



SADC Scorecard for HIV Prevention

Introduction

In November 2017, at meeting held in Polokwane, South Africa, 15 Ministers of Health of the Southern Africa Development Community (SADC) reaffirmed their commitment to end AIDS by 2030, in line with the 2016 United Nations Political Declaration on ending AIDS. The Ministers agreed to strengthen HIV prevention with the aim of **reducing new infections by 75 per cent in 2020** compared to the levels in 2010.

The Ministers also endorsed the Framework for the Global Prevention Coalition on HIV and the 10-point Action Plan for Accelerating HIV Prevention.

The Ministers further approved two critical documents to intensify the joint effort on HIV prevention in the region – **the Framework for Target Setting for HIV Prevention and the Regional Scorecard for HIV Prevention**.

Regional Scorecard for HIV Prevention

This report contains the first SADC Regional Scorecard for HIV Prevention, which will be presented annually to the ministerial forum. Drawing from the Global Coalition Scorecard, the Regional Scorecard is anchored on the five pillars of HIV prevention:

Pillars of HIV Prevention		2020 Targets
1	Adolescent girls and young women (AGYW)	90% coverage for combination prevention and their male partners
2	Key populations (KP)	90% coverage for combination prevention
3	Condom Access	90% of high-risk populations have access to condoms
4	Voluntary medical male circumcision (VMMC)	90% men aged 15-29 circumcised in 10 priority countries
5	Pre-exposure prophylaxis (PrEP)	10% of populations at higher risk have access to PrEP

For pillar 3, **condom access**, populations at risk include people with non-regular partners, young people, key populations, serodiscordant couples and adults with multiple partners. For pillar 4, **VMCC**, the 10 priority countries are Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

The report highlights major achievements and underperforming areas, and makes recommendations on the way forward. Being the first report, some gaps in information are expected and will improve over time. Data on financing for HIV prevention is limited.

The Scorecard uses seven high-level scores to depict progress on HIV prevention and track the implementation status, based on **programme coverage and outcomes**, of the five pillars. Trends in HIV infections since 2010 are shown to assess whether countries are on track to meet the 2020 target.

The scores are expressed on a scale of 1-10, with 10 being the most desired score. Where there is insufficient information, the indicator is not scored and is labelled as ID (insufficient data). The data was generated from national AIDS authorities and compiled by UNAIDS under the Global Coalition on HIV Prevention database.

HIGHLIGHTS FROM THE SCORECARD

Are SADC Member States on track to reach the 75 per cent target on reduction of new infections by 2020?

Several countries have experienced some decline in new infections since 2010. Eswatini, Malawi, South Africa and Zimbabwe have had a decline in new infections of at least 25 per cent, but no country exceeded 50 per cent. Crucially, some countries report an increase in new infections. Overall, the declines in new infections have been lower than expected. **If the current trends continue, the 2020 target will not be met.**

Are SADC Member States on track to reach 90 per cent of AGYW with Combination Prevention?

AGYW face a disproportionately high risk of HIV infection. Programmes are implemented in all priority countries but most countries either score low on population-level coverage or do not have data. Among countries with data, only Eswatini and Lesotho have programmes in a large proportion of priority locations. High coverage with the current resource-intensive packages appears difficult to achieve in countries with large populations.

Are SADC Member States on track to reach 90 per cent of KPs with Combination Prevention?

Key population programmes tracked include HIV prevention programmes for sex workers, MSM and people who inject drugs (PWID). The scores

are relatively low due to limited coverage. While KPs are most affected by the epidemic, with HIV prevalence exceeding 50 per cent among sex workers in several SADC countries, **they remain underserved and marginalized**. Zimbabwe has made progress in supporting sex workers programmes.

Are SADC Member States on track to ensure 90 per cent access to condoms for high-risk populations?

This target translates to between 25 to 50 condoms per man per year. Condoms are one of the cheapest methods of prevention for HIV, STIs and unintended pregnancies. The score assessed distribution and use of condoms with non-regular partners. Only Eswatini, Lesotho, Namibia, South Africa and Zimbabwe recorded high scores.

SADC HIV Prevention Scorecard: The Big Picture, 2018

Scores are based on specific indicators and provide initial insights, not a full assessment. New infection trends and scores reflect different time periods and cannot be directly linked.



	Angola	Botswana	DR Congo	Eswatini	Lesotho	Malawi	Mozambique	Namibia	South Africa	Tanzania	Zambia	Zimbabwe	Comoros	Madagascar	Mauritius	Seychelles
New adult HIV infections (2010-17, thousands) ◆ 2020 target	22 21 6 ◆	12 13 3 ◆	13 10 3 ◆	12 6 3 ◆	16 13 4 ◆	52 34 13 ◆	140 110 35 ◆	9 7 2 ◆	360 250 90 ◆	68 54 17 ◆	54 41 14 ◆	62 37 16 ◆	ID	2 5 0 ◆	ID	ID
AGYW & MPs	3	6	4	7	8	3	3	5	5	2	5	4	na	na	na	na
Sex workers	6	4	id	6	6	7	4	6	6	id	4	7	id	id	id	id
MSM	id	7	id	4	5	id	2	id	6	2	id	id	id	id	id	id
PWID	id	id	0	id	id	id	2	id	2	4	id	id	id	2	6	id
Condoms	4	7	3	7	8	5	3	8	7	id	4	8	na	na	na	na
VMMC	na	4	na	5	7	3	5	4	7	10	9	5	na	na	na	na
PrEP	0	6	4	8	9	4	4	7	8	4	6	9	id	id	id	id

Are the 10 priority SADC Member States on track to achieve national VMMC targets equivalent to 90 per cent of men aged 15-29 being circumcised?

VMMC programmes in the 10 priority countries have increased coverage in recent years but are far from achieving the target. Tanzania has made the most significant progress, followed by Mozambique, South Africa and Zambia.

Are the Member States on track to launch PrEP as an option for prevention?

The focus this year was on country preparedness to implement the new PrEP initiative, including

regulatory approval, activating programmes, and facilitating safe access. Eswatini, Lesotho, Mozambique, Namibia, South Africa and Zimbabwe are well advanced in initiating the PrEP programme.

Are SADC Member States committing enough resources for primary HIV prevention?

There is no systematic way of collecting this data in Member States. In spite of the commitment to allocate at least 25 per cent of HIV resources to primary prevention, the analysis of a few countries shows that **no Member State exceeded 15 per cent** allocation to primary prevention.

CONCLUSION AND RECOMMENDATIONS

Progress in prevention varies across SADC Member States. The successes in some countries show that prevention can be strengthened and offer opportunities for learning across countries. More effort is required to increase intensity and scale in prevention, **especially among AGYW and KPs.**

KEY RECOMMENDATIONS

1. Member States that are experiencing an increase in new infections should consider undertaking extraordinary investments on HIV prevention. New infections mean more people will need treatment, increasing costs substantially over time and ultimately undermining development.
2. All Member States should increase the intensity and scale of HIV prevention to ensure that the 2020 targets are not missed.
3. Ministries of Health should advocate for increased domestic funding and investment in prevention to ensure sustainability.
4. All Member States should ensure that, by end of 2019, they have national costed service packages for AGYW and KP implemented at scale.
5. Member States should revitalize condom programming by 2019. This should include substantial investment in generating condom demand, more condom outlets, and alignment of condom distribution with specific population needs.
6. Member States should operationalize the full implementation of PrEP to all populations at exceptional high risk by 2019.
7. Member States should consider at least doubling the number of males undergoing VMMC in 2019, compared to the previous annual targets.
8. Member States can draw practical lessons from countries that are performing better in some aspects of prevention.