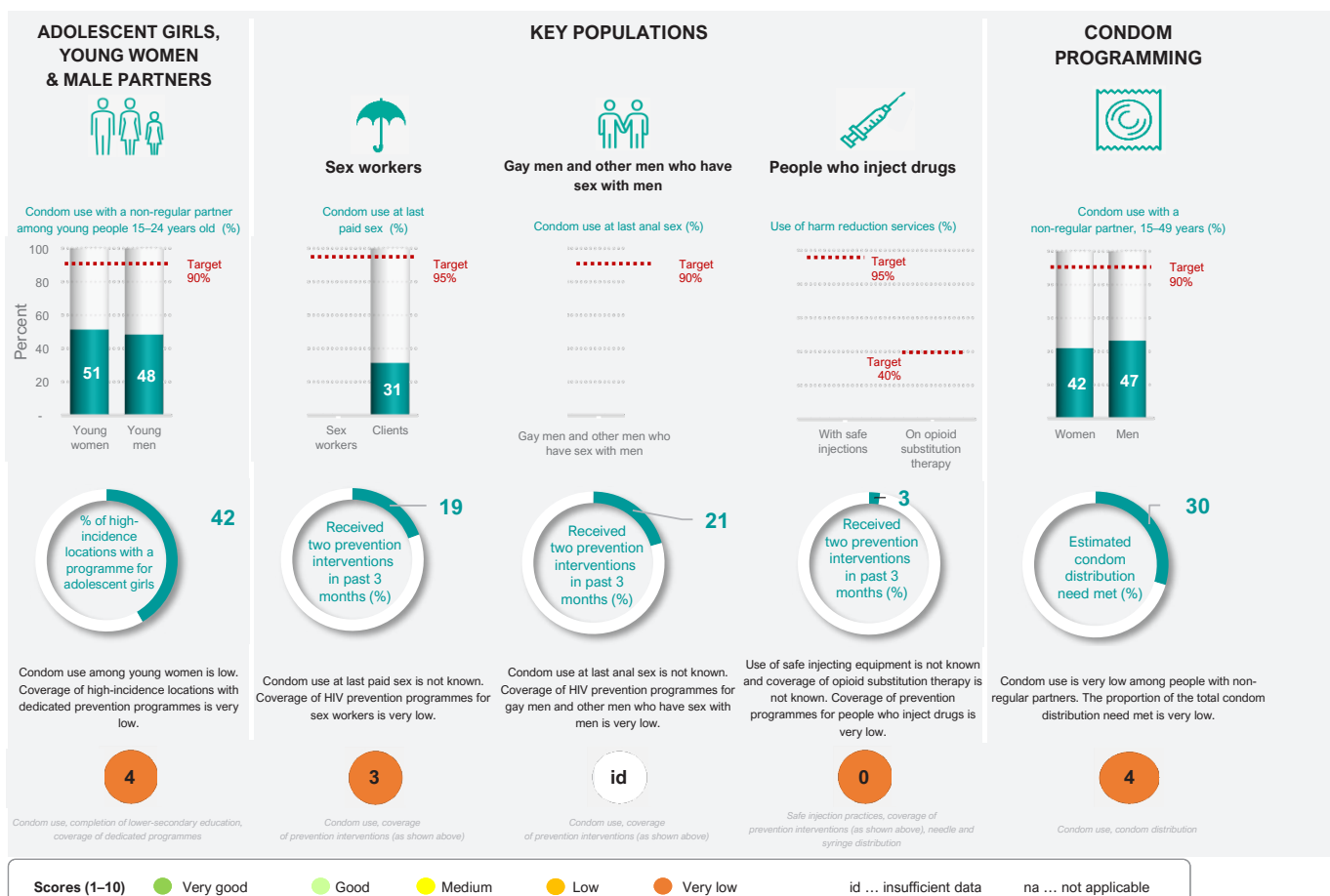
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Scores (1–10) Very good Good Medium Low Very low id ... insufficient data na ... not applicable

Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	No	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	Some	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	224 000	64 000	14 000	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	16%	10%
Girls who completed lower secondary education	11%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

HIV prevention adaptations during COVID-19

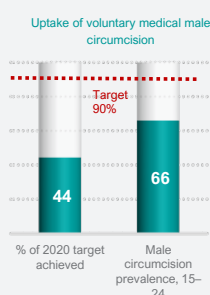
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was slow.

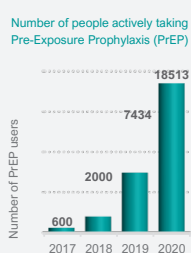
3

Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis



Change in use of PrEP (July–December 2020)

+149%

At the end of 2020, there were 18513 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

4

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment



Antiretroviral treatment coverage

Overall	68%
Sex workers	id
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are moderate overall. Based on limited available data, treatment coverage among key populations is not known.

7

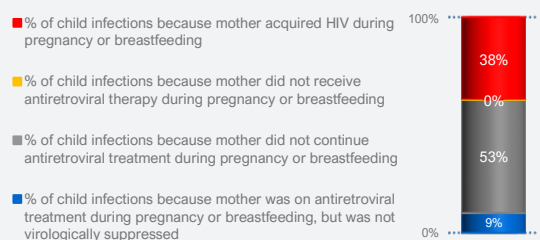
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 14%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	94 000
Number of new child infections due to vertical transmission (2020)	13 000

Distribution of new child infections in 2020



9

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

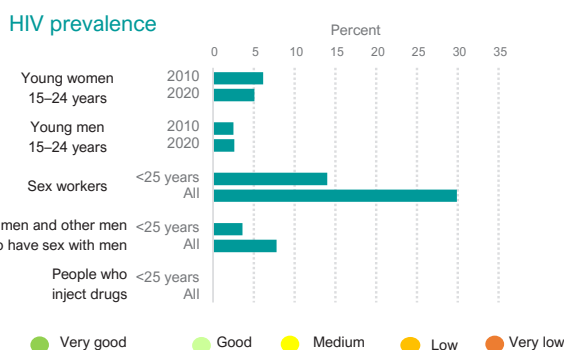
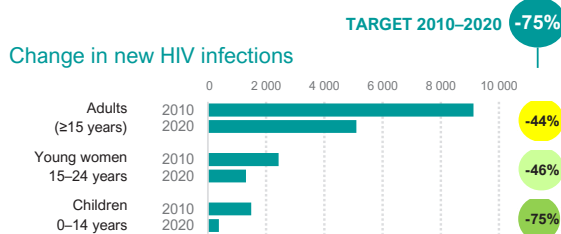
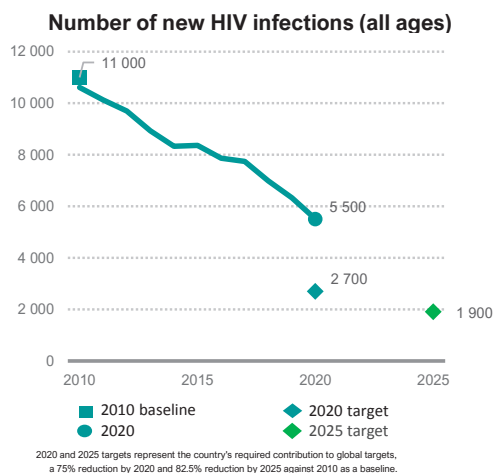
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

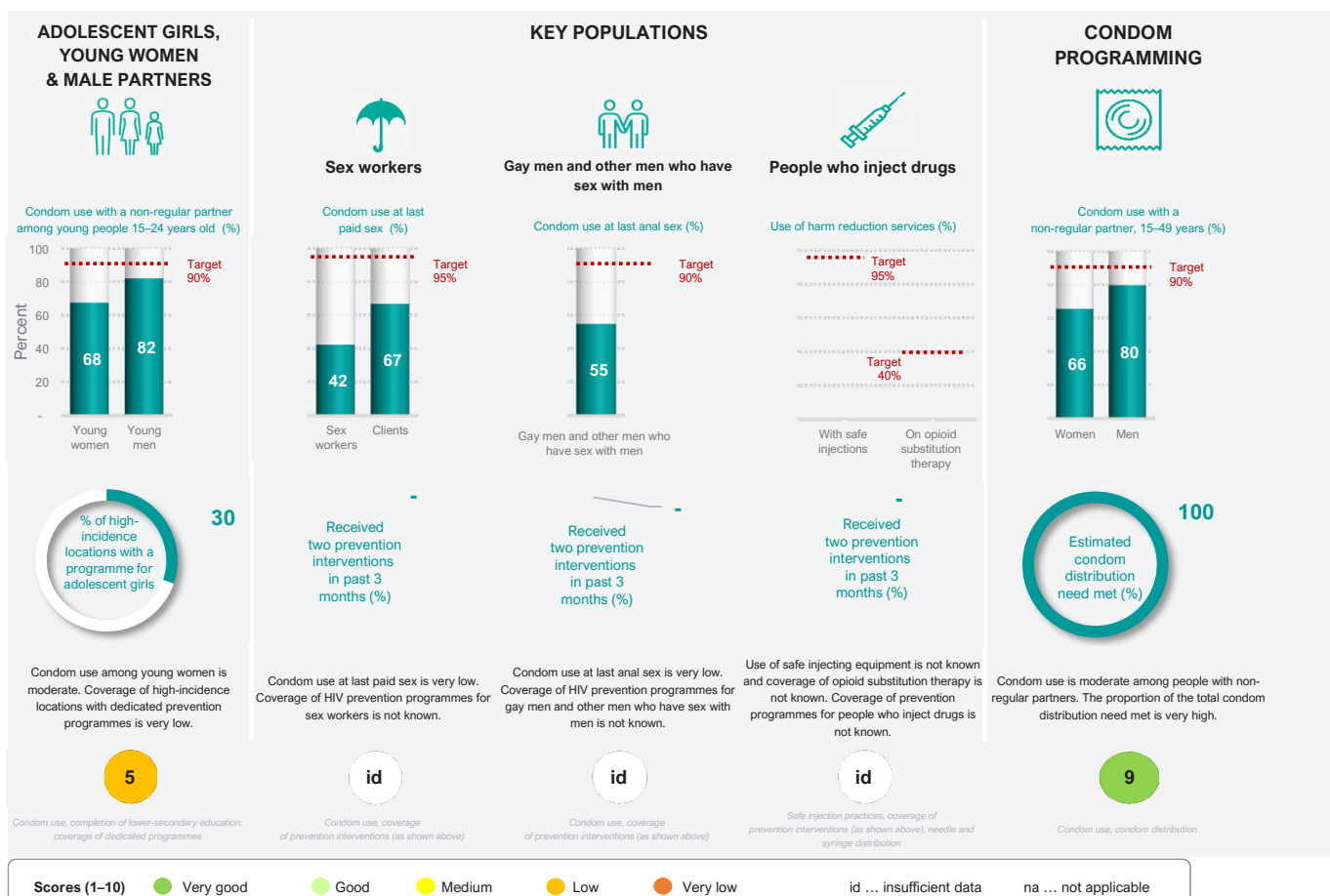
The State of HIV Prevention in Namibia

2021

The number of people newly infected with HIV declined from 11 000 in 2010 to 5 500 in 2020, a 48% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	4 000	2 200	id	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	id	id
Girls who completed lower secondary education	62%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

HIV prevention adaptations during COVID-19

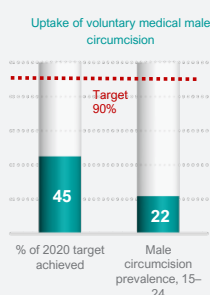
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

VOLUNTARY MEDICAL MALE CIRCUMCISION



In 2020, progress against annual VMMC targets was moderate and overall progress against the full 2020 VMMC target was slow.

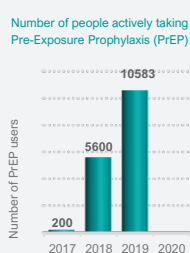
5

Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis



Change in use of PrEP (July–December 2020)

No documented PrEP use in 2020

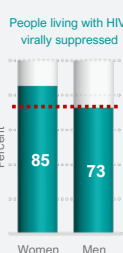
At the end of 2020, there was no use of PrEP reported.

id

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment



Antiretroviral treatment coverage

Overall	88%
Sex workers	id
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is not known.

9

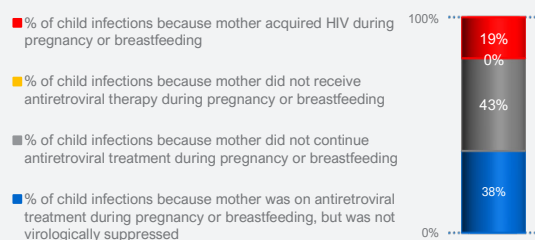
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 4%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	9 900
Number of new child infections due to vertical transmission (2020)	380

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

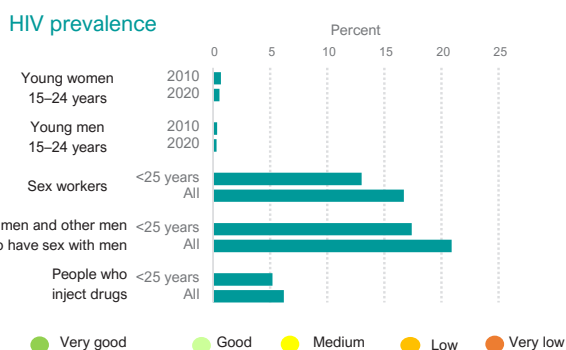
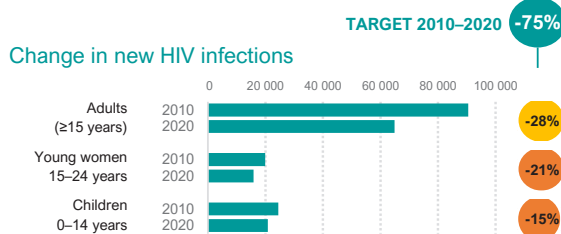
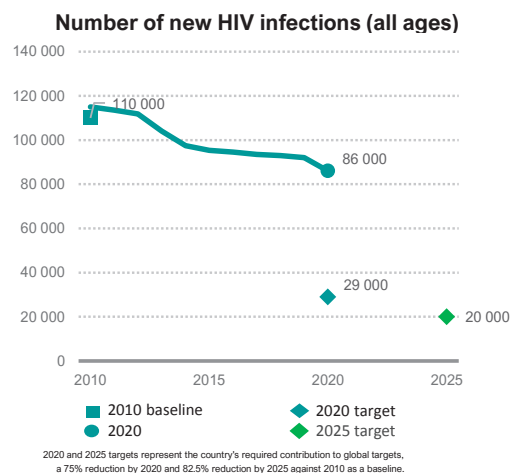
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

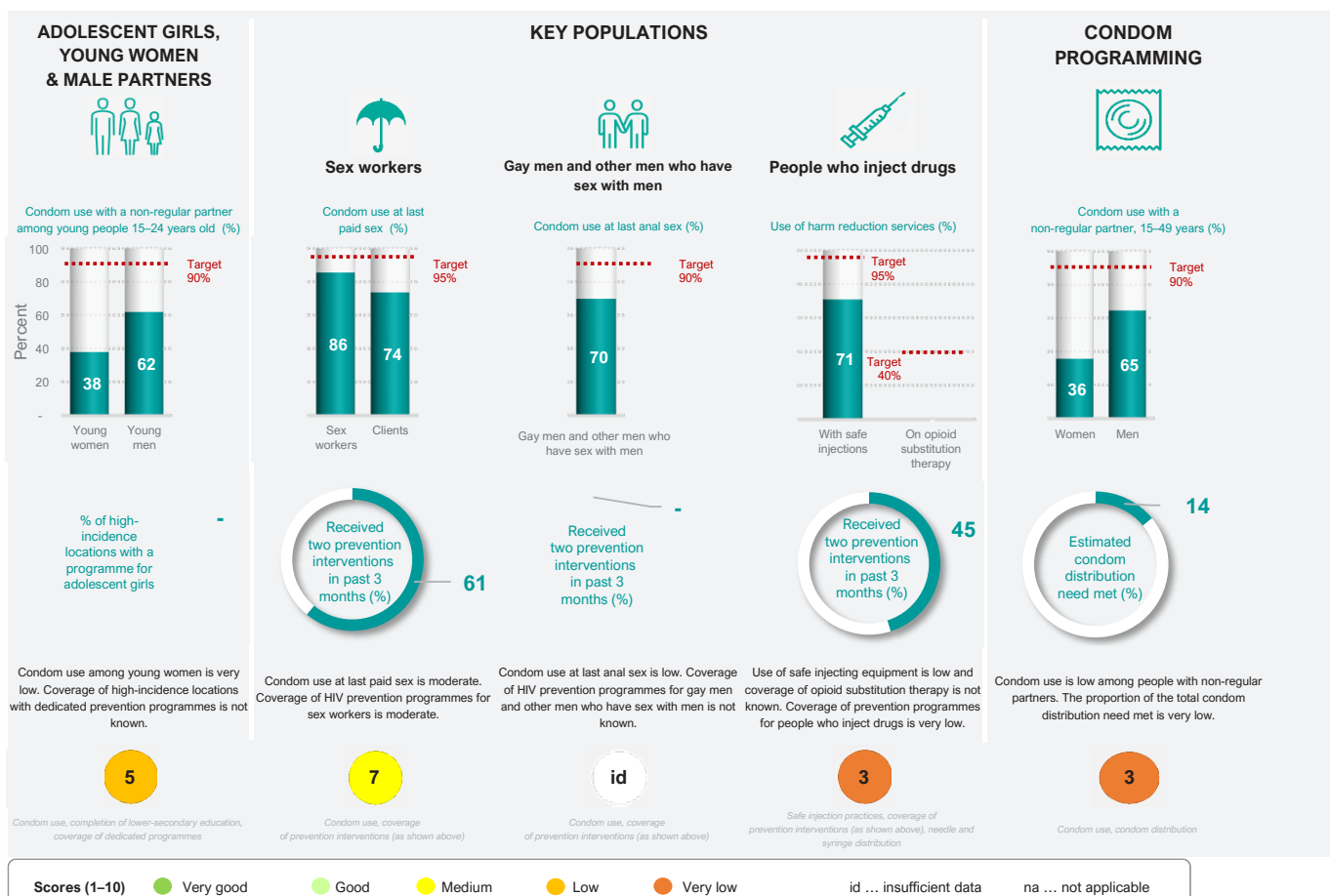
The State of HIV Prevention in Nigeria

2021

The number of people newly infected with HIV declined from 110 000 in 2010 to 86 000 in 2020, a 26% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	All	All	id	All
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	874 000	240 000	326 100	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	14%	13%
Girls who completed lower secondary education	59%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <18	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing		Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

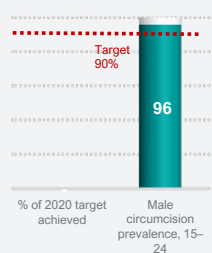
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



% of annual voluntary medical male circumcision target

The country is not among the 15 priority countries for voluntary medical male circumcision



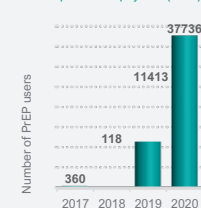
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+231%

At the end of 2020, there were 37736 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

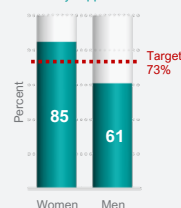


Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	86%
Sex workers	24%
Men who have sex with men	26%
People who inject drugs	25%

Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is very low.



9

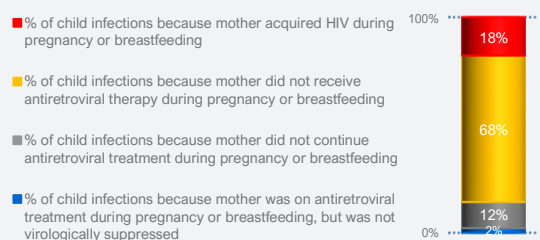
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 25%

% of HIV-positive pregnant women receiving ART (2020)	44%
Number of Estimated births to women living with HIV (2020)	83 000
Number of new child infections due to vertical transmission (2020)	21 000

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

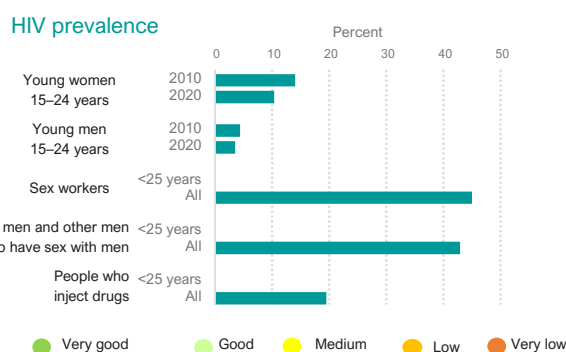
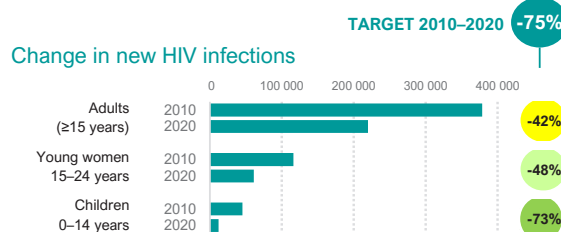
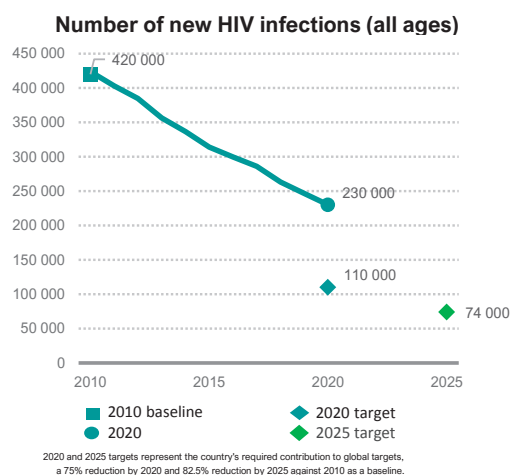
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

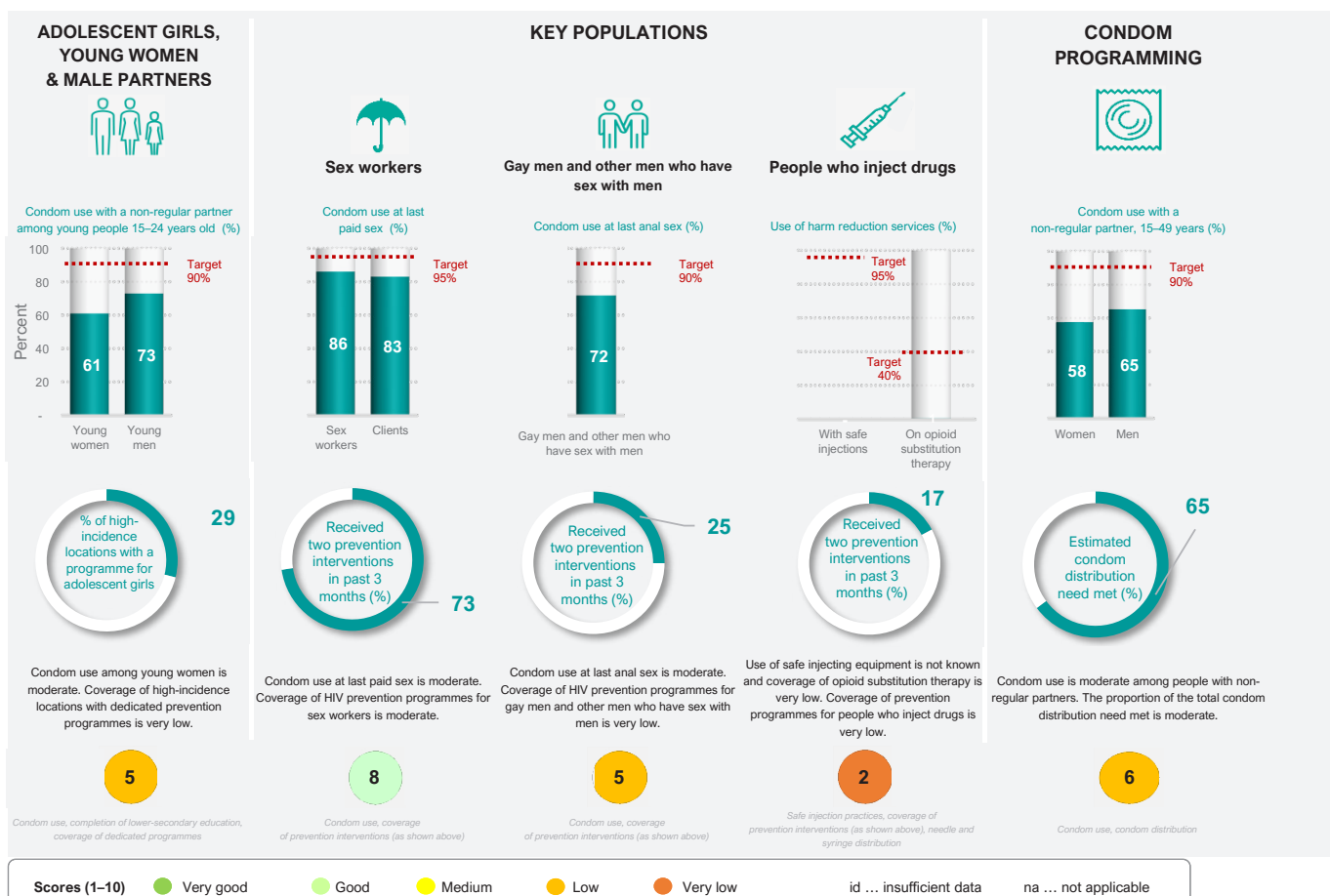
The State of HIV Prevention in South Africa

2021

The number of people newly infected with HIV declined from 420 000 in 2010 to 230 000 in 2020, a 45% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	All	id	Some
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	24 000	309 700	82 500	id	166 400

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	30%	30%
Girls who completed lower secondary education	91%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

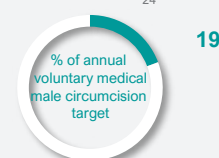
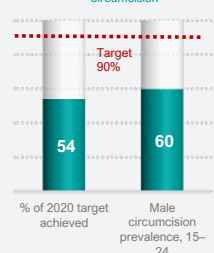
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was moderate.

4

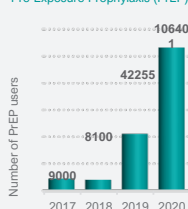
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+152%

At the end of 2020, there were 106401 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

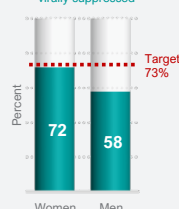
6

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	72%
Sex workers	47%
Men who have sex with men	69%
People who inject drugs	41%

Levels of suppressed viral loads are high overall. Based on limited available data, treatment coverage among key populations is low.

7

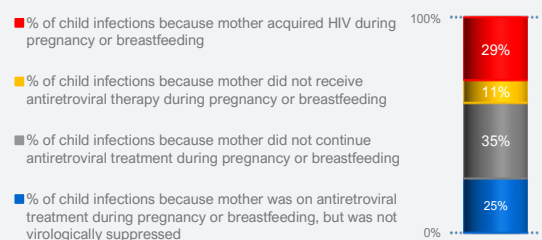
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 4%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	310 000
Number of new child infections due to vertical transmission (2020)	11 000

Distribution of new child infections in 2020



9

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

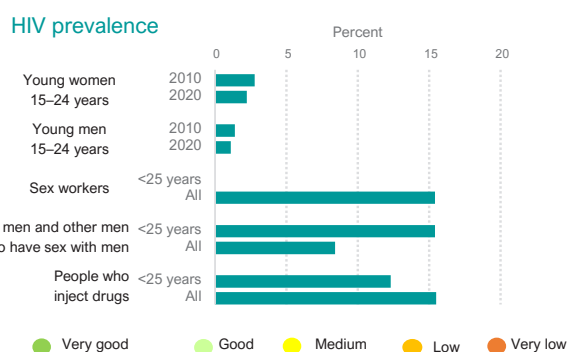
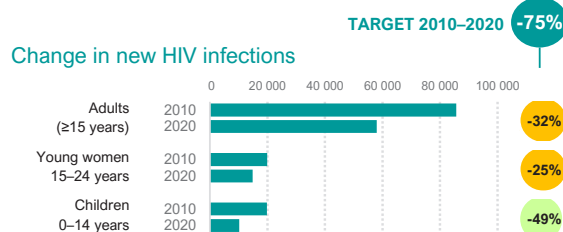
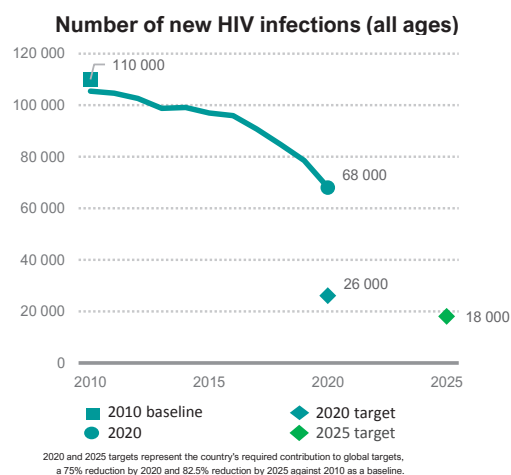
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

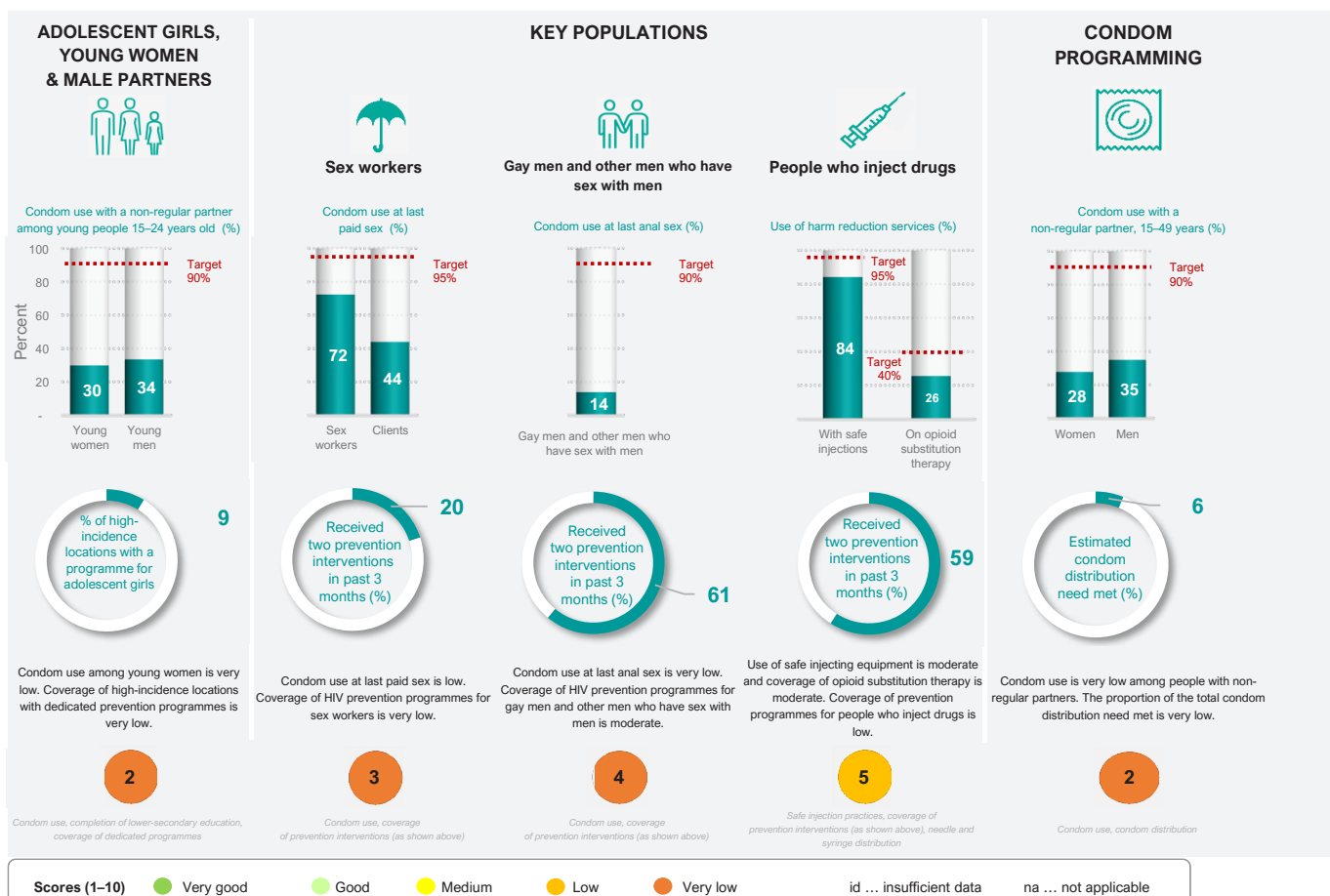
The State of HIV Prevention in United Republic of Tanzania

2021

The number of people newly infected with HIV declined from 110 000 in 2010 to 68 000 in 2020, a 35% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	Some	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	155 500	49 700	36 000	id	id

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	30%	30%
Girls who completed lower secondary education	27%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <14	

HIV prevention adaptations during COVID-19

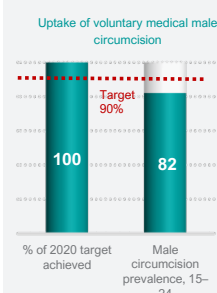
	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	No
PrEP	No	No
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



% of annual voluntary medical male circumcision target

100

In 2020, progress against annual VMMC targets was very good and overall progress against the full 2020 VMMC target was very good.

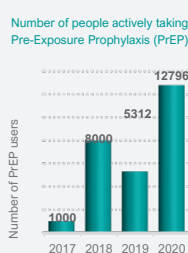
10

Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis



Change in use of PrEP (July–December 2020)

+141%

At the end of 2020, there were 12796 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment



Antiretroviral treatment coverage

Overall	82%
Sex workers	id
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are not known overall. Based on limited available data, treatment coverage among key populations is not known.

8

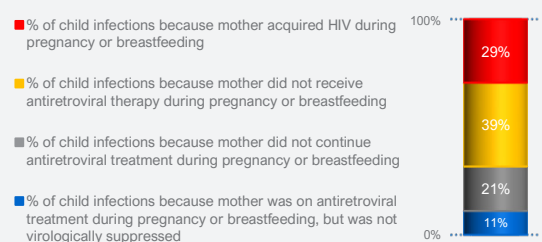
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 11%

% of HIV-positive pregnant women receiving ART (2020)	84%
Number of Estimated births to women living with HIV (2020)	91 000
Number of new child infections due to vertical transmission (2020)	10 000

Distribution of new child infections in 2020



7

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

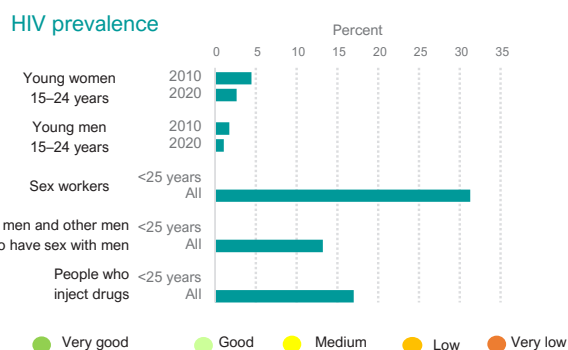
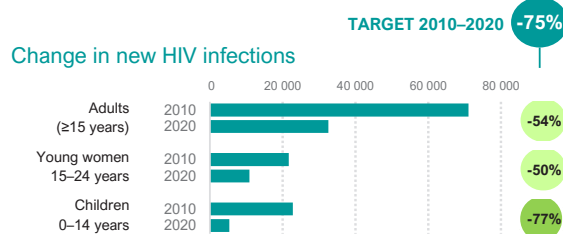
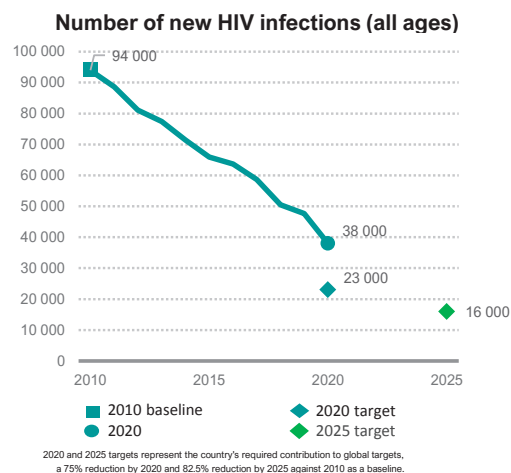
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

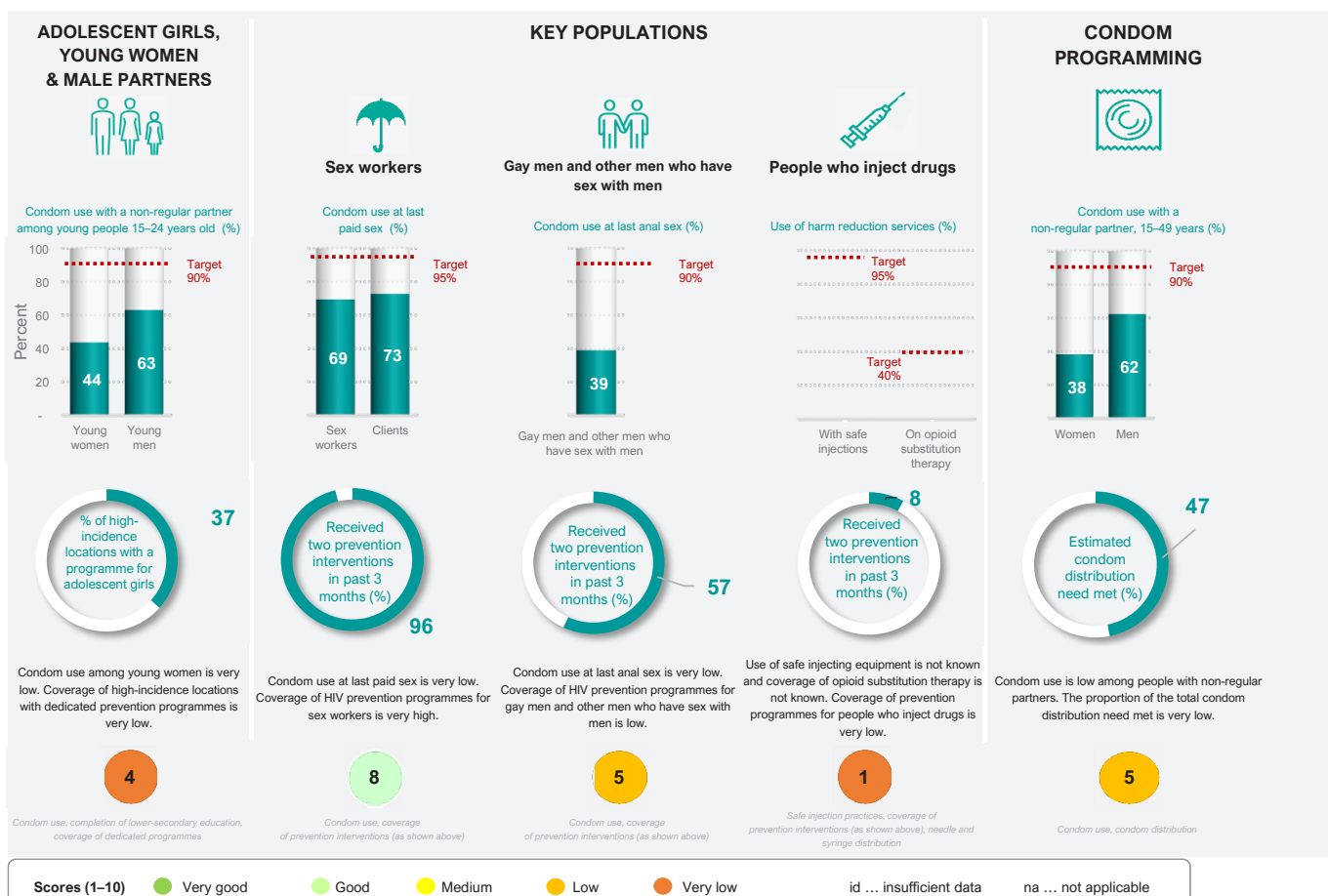
The State of HIV Prevention in Uganda

2021

The number of people newly infected with HIV declined from 94 000 in 2010 to 38 000 in 2020, a 60% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	Some	id	Some
Avoided health care because of stigma and discrimination	9%	id	64%	id	na
Population size	130 000	24 100	7 400	id	151 000

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	30%	31%
Girls who completed lower secondary education	23%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <12	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	No	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	No
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

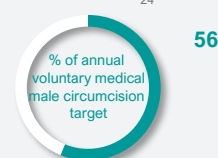
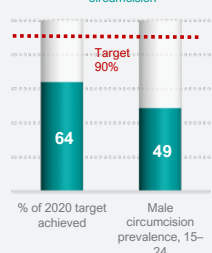
Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



Uptake of voluntary medical male circumcision



In 2020, progress against annual VMMC targets was slow and overall progress against the full 2020 VMMC target was moderate.

6

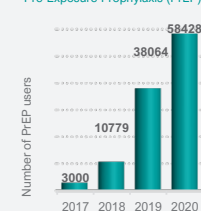
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+53%

At the end of 2020, there were 58428 people actively taking PrEP. In the second half of 2020, use of PrEP increased rapidly.

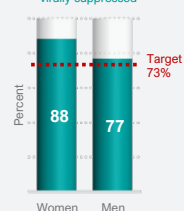
8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	90%
Sex workers	65%
Men who have sex with men	66%
People who inject drugs	78%

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is moderate.

9

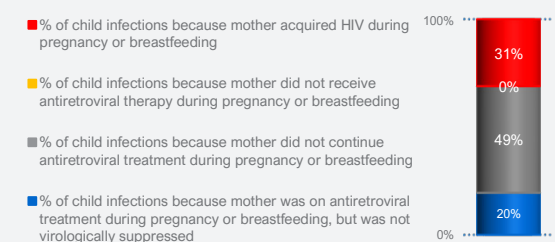
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 6%

% of HIV-positive pregnant women receiving ART (2020)	95%
Number of Estimated births to women living with HIV (2020)	91 000
Number of new child infections due to vertical transmission (2020)	5 300

Distribution of new child infections in 2020



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global Aids Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

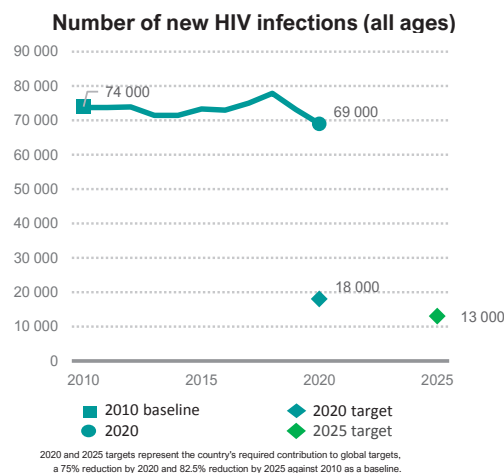
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

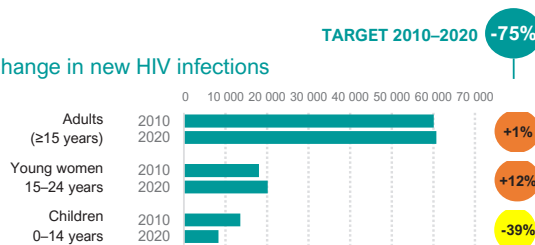
The State of HIV Prevention in Zambia

2021

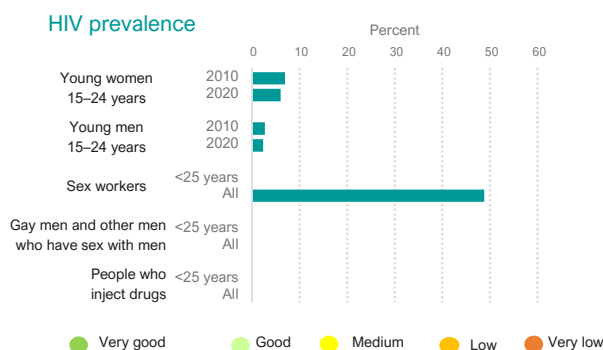
The number of people newly infected with HIV declined from 74 000 in 2010 to 69 000 in 2020, a 6% decline.



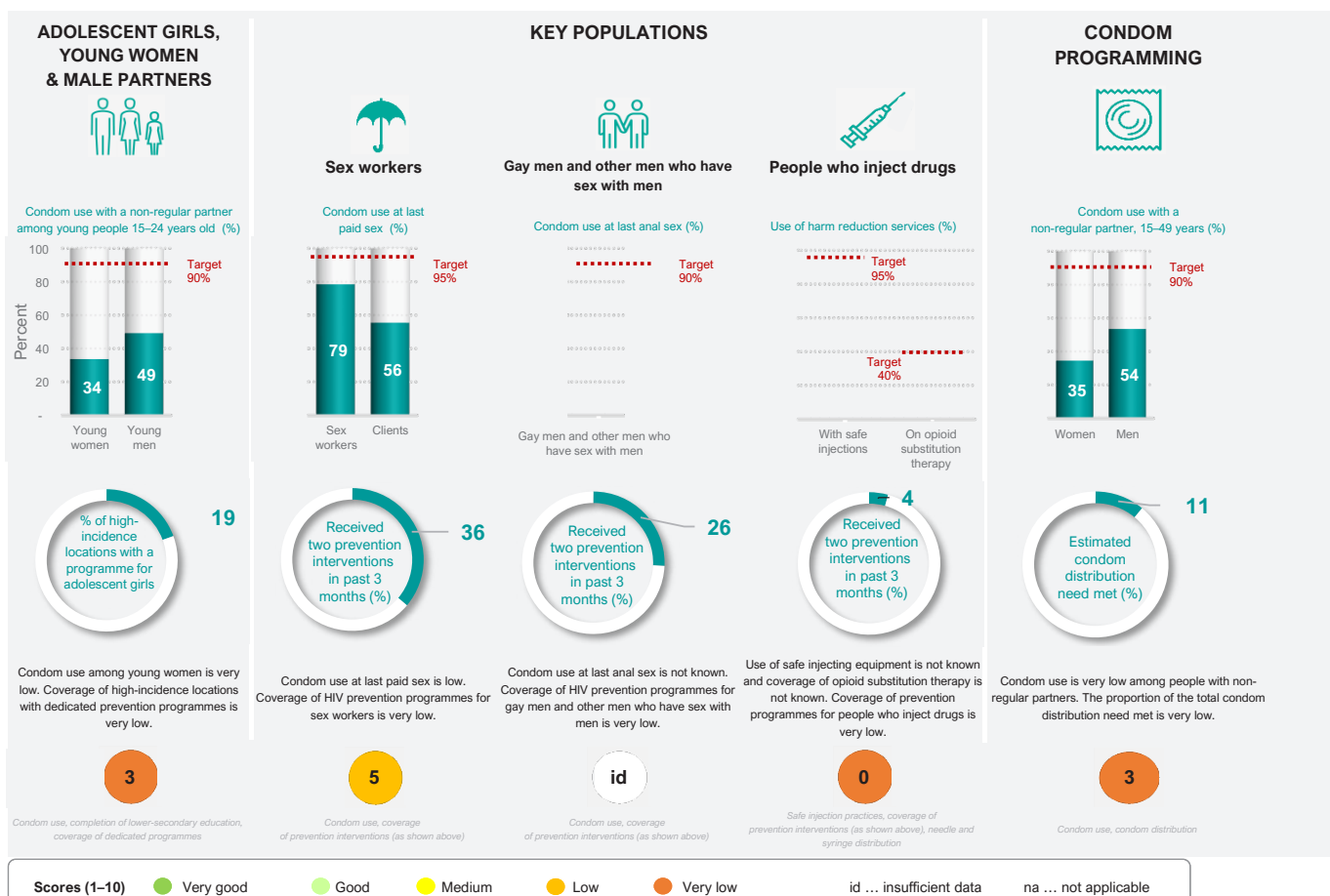
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Scores (1–10)

Very good

Good

Medium

Low

Very low

id ... insufficient data

na ... not applicable

Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	None	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	126 000	6 500	26 800	4 000	20 800

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	25%	27%
Girls who completed lower secondary education	50%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

HIV prevention adaptations during COVID-19

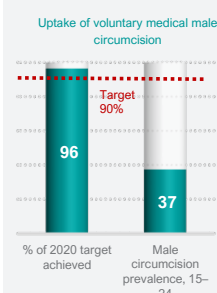
	Safe continuation of outreach	Online counselling
Young women	Yes	No
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	No
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



% of annual voluntary medical male circumcision target

100

In 2020, progress against annual VMMC targets was very good and overall progress against the full 2020 VMMC target was very good.

10

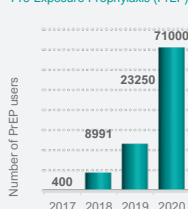
Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis

Number of people actively taking Pre-Exposure Prophylaxis (PrEP)



Change in use of PrEP (July–December 2020)

+205%

At the end of 2020, there were 71000 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

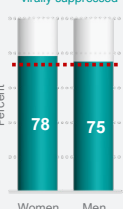
8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment

People living with HIV virally suppressed



Antiretroviral treatment coverage

Overall	81%
Sex workers	86%
Men who have sex with men	id
People who inject drugs	id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is very high.

8

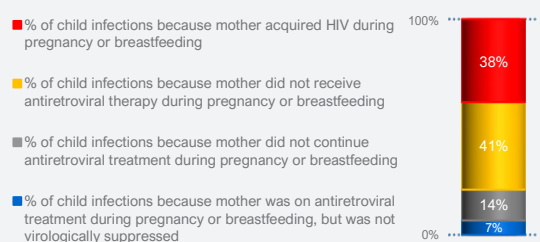
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 13%

% of HIV-positive pregnant women receiving ART (2020)	80%
Number of Estimated births to women living with HIV (2020)	62 000
Number of new child infections due to vertical transmission (2020)	8 300

Distribution of new child infections in 2020



6

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

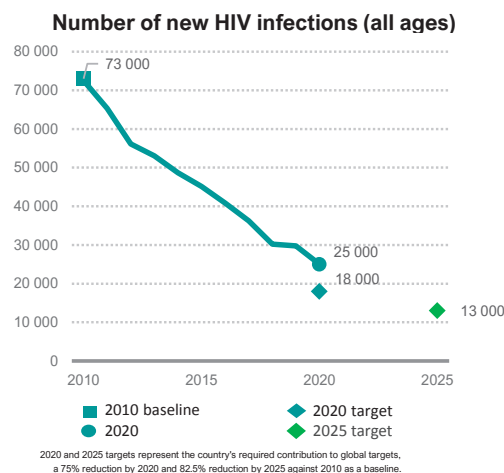
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

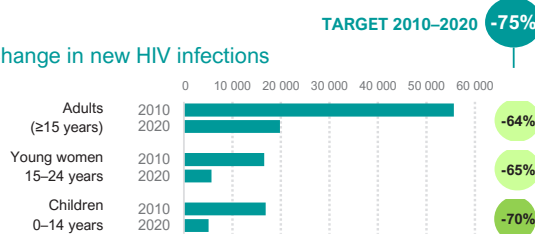
The State of HIV Prevention in Zimbabwe

2021

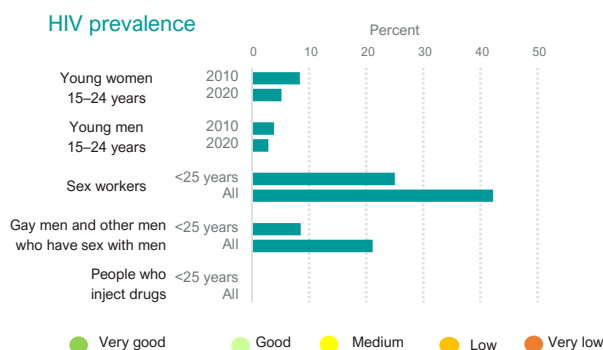
The number of people newly infected with HIV declined from 73 000 in 2010 to 25 000 in 2020, a 66% decline.



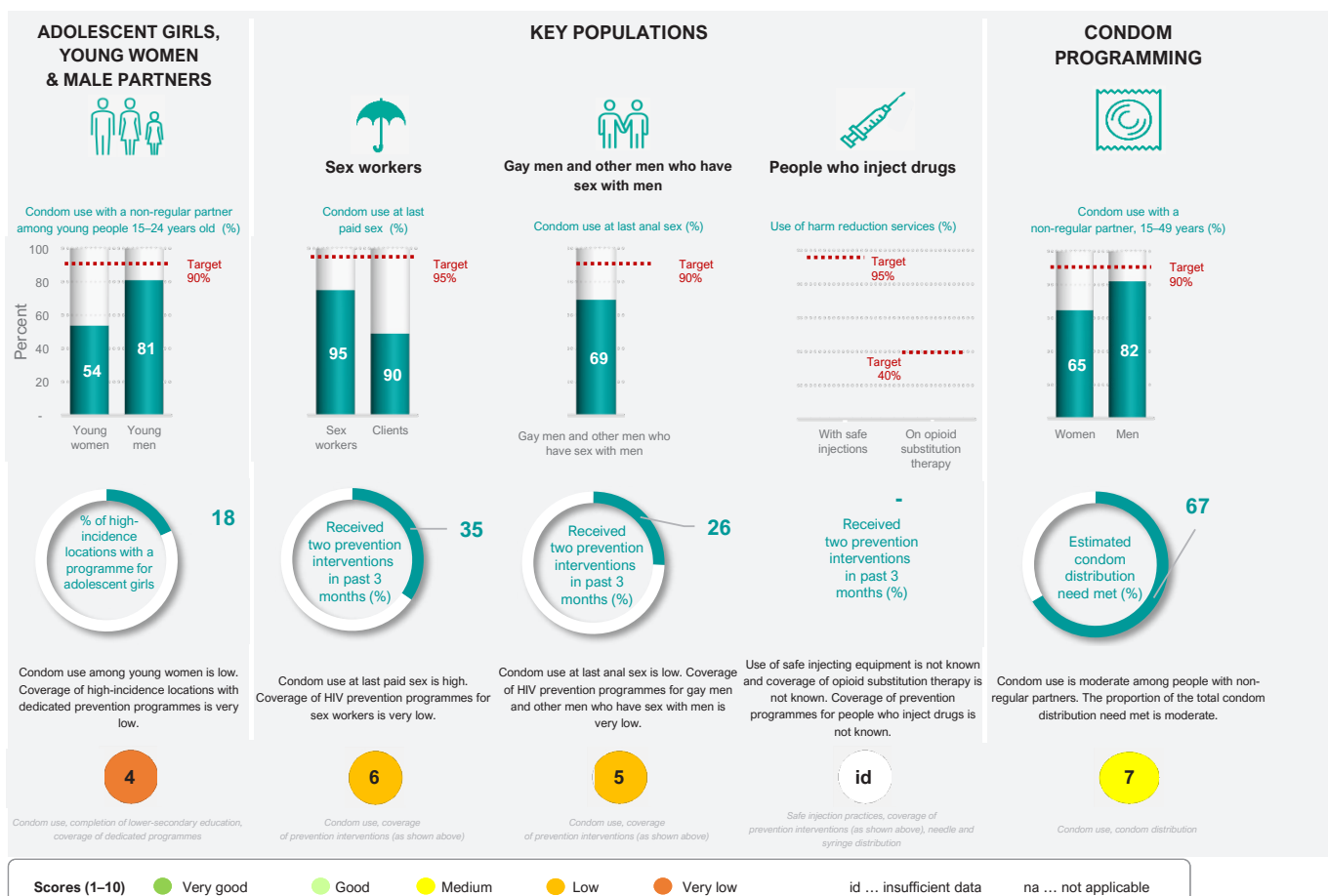
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Scores (1–10)

Very good

Good

Medium

Low

Very low

id ... insufficient data

na ... not applicable

Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Transgender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	All	None	id	None
Avoided health care because of stigma and discrimination	39%	8%	id	11%	na
Population size	45 000	23 000	id	id	20 900

Adolescent girls and young women

	15–19 years	15–49 years
Proportion of women who experienced intimate partner violence	19%	31%
Girls who completed lower secondary education	53%	
Policies on life skills-based HIV and sexuality education (secondary schools)	Yes	
Laws requiring parental consent for adolescents to access HIV testing services, age of consent	Yes, <16	

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Young women	Yes	Yes
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

VOLUNTARY MEDICAL MALE CIRCUMCISION



In 2020, progress against annual VMMC targets was very slow and overall progress against the full 2020 VMMC target was slow.

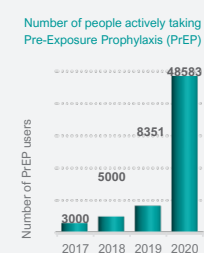
3

Progress against global and annual country voluntary medical male circumcision target

ANTIRETROVIRAL DRUG-BASED PREVENTION



Pre-exposure prophylaxis



Change in use of PrEP (July–December 2020)

+482%

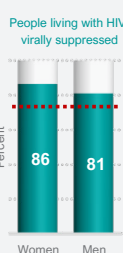
At the end of 2020, there were 48583 people actively taking PrEP. In the second half of 2020, use of PrEP increased very rapidly.

8

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV



Antiretroviral treatment



Antiretroviral treatment coverage

Overall	93%
Sex workers	59%
Men who have sex with men	73%
People who inject drugs	id

Levels of suppressed viral loads are very high overall. Based on limited available data, treatment coverage among key populations is moderate.

9

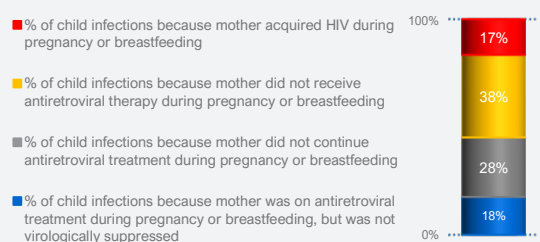
PREVENTION OF VERTICAL TRANSMISSION OF HIV



MTCT rate (2020): 9%

% of HIV-positive pregnant women receiving ART (2020)	87%
Number of Estimated births to women living with HIV (2020)	59 000
Number of new child infections due to vertical transmission (2020)	5 100

Distribution of new child infections in 2020



7

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global Aids Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

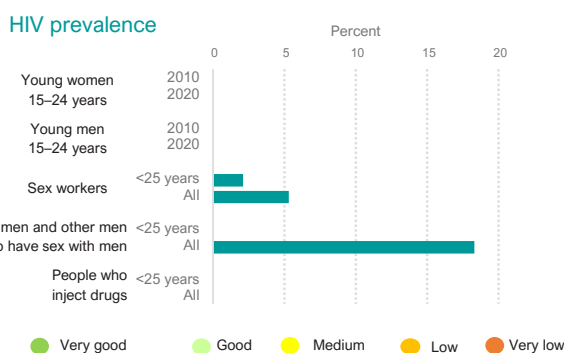
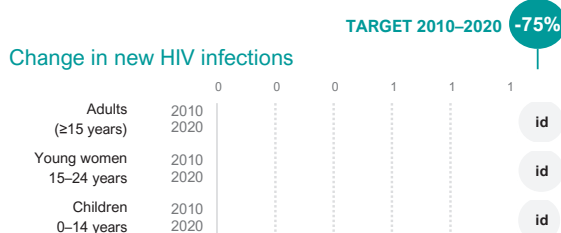
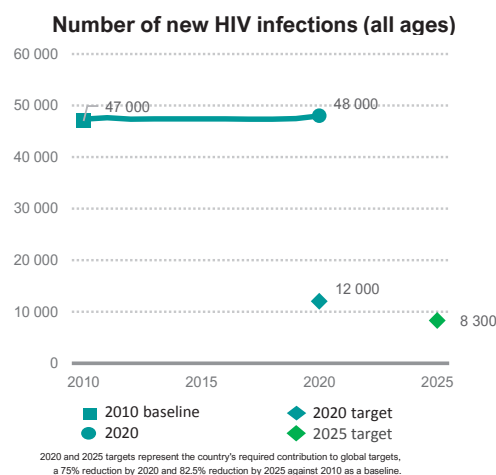
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

The State of HIV Prevention in Brazil

2021

Estimates for new HIV infections are not available in 2020.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	na	id	Some
Avoided health care because of stigma and discrimination	12%	17%	na	id	na
Population size	1 401 600	2 037 700	na	id	702 100

HIV prevention adaptations during COVID-19

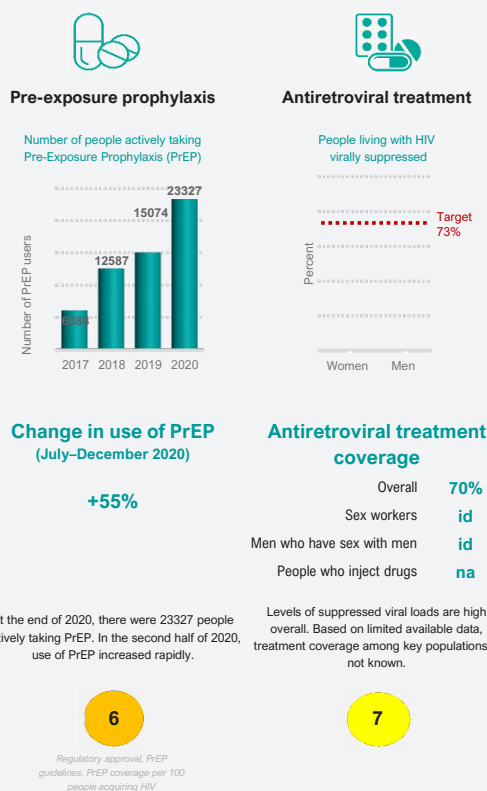
	Safe continuation of outreach	Online counselling
Key populations	Yes	yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	0	
Opioid substitution therapy (take home dosages)		0

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	Yes

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

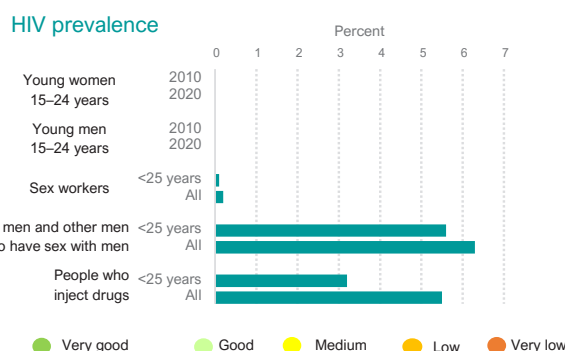
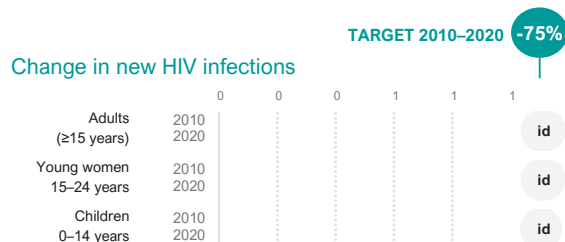
Data sources key populations coverage: Global Aids Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

The State of HIV Prevention in China

2021



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	All	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	id	id	id	id	id

HIV prevention adaptations during COVID-19

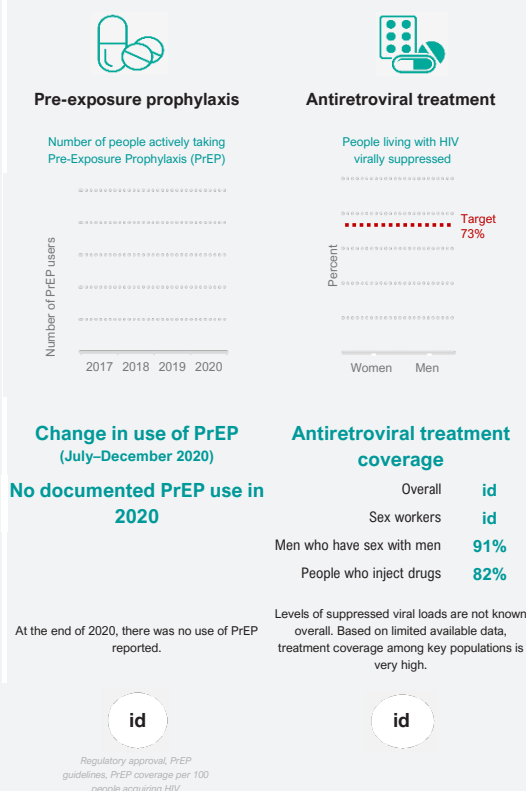
	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

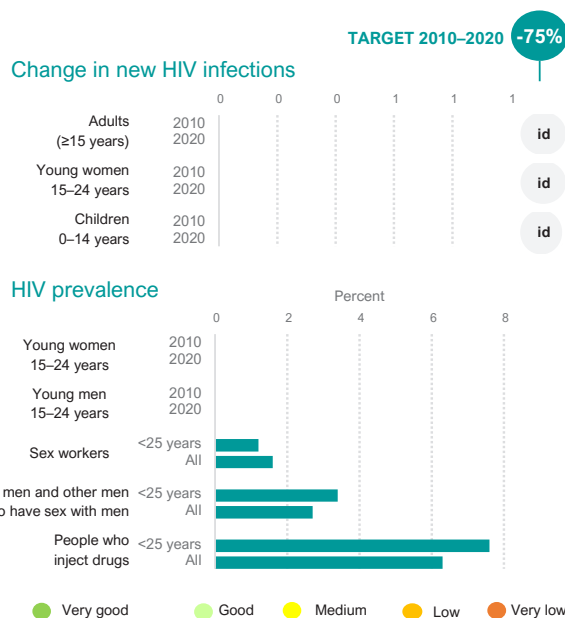
Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

The State of HIV Prevention in India

2021



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	All	All	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	657 800	238 200	127 500	26 000	2 000 000

HIV prevention adaptations during COVID-19

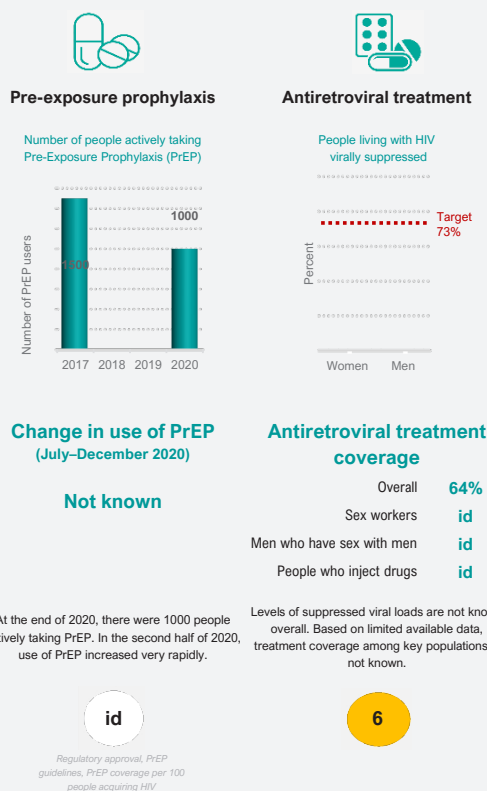
	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	No
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

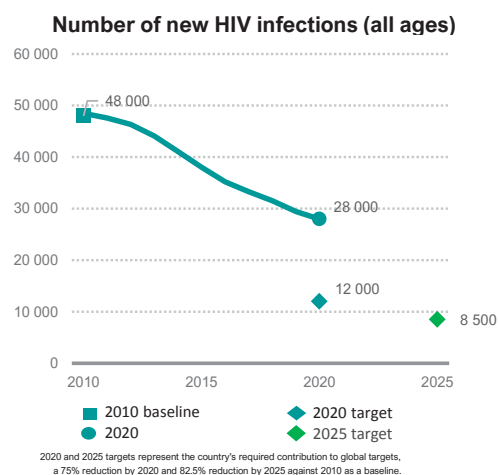
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

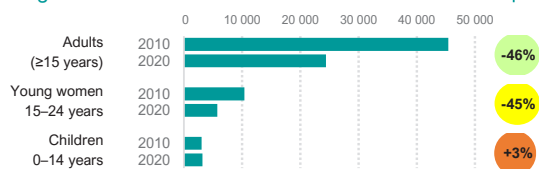
The State of HIV Prevention in Indonesia

2021

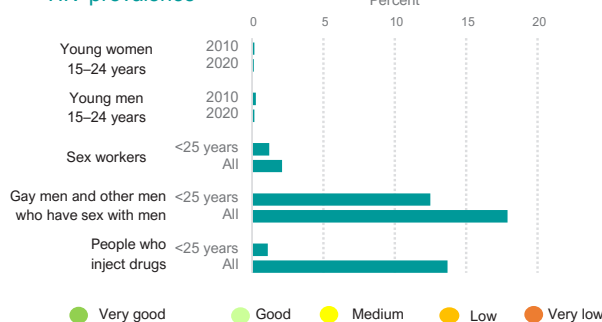
The number of people newly infected with HIV declined from 48 000 in 2010 to 28 000 in 2020, a 43% decline.



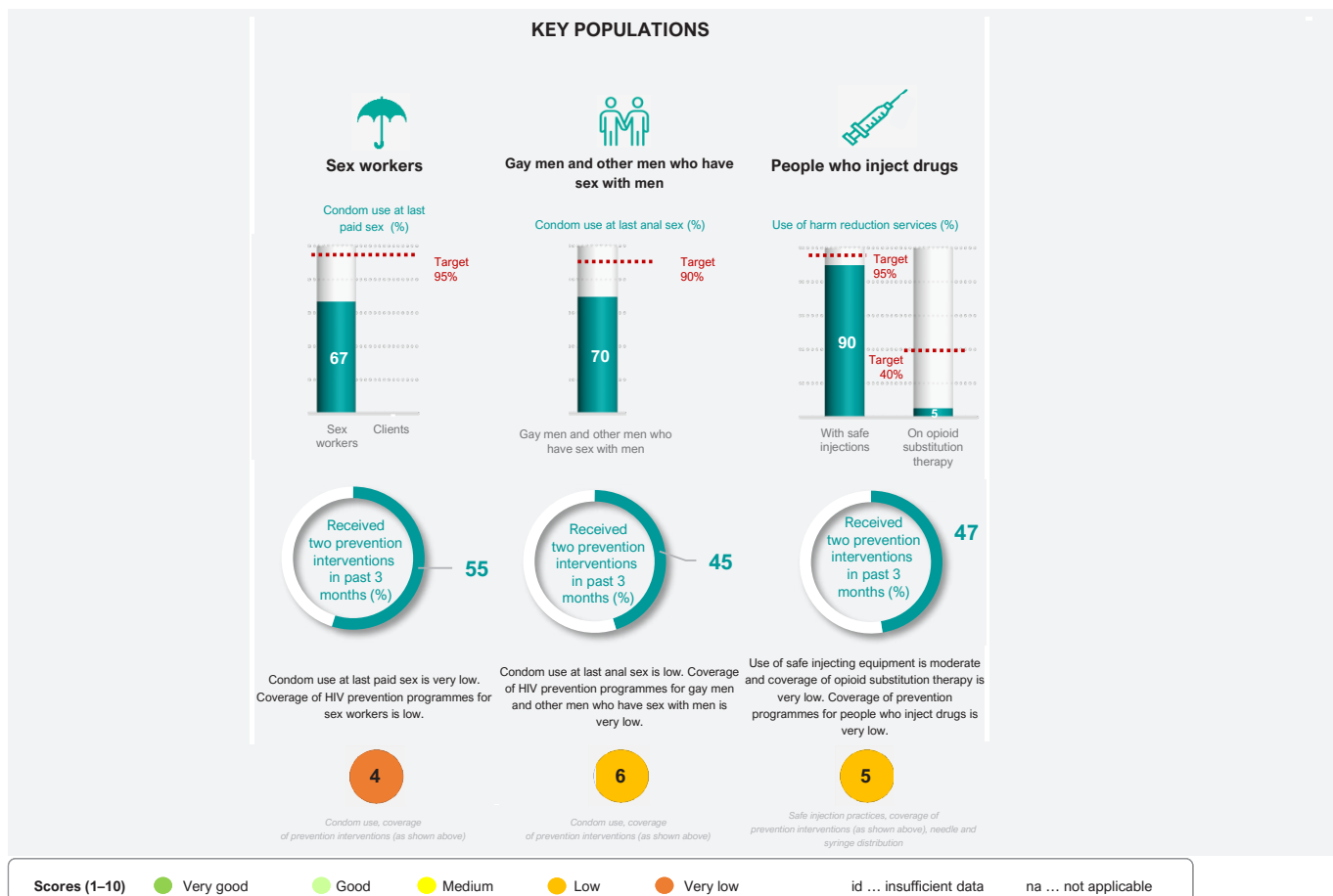
Change in new HIV infections



HIV prevalence



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	> Half	Some	id	Some
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	278 000	754 300	34 500	34 700	id

HIV prevention adaptations during COVID-19

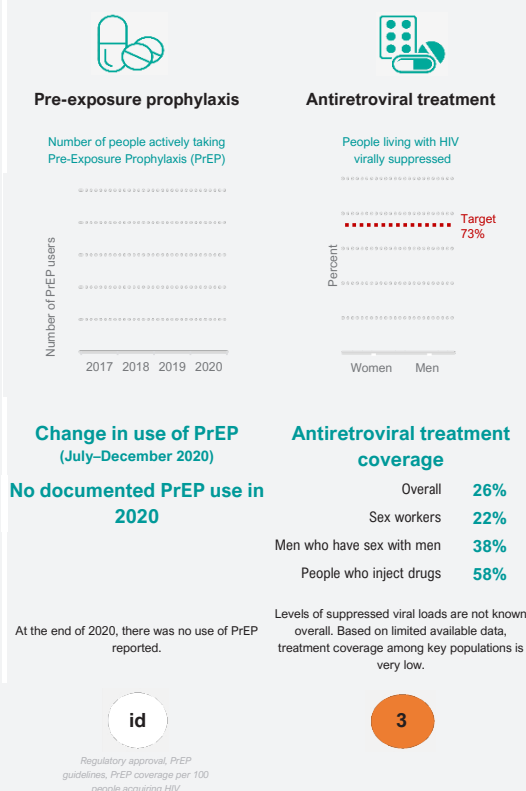
	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	No
HIV treatment	Yes	No
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	id
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

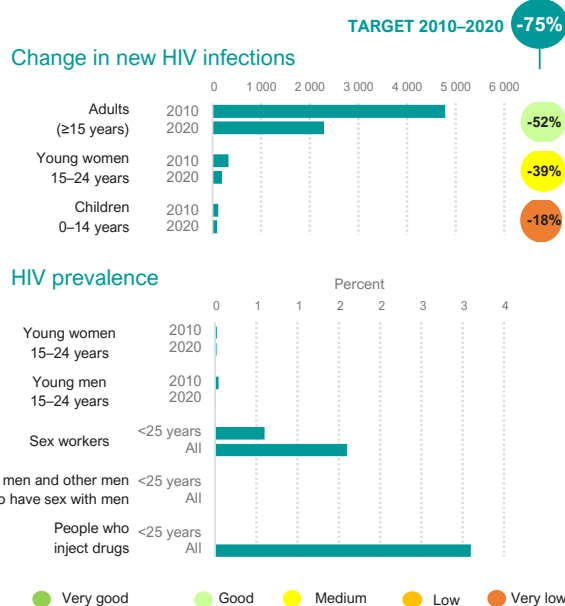
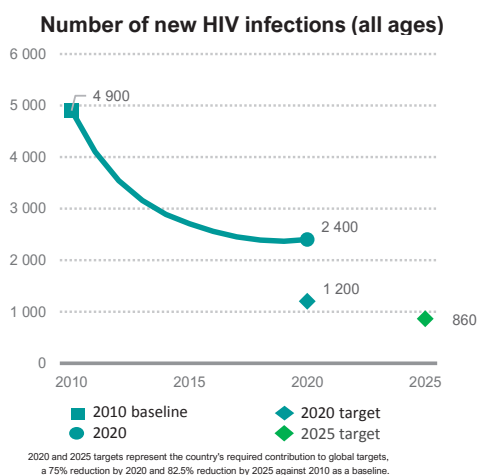
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

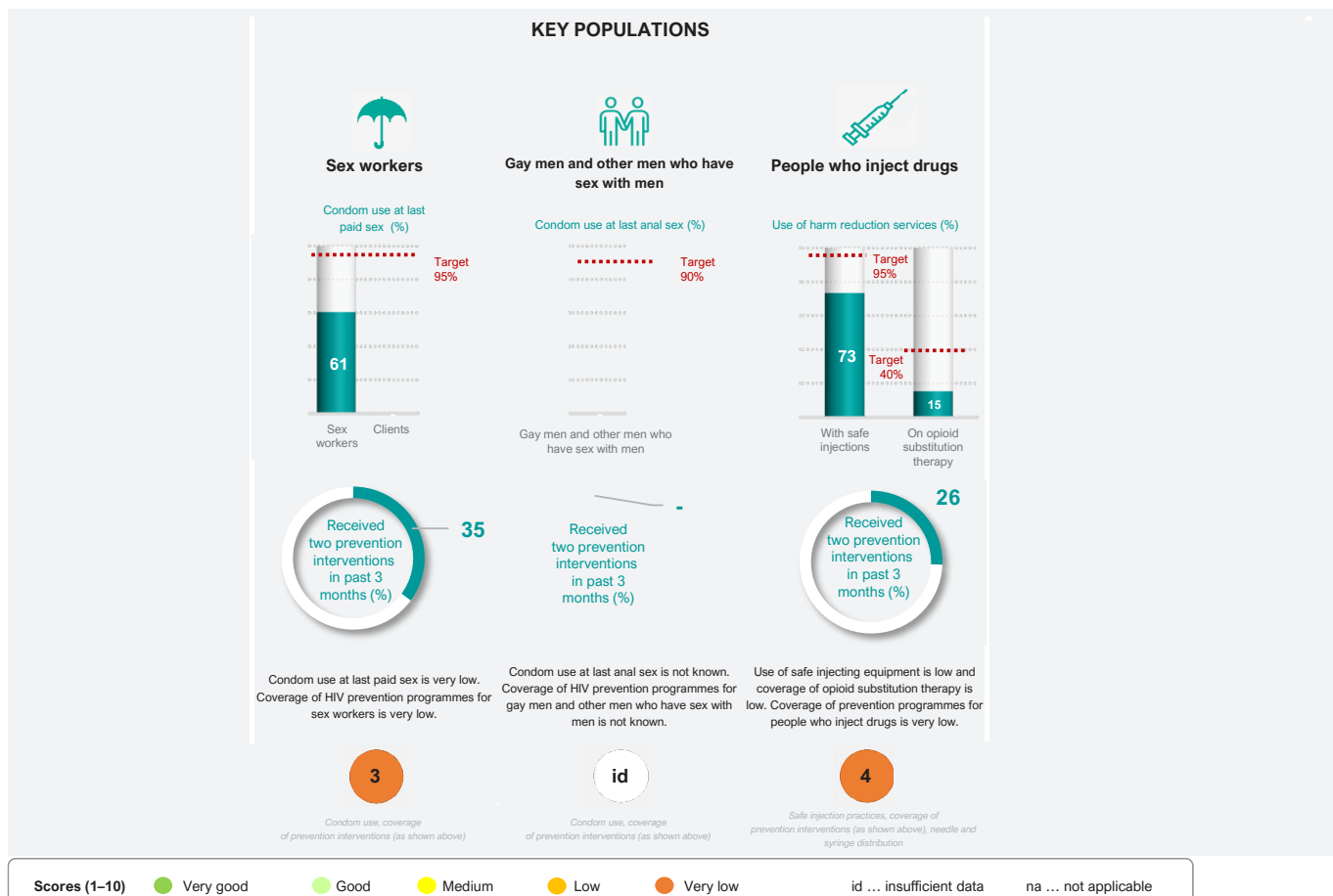
The State of HIV Prevention in Islamic Republic of Iran

2021

The number of people newly infected with HIV declined from 4900 in 2010 to 2400 in 2020, a 51% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	Some	id	Some
Avoided health care because of stigma and discrimination	28%	id	id	id	na
Population size	138 000	id	90 000	10 000	148 500

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

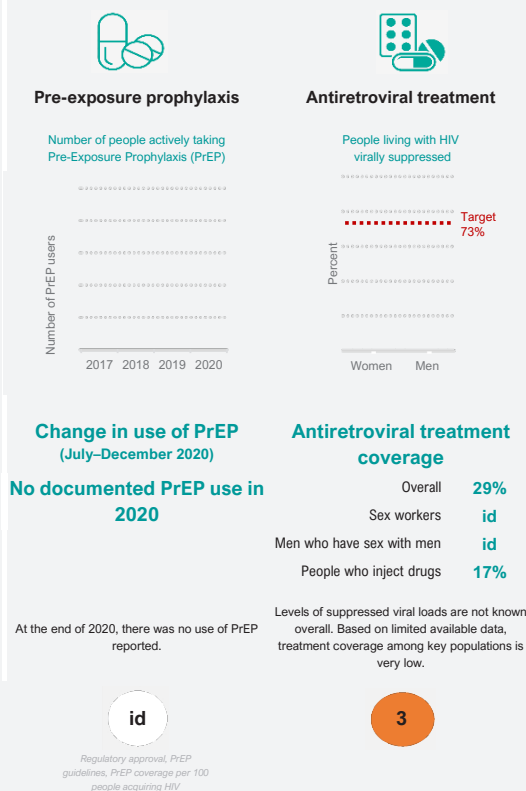
HIV testing services integrated within sexual and reproductive health

Partial

Provider-initiated condom promotion integrated into sexual and reproductive health services

id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

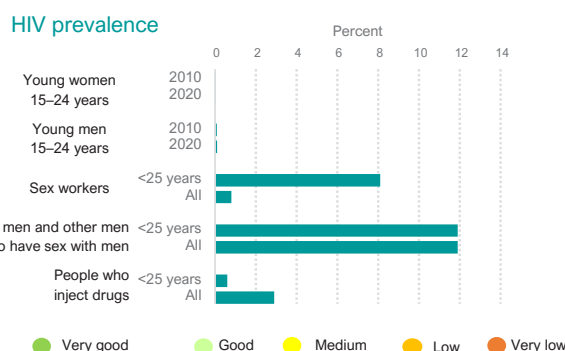
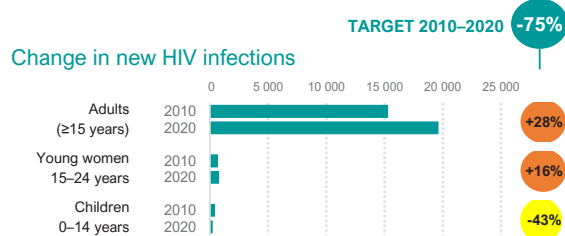
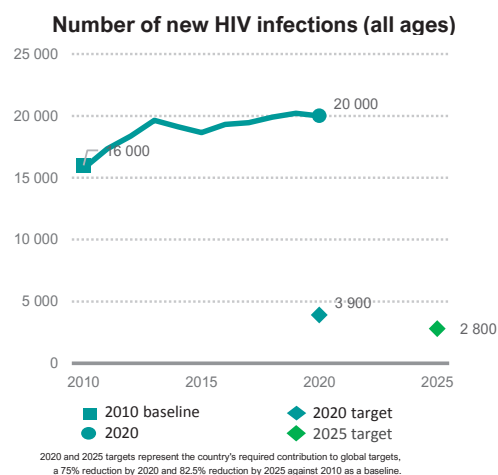
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

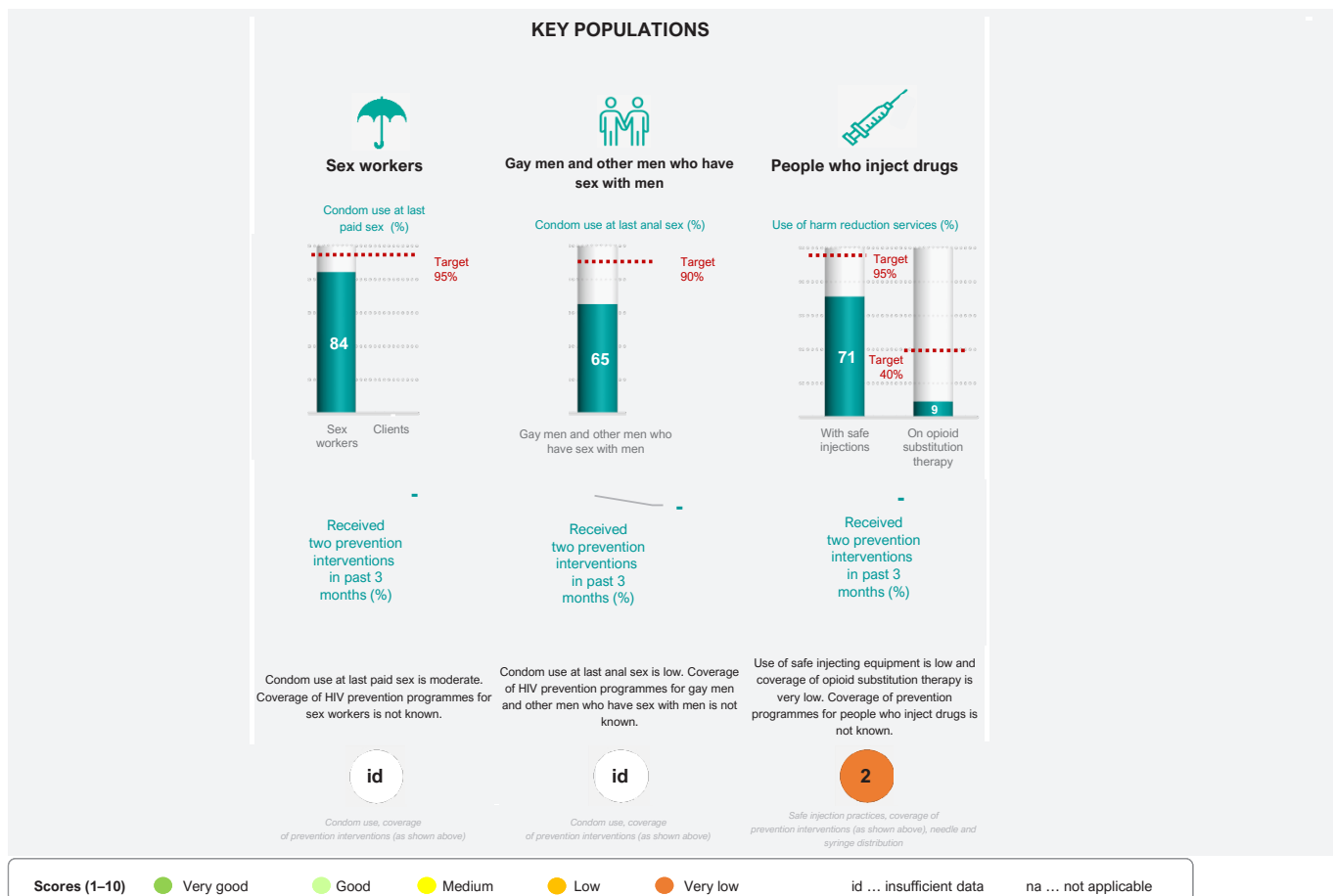
The State of HIV Prevention in Mexico

2021

The number of people newly infected with HIV increased from 16 000 in 2010 to 20 000 in 2020, a 26% increase.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	No	No	No	No	na
The national strategy includes critical elements of the programme package for key populations	> Half	> Half	All	id	Some
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	240 000	1 200 000	109 100	123 000	200 000

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	Yes	No
HIV treatment	Yes	No
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

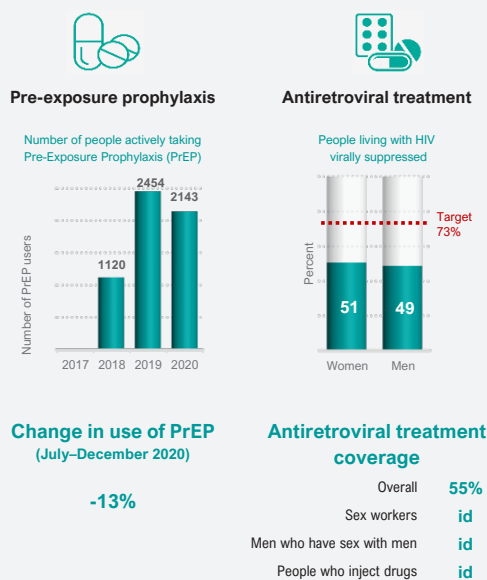
HIV testing services integrated within sexual and reproductive health

Partial

Provider-initiated condom promotion integrated into sexual and reproductive health services

No/id

ANTIRETROVIRAL DRUG-BASED PREVENTION



At the end of 2020, there were 2143 people actively taking PrEP. In the second half of 2020, use of PrEP declined.

Levels of suppressed viral loads are low overall. Based on limited available data, treatment coverage among key populations is not known.

5

Regulatory approval, PrEP guidelines, PrEP coverage per 100 people acquiring HIV

6

Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

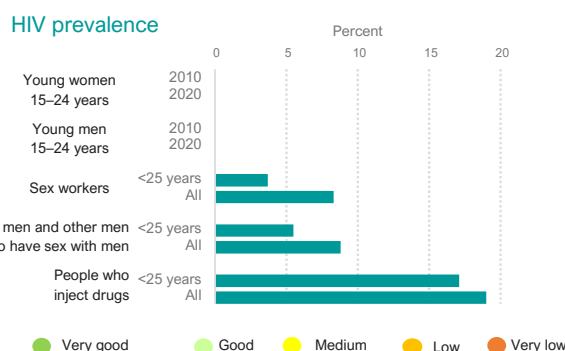
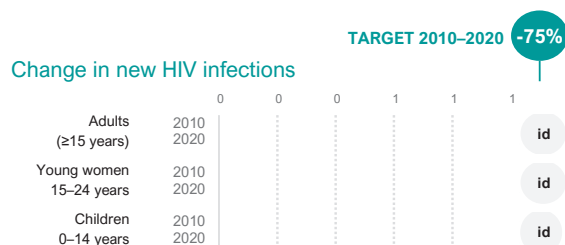
Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

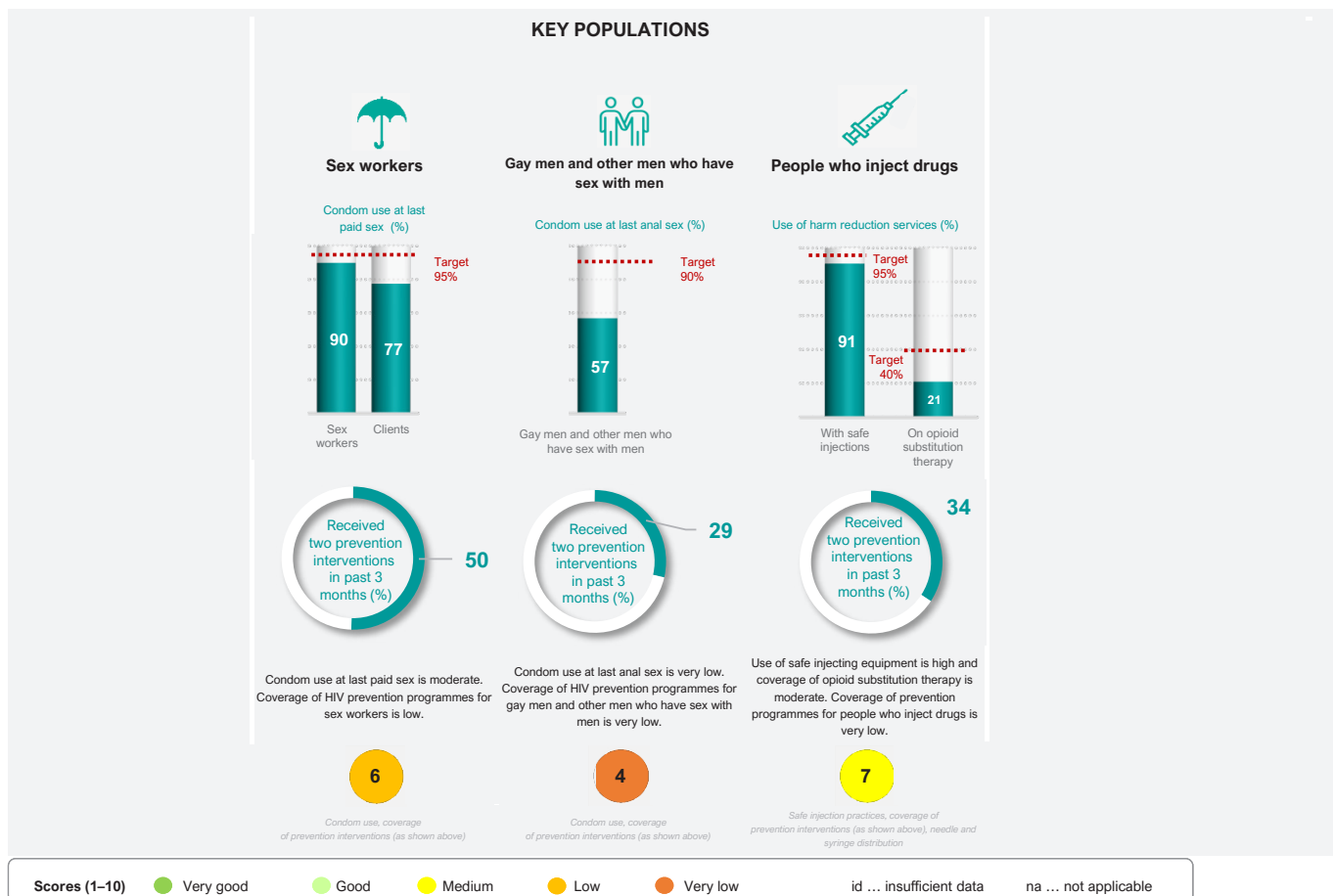
2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

The State of HIV Prevention in Myanmar

2021



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	Yes	na
The national strategy includes critical elements of the programme package for key populations	All	All	Some	id	id
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	66 000	252 000	93 000	id	id

HIV prevention adaptations during COVID-19

	Safe continuation of outreach	Online counselling
Key populations	Yes	Yes
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	No
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

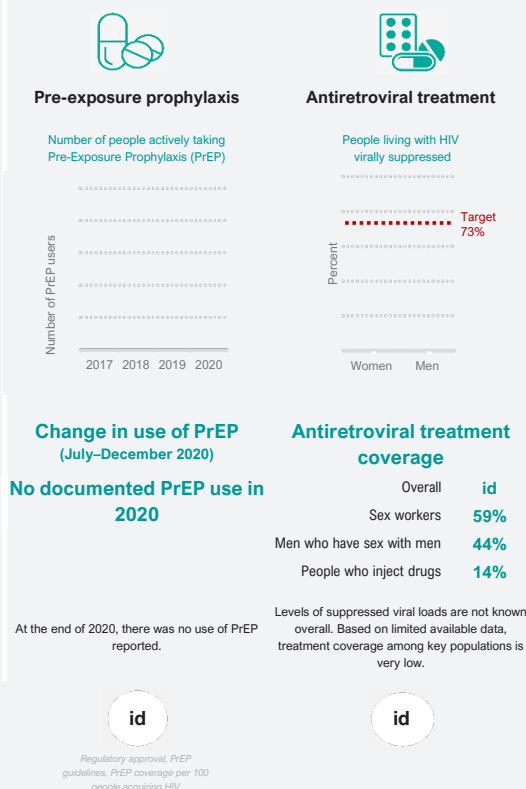
HIV testing services integrated within sexual and reproductive health

Partial

Provider-initiated condom promotion integrated into sexual and reproductive health services

No/id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

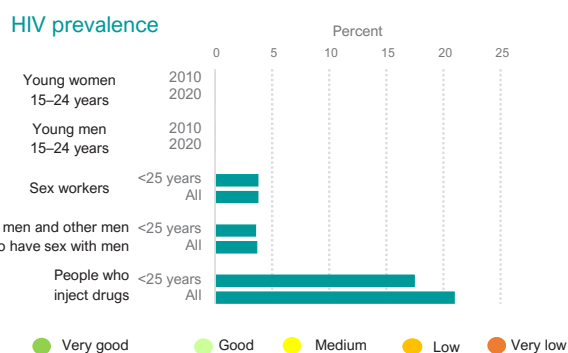
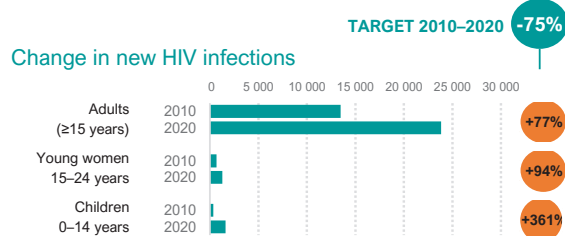
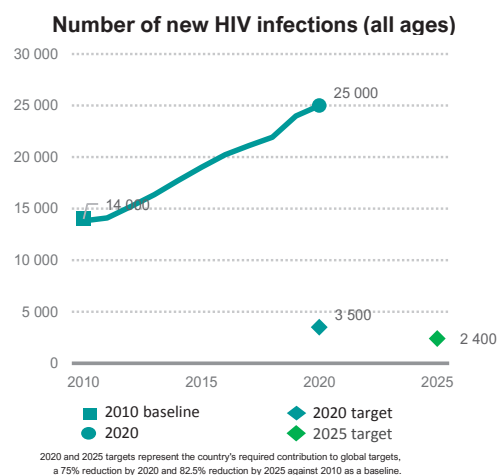
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

The State of HIV Prevention in Pakistan

2021

The number of people newly infected with HIV increased from 14 000 in 2010 to 25 000 in 2020, a 84% increase.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	Yes	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	< Half	< Half	Some	id	None
Avoided health care because of stigma and discrimination	id	id	id	id	na
Population size	228 800	832 200	113 400	52 400	80 500

HIV prevention adaptations during COVID-19

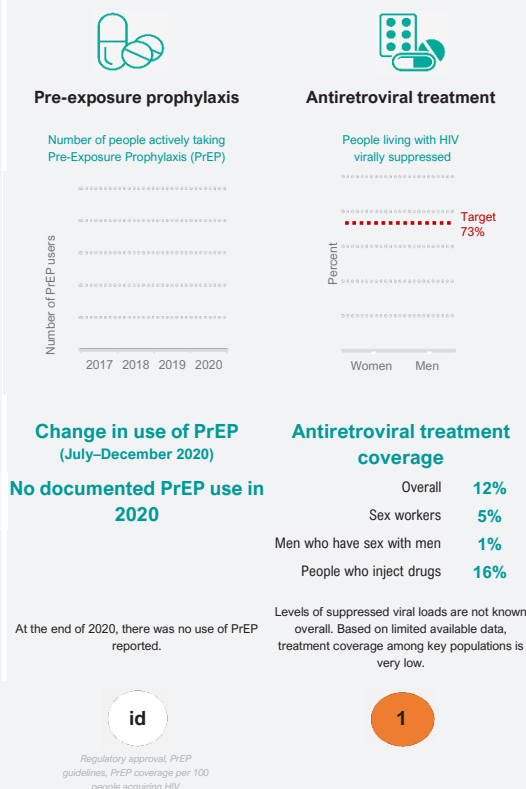
	Safe continuation of outreach	Online counselling
Key populations	Yes	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	Yes	Yes
PrEP	No	No
HIV treatment	Yes	Yes
Safe injecting equipment	Yes	
Opioid substitution therapy (take home dosages)		No

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Partial
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

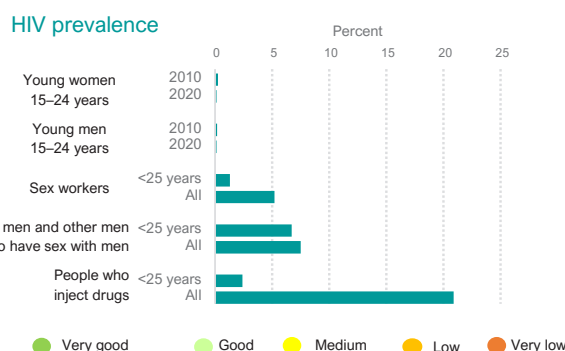
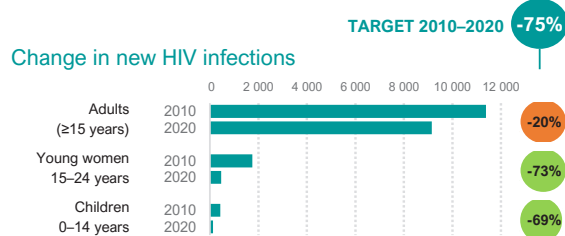
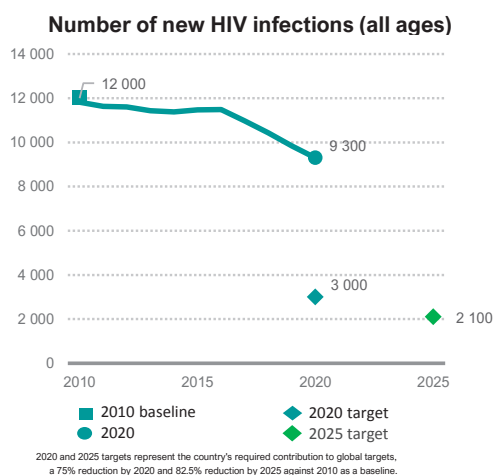
Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

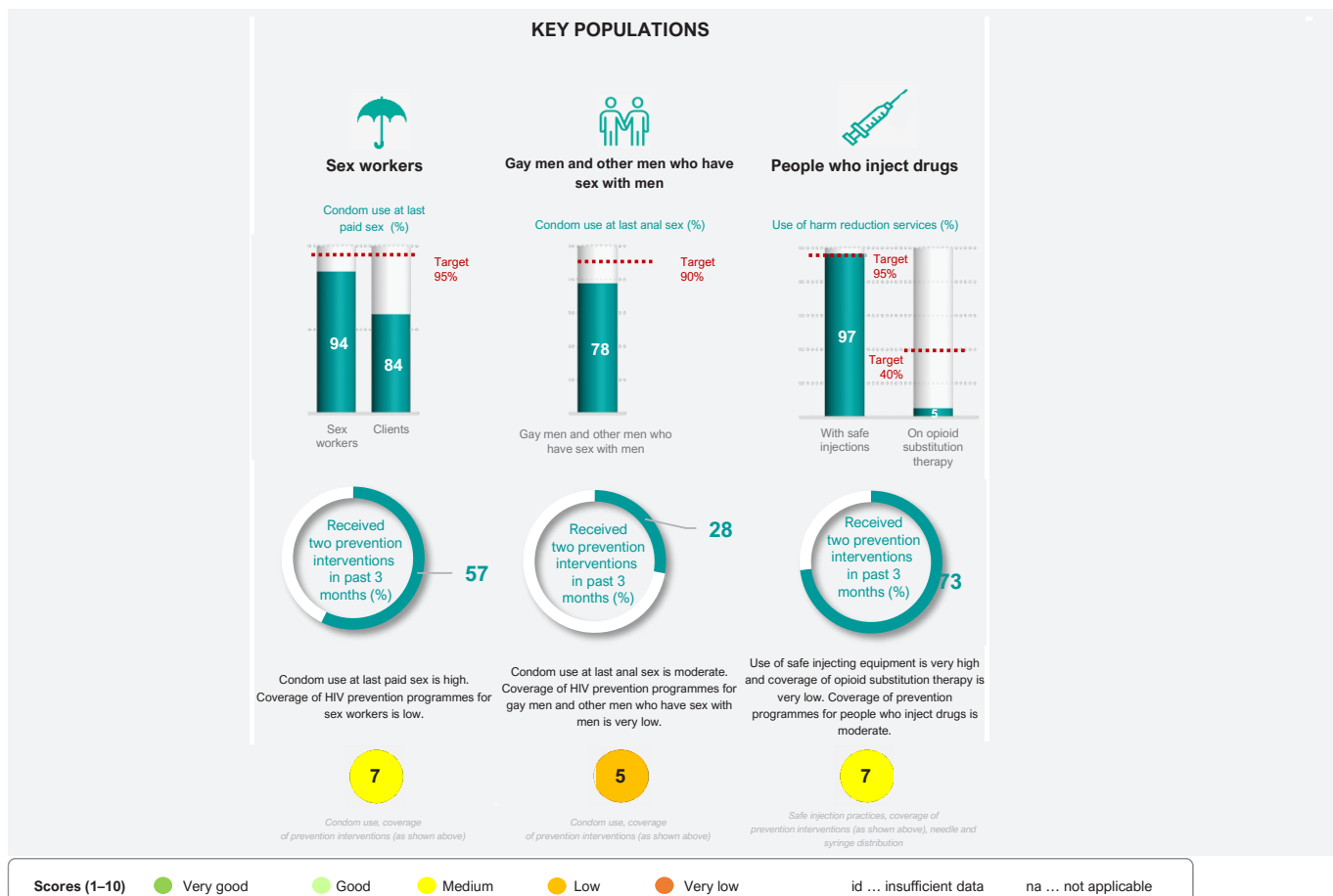
The State of HIV Prevention in Ukraine

2021

The number of people newly infected with HIV declined from 12 000 in 2010 to 9 300 in 2020, a 21% decline.



HIV programme coverage and outcomes



Policy and structural barriers

Key populations

	Sex workers	Gay men & other MSM	People who inject drugs	Trans-gender people	Prisoners
Criminalization of the behaviour of key populations	Yes	No	Yes	No	na
The national strategy includes critical elements of the programme package for key populations	All	All	All	id	Some
Avoided health care because of stigma and discrimination	16%	10%	10%	8%	na
Population size	86 600	179 400	350 300	8 200	48 700

HIV prevention adaptations during COVID-19

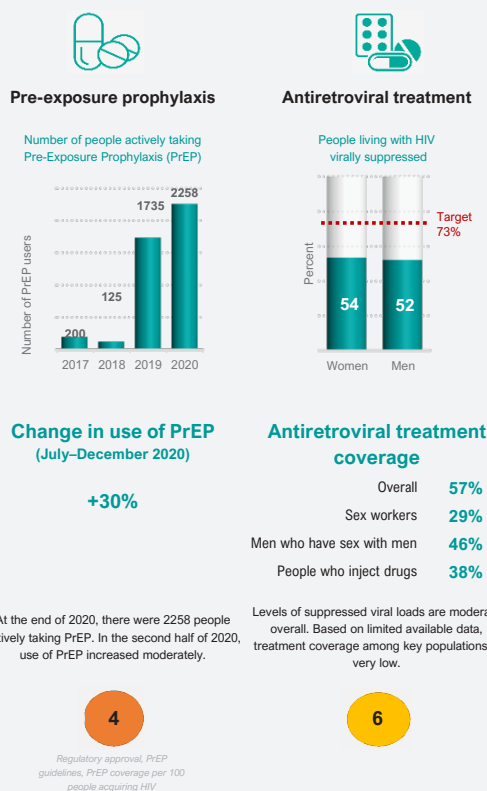
	Safe continuation of outreach	Online counselling
Key populations	No	No
Adopted multi-month dispensing	Yes	Expanded alternative access
Condoms	No	No
PrEP	Yes	Yes
HIV treatment	Yes	Yes
Safe injecting equipment	No	
Opioid substitution therapy (take home dosages)		Yes

Note: 'Yes' refers to the adaptation having been introduced (not necessarily it being universally available).

Linkages between HIV and sexual and reproductive health services

HIV testing services integrated within sexual and reproductive health	Yes
Provider-initiated condom promotion integrated into sexual and reproductive health services	No/id

ANTIRETROVIRAL DRUG-BASED PREVENTION



Data sources: UNAIDS 2021 epidemiological estimates; Global AIDS Monitoring 2021; and ICF – the DHS Program STATcompiler.

Data sources key populations coverage: Global AIDS Monitoring 2021, Global Fund and PEPFAR reports obtained in 2021

Note: the 2021 epidemiological estimates presented are for 2020. Other data points may refer to various years when the surveys were conducted.

2020 and 2025 targets represent the country's required contribution to global targets, a 75% reduction by 2020 and 82.5% reduction by 2025 against 2010 as a baseline.

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