



**2020 Civil Society
Consultation on HIV Prevention
in the SADC Region**



Ending AIDS by 2030 depends on reaching the 2020 Fast-track targets

In 2016, at the UN High Level Meeting on Ending AIDS, the global community acknowledged that not enough was being done to turn off the tap of new HIV infections.

The "Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030" was adopted. The Political Declaration included a Fast-Track target of reducing new HIV infections by 75% compared to 2010 levels. This target translates to less than 500 000 new infections globally in 2020, and less than 210 000 new infections in the SADC region.

The prevention target is anchored in five programme pillars of HIV prevention, each with its own 2020 target.

Pillars of HIV Prevention

2020 Targets

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



The road to 2020 in the SADC region

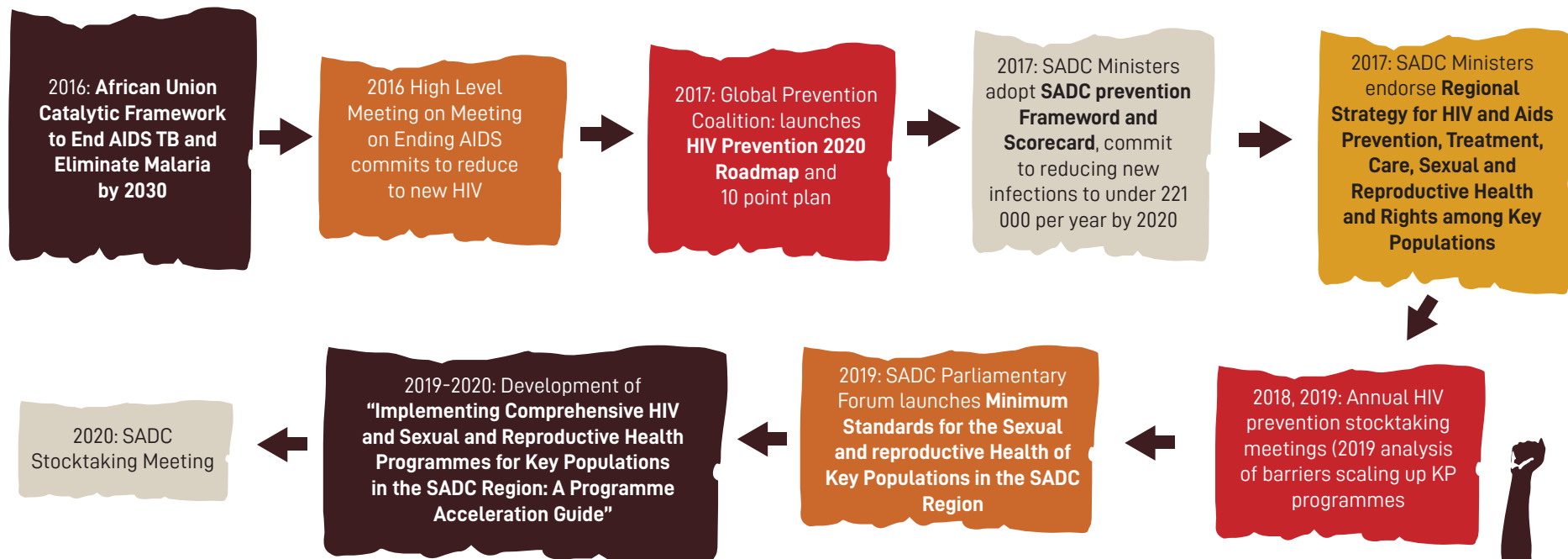
In the past four years, the SADC region has shown political commitment to HIV prevention. SADC Health Ministers have endorsed some important frameworks and guidelines, including:

- The SADC HIV Prevention Framework and Scorecard
- The Regional Strategy for HIV Prevention, Treatment, Care and Reproductive Health and Rights among Key Populations
- The Strategy for Sexual and Reproductive Health and Rights in the SADC Region (2019 – 2030) and Score Card

Many countries in the region have also become members of the Global Prevention Coalition, which also publishes an annual HIV Prevention scorecard report.

Every year, the SADC Secretariat brings together representatives from Ministries of Health, National AIDS Councils, development partners and civil society take stock of how we progress with HIV prevention. These meetings are an opportunity for accountability, and for learning and sharing between countries.

In September 2020, in preparation for the SADC Stocktaking meeting, ARASA convened a consultation on HIV prevention with 42 civil society organisations from the region – to reflect on progress – and remaining challenges.



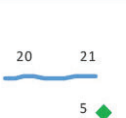
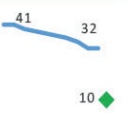


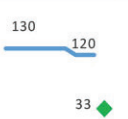
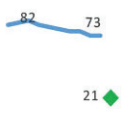
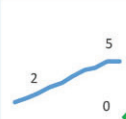


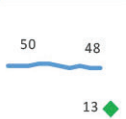
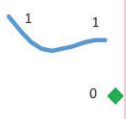



2020: The Time of Reckoning has arrived

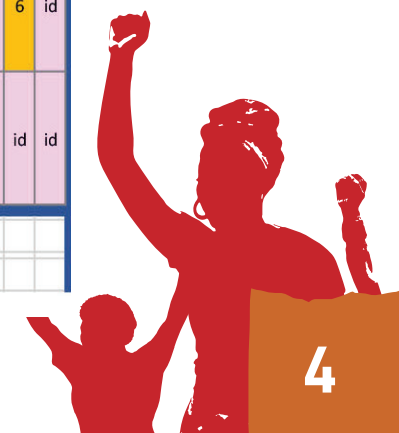
Whilst civil society recognised that collective efforts have led to greater reduction in new HIV infections in the SADC region than any other region globally – and that almost all countries have reduced new infections – we also noted with concern that reductions in new infections are not sufficient to keep us on track to end AIDS by 2030. Alarming, some countries are even showing an increase in new HIV infections.

The SADC HIV Prevention scorecard report gives a snapshot of how countries are doing in reducing new infections, and how they are faring on the five prevention pillars.

SADC HIV Prevention Score Card: The Big Picture

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

Scores											Scores											Scores											Scores						
New adult HIV infections (2010-19, 2020 target; thousands)		AGYW & MPs	Sex workers	MSM	PWID	Condoms	VMMC	PrEP			New adult HIV infections (2010-19, 2020 target; thousands)		AGYW & MPs	Sex workers	MSM	PWID	Condoms	VMMC	PrEP			New adult HIV infections (2010-19, 2020 target; thousands)		AGYW & MPs	Sex workers	MSM	PWID	Condoms	VMMC	PrEP			New adult HIV infections (2010-19, 2020 target; thousands)		Sex workers	MSM	PWID	PrEP	
Angola		3	5	id	id	3	na	0	Malawi		4	5	3	id	7	2	4	eSwatini		7	4	3	3	8	5	8	Comoros	id	id	id	id	id	id	id	id	id	id	id	id
Botswana		5	5	6	id	9	3	5	Mozambique		4	4	id	2	4	6	3	Tanzania		3	3	2	4	4	10	4	Madagascar		3	4	3	id	id	id	id	id	id	id	id
DR Congo		4	id	id	0	3	na	3	Namibia		5	6	id	id	9	5	8	Zambia		3	5	id	id	5	9	6	Mauritius		id	id	id	id	id	id	id	id	id	id	id
Lesotho		8	4	5	id	8	8	10	South Africa		5	6	7	2	8	6	5	Zimbabwe		4	6	5	id	8	6	5	Seychelles	id	id	id	id	id	id	id	id	id	id	id	id
Legend		Very good (9-10)											Medium (7)															Very low (0-4)					na	Not applicable					
		Good (8)											Low (5-6)																Insufficient data										

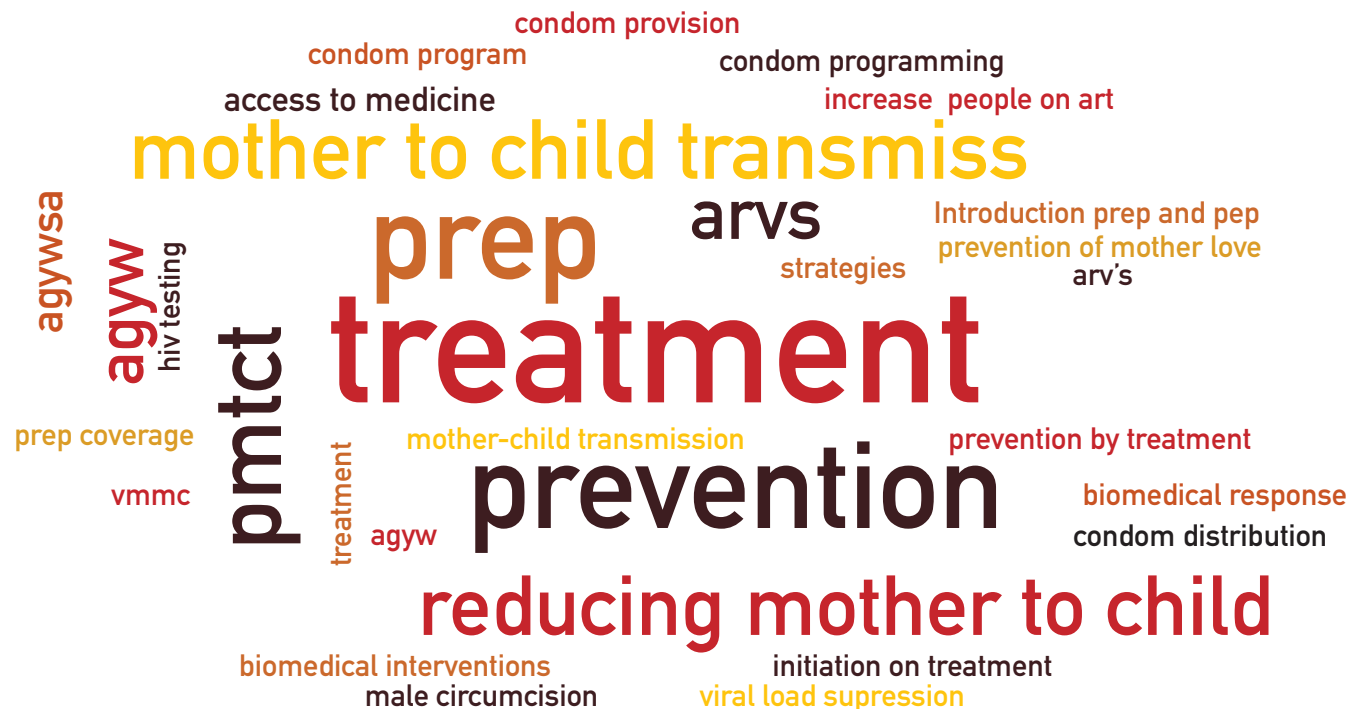


Progress and challenges

Participants in the civil society consultation observed that the **most progress** has been made in the following areas:

- Biomedical interventions, chiefly treatment as prevention; preventing mother-to-child transmission; and intensified upscaling of voluntary medical male circumcision (VMMC)
- The adoption of packages of services and guidelines for AGYW in several countries
- The adoption of packages of services and guidelines for key populations in several countries
- The engagement of civil society organisations, specifically key populations groups, in national multi-sectoral platforms such as the development of national plans and the implementation of activities targeting their constituencies
- The decriminalisation of same-sex relationships in Mozambique, Botswana and Angola, which has already been observed to have had a positive impact on access to HIV and other health services.

In which area related to HIV prevention has your country / the SADC region made the MOST progress over the past 5 years?



most progress



Progress and challenges

In particular, the **least progress** was made in:

- Reducing stigma and discrimination
- Funding for community systems and community-led services
- The removal of legal and policy barriers which contribute to increased risk of HIV acquisition and deter people from accessing HIV services.

In which area related to HIV prevention has your country / the SADC region made the LEAST progress over the past 5 years?



least progress



Progress and challenges

Participants felt that the **greatest challenges** facing HIV prevention in the SADC region were:

- Stigma and discrimination towards people living with and affected by HIV, and in particular towards key populations
- Inadequate coordination and accountability
- Inadequate domestic resources for HIV prevention, particularly for interventions to address the HIV prevention needs of key populations
- Harmful social and cultural norms
- Condom shortages in several countries, related to a decline in funding for condoms, as well as weaknesses in procurement and supply chain management.

In one word, what is the biggest challenge facing HIV prevention in your country / SADC region?



greatest challenges



Review of progress against programme pillars for HIV prevention

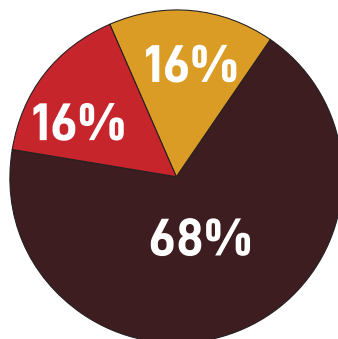
Civil society representatives also gave feedback on how they view progress in the SADC region since 2016 on the programme pillars for HIV prevention, using a traffic light scoring system (green = good progress; amber = fair progress; red = poor progress).

Participants felt that the SADC region could not claim to be making good progress on any of the HIV prevention pillars.

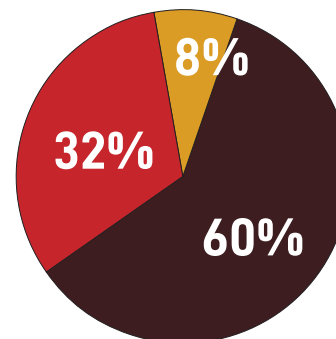
The region is making **mostly 'fair' progress** in the following areas:

- Adolescent girls and young women and their male partners
- Sex workers
- Condom programming
- VMMC
- PrEP

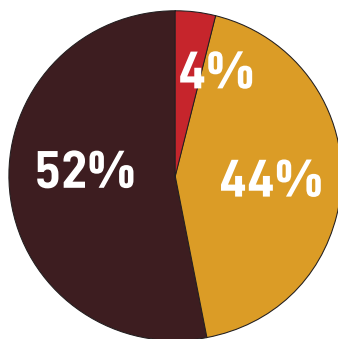
How do you rate progress in SADC on AGYW & MP?



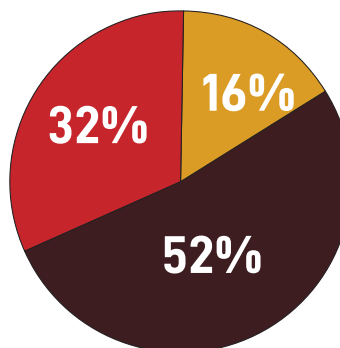
How do you rate progress in SADC on sex workers?



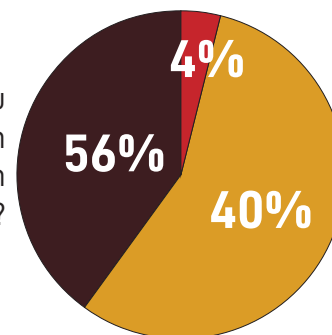
How do you rate progress in SADC on VMMC?



How do you rate progress in SADC on PrEP?



How do you rate progress in SADC on condom programming?



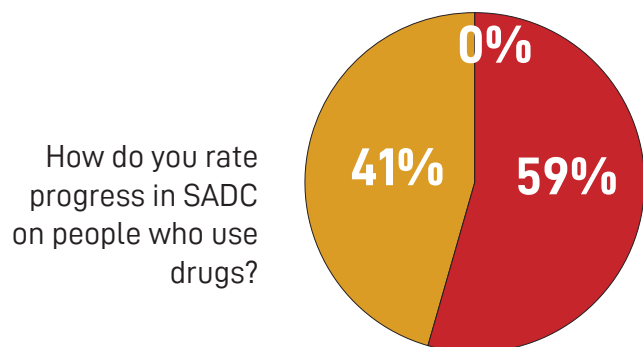
mostly 'fair' progress



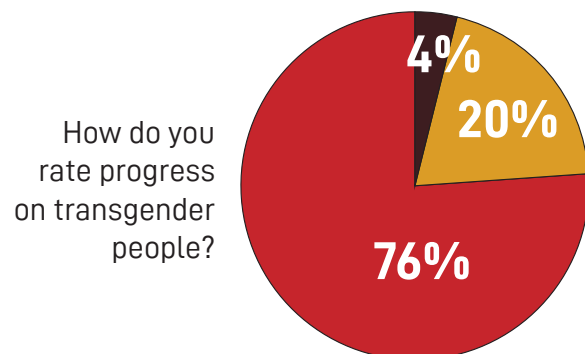
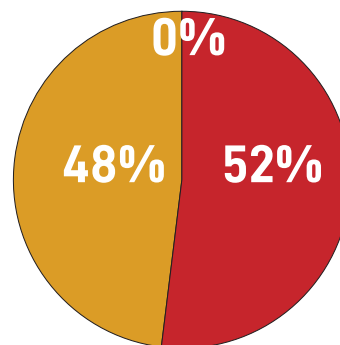
Review of progress against programme pillars for HIV prevention

The region, however, is making **mostly 'poor' progress** in the following areas:

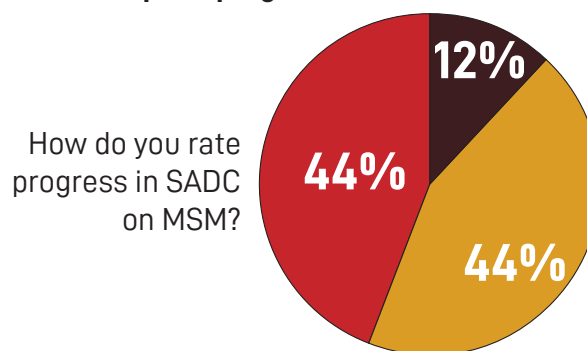
- People who use drugs
- Prisoners, incarcerated persons and other people in closed settings
- Transgender people



How do you rate progress in SADC on prisoners and incarcerated people?



Opinion on progress on men who have sex with men (MSM) was equally split between 'fair' and 'poor' progress.



We included in our assessment two key population groups who are not included in either the Global Prevention Coalition, or the SADC Scorecards:

- transgender people
- incarcerated persons and other people in closed settings.

The absence of these groups in the scorecards, despite both groups being recognised as key populations, is associated with an absence of strategic information. This in turn is related to insufficient investment, and to these groups being neglected in national HIV plans and programmes.

mostly 'poor' progress



Stigma and Discrimination – no excuses

Stigma and discrimination stand in the way of us ending AIDS as a public health threat. There is now a substantial body of evidence of interventions that work to reduce stigma and discrimination, including: providing information including addressing myths about HIV transmission; skills-building; counselling and support; greater involvement of people living with HIV in design, implementation and evaluation of interventions; contact (i.e. interactions between

people living with HIV / key and vulnerable populations and duty bearers); anti-discrimination laws; access to justice and biomedical interventions. There is also a substantial body of resources (e.g. toolkits, guidance) and expertise to draw upon (including substantial expertise amongst civil society). It is not a pipe dream: with a concerted and coordinated efforts, HIV-related stigma and discrimination can indeed be eliminated.

Moving towards 2030

Moving forward to 2030, civil society recommendations to Member States are to:

CONTINUE:

- Focusing on prevention especially AGYW
- Fostering meaningful participation of communities and affected groups
- Supporting and strengthening community-based and community-led prevention interventions
- Implementing and reinforcing existing policies
- Efforts to remove legal barriers

STOP:

- Slowing or diverting HIV prevention efforts due to the COVID-19 pandemic
- Designing and planning programmes without consulting and meaningfully engaging the communities they are supposed to benefit

- Excluding civil society from monitoring, data validation and reporting processes towards global commitments (in particular the Global AIDS Monitoring process)
- Ignoring the existence of people who use and inject drugs, and transgender people

START:

- Better coordination of national HIV prevention efforts better
- Prioritising domestic resource mobilisation for HIV prevention
- Fighting corruption and mismanagement of valuable resources
- Showing leadership – and working with CSO's to address stigma and discrimination
- Intensifying bold efforts to remove legal barriers

