REPORT

2020 Civil Society Consultation on Progress of HIV Prevention in SADC

EVERY BODY COUNTS

With support from:
UNAIDS East and Southern Africa Regional Office

ARASA
AIDS & Rights Alliance for Southern Africa

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1. Background

In 2016, United Nations Member States committed to ending AIDS as a public health threat by 2030, through a fast-tracked approach involving an intensified commitment to reaching certain key goals by 2020 . These Fast-Track goals included reducing new HIV infections by 75% from the 2010 baseline, through a strategy that includes ensuring that 90% of those at risk of HIV infection, specifically key populations and adolescent girls and young women, are reached by comprehensive HIV prevention services. In the East and Southern Africa region, a 75% reduction in new infections translated to a target of under 210 000 new infections in 2020.

In addition, Member States committed to investing at least a quarter of AIDS spending on HIV prevention and invest at least 6% of all global AIDS resources for social enablers, including advocacy, community and political mobilization, community monitoring, outreach programmes and public communication by 2020. Further, Member States reaffirmed their commitment to implement "national AIDS strategies that empower people living with, at risk of, and affected by HIV", to know their rights and to access justice and legal services to prevent and challenge violations of human rights".

Also in 2016, African Union (AU) Member States endorsed the AU Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030, which includes a commitment to reduce new HIV infections on the continent to under 375 000 per year in 2020, and under 150 000 by 2030, as well as a commitment to end discrimination.

Since then, there has been a renewed emphasis on HIV prevention globally including the launch of a Global Coalition on HIV Prevention. In the Southern Africa Development Community (SADC) region, leaders made bold commitments to intensifying HIV prevention, and between 2017 and 2020, notable progress has been made in the areas of policy, planning and accountability. This includes the adoption of the SADC Regional Strategy for HIV Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations", the Framework for target setting for HIV Prevention in the SADC Region and the HIV prevention 2020 Scorecard in 2017. Also noteworthy is the adoption of the SADC Strategy for Sexual and Reproductive Health and Rights in the SADC Region (2019 – 2030) and score card in 2018.

To promote regional accountability, the SADC Secretariat has, since 2017, convened multi-stakeholder HIV Prevention stocktaking meetings, where Member States can reflect on and share both their successes and challenges with support from the Joint United Nations Programme on HIV and AIDS (UNAIDS) Regional Support Team in East and Southern Africa (ESA), United Nations Development Programme (UNDP) and others.

"Missing piece of the puzzle: Rights + Equity + Justice 4 HIV prevention"

In 2017, ARASA launched the "Missing Piece of the Puzzle" campaign to highlight the need for scale of interventions to eliminate structural barriers to HIV prevention in SADC.
In 2018 and 2019, ARASA, with support from the Partnership to Inspire, Transform and Connect the HIV response (PITCH), UNAIDS ESA and other strategic partners spearheaded civil society consultation and engagement in SADC HIV Prevention meetings, resulting in the presentation of civil society perspectives on the progress of HIV prevention to the Directors of SADC National AIDS Councils (NACs), which were incorporated into updates to the SADC Ministers of Health.

Civil society engagement in the 2020 SADC HIV Prevention Stock-taking meetings

From 14 to 17 September 2020, the SADC Secretariat once again convened Member States to take stock of the progress of HIV prevention in the region. Against the backdrop of the devastating COVID-19 pandemic, the meeting focused on COVID-19 as a thematic area and was convened virtually. These deliberations were followed by a meeting of the NAC Directors to review the progress of HIV prevention, including the SADC HIV Prevention Scorecard reports submitted by the Member States.

In recognition of the significance of this policy platform, ARASA, with financial and technical contributions from PITCH and UNAIDS, supported meaningful civil society engagement in the meetings, building on previous engagement with Member States on these issues.

Similar to previous years, ARASA had the opportunity to present the outcomes of the civil society consultations during both meetings.

2. 2020 Civil Society Consultation on Progress on HIV Prevention in SADC

ARASA convened two separate consultations in preparation for the SADC meetings: one on the impact of COVID-19 on community-led HIV responses, and the second on Civil Society perspectives on progress of HIV prevention in the region.

This report focuses on the second consultation, which was held during a 3-hour virtual workshop on 1 September 2020.

2.1. Objectives

The consultation aimed to achieve the following objectives:

i) Consolidate civil society perspectives on structural barriers to HIV prevention, building on consensus reached during civil society consultations in the previous years
ii) Facilitate conversation and build consensus on civil society views on progress in HIV prevention in the SADC for presentation during the SADC meetings. This included identifying key messages and recommendations.

2.2. Participants

The consultation was by invitation for selected civil society stakeholders. The criteria for selecting participants for this consultation were:

- Representatives of national organisations that are instrumental in implementing and leading advocacy and service provision for HIV prevention and representing civil society interests in national HIV prevention platforms and processes in the 12 focus countries of the HIV prevention coalition in SADC
- Representatives of regional networks of key populations and adolescents and young people
- Representatives of key regional organisations working on HIV prevention
- Civil society participants who attended the previous CSO consultations ahead of the 2018 Stock Taking meeting as well as CSO participants who attended the 2nd Activist Meeting (including PITCH country focal points from Mozambique and Zimbabwe).

The consultation was attended by 53 participants, representing 42 civil society and community organisations, from a total of 12 SADC countries.

A full table of participants' organisations and countries are included in Annex 1.

2.3. Outcomes of the meeting

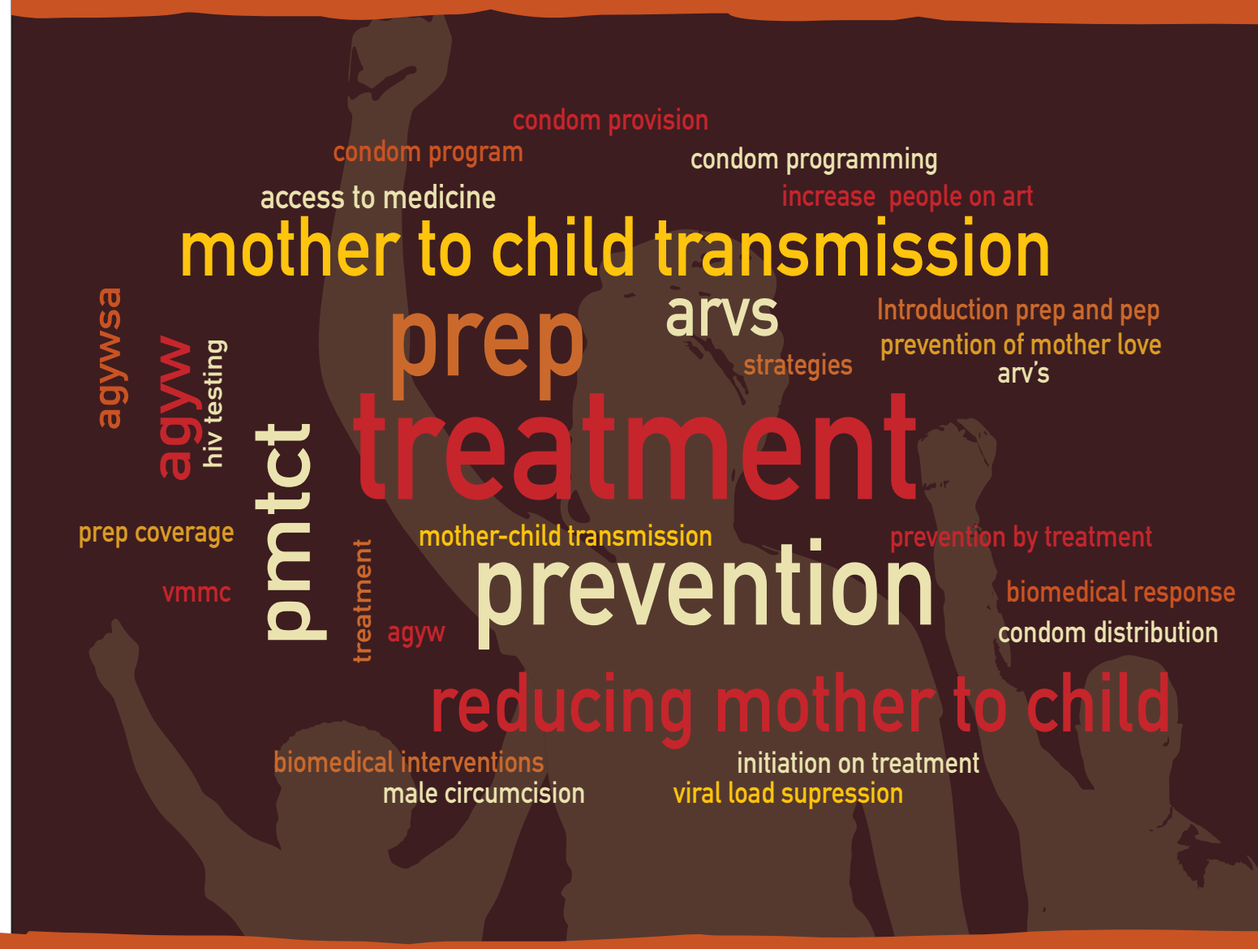
During the consultation, participants reviewed progress on HIV prevention, particularly during the period of the fast track targets, between 2016, when the Political Declaration on Ending AIDS was adopted and 2020. In doing so, we reviewed the HIV prevention scorecard indicators and reflected on the five programme pillars of HIV prevention adolescent girls and young women (AGYW) and the male partners (MP); key populations; condoms; voluntary medical male circumcision (VMMC) and Pre-exposure prophylaxis(PreP), considering where progress has been made over the past 5 years, and where it has stalled. Looking forward to the next decade, we developed recommendations for Member States on how to strengthen efforts to reduce new HIV infections, in order to end AIDS as a public health threat by 2030.

Progress and challenges

Areas where participants observed the greatest progress has been made included:

- Biomedical interventions, chiefly treatment as prevention; preventing mother-to-child transmission; and intensified scale up of voluntary medical male circumcision (VMMC)
- The adoption of packages of services and guidelines for AGYW in several countries
- The adoption of package 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?



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

Many of the areas where participants thought the least progress had been made were related to structural barriers. These included:

- 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.

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.

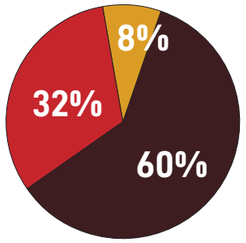
In which area related to HIV prevention has your country / the SADC region made the MOST progress over the past 5 years?

Review of the five prevention pillars

Remembering the focus on the 5 programme pillars of HIV prevention, civil society representatives gave feedback on how they view progress in the SADC region since 2016, using a traffic light scoring system (green = good progress; amber = fair progress; red = poor progress). For example, see assessment of sex worker programming below:

Participants felt that the SADC region is generally not making 'good' progress in any HIV prevention area.

How do you rate progress in SADC on sex workers?



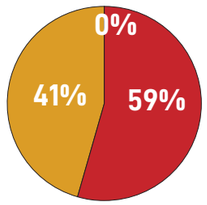
The region is making mostly 'fair' progress in the following areas:

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

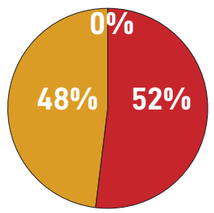
The region, however, is making mostly 'poor' progress in the following areas:

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

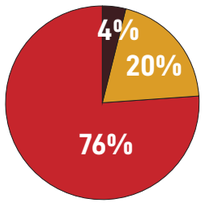
How do you rate progress in SADC on people who use drugs?



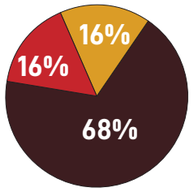
How do you rate progress in SADC on prisoners and incarcerated people?



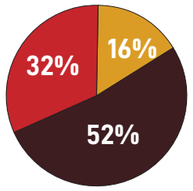
How do you rate progress on transgender people?



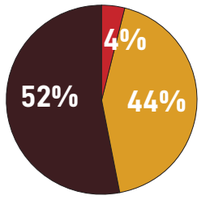
How do you rate progress in SADC on AGYW & MP?



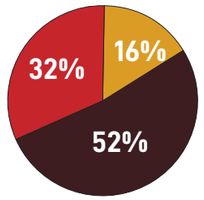
How do you rate progress in SADC on PrEP?



How do you rate progress in SADC on VMMC?



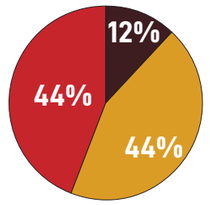
How do you rate progress in SADC on PrEP?



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 and incarcerated people and other people in closed settings. We noted that the absence of these groups in the scorecards, despite both groups being recognised as key populations, is associated with an absence of strategic information, which in turn is related to insufficient investment, and to these groups being neglected in national HIV plans and programmes.

How do you rate progress in SADC on MSM?



Recommendations: moving towards 2030

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

- Coordinating national HIV prevention efforts better
- Prioritising domestic resource mobilisation for HIV prevention
- Ignoring corruption and mismanagement of valuable resources
- Showing leadership, and working with CSO's to address stigma and discrimination
- Intensify bold efforts to remove legal barriers

2.4. Outputs

Outputs from the meeting were:

1) Consensus Statement reflecting the outcomes and recommendations from the meeting, which was endorsed by the participants of the consultation, and shared with the stakeholders at the SADC meeting (attached as Annexure A)
2) Presentation: Feedback from Civil Society Consultation on HIV Prevention in SADC, presented at the SADC meeting by Felitica Hikuam of ARASA on 14 September (attached as Annexure B)
3) Advocacy brief, consisting of key advocacy asks arising from the consultation (attached as Annexure C)

ANNEXURE 1: CONSENSUS STATEMENT ON THE STATUS OF HIV PREVENTION IN SOUTHERN AFRICA

We, representatives of 40 civil society organisations working regionally and in 12 countries in the Southern Africa Development Community (SADC) to promote the health and rights of our communities - including people living with HIV, sex workers, people who use and/or inject drugs, women (including adolescent girls and young women), men who have sex with men, transgender people; religious leaders living with and affected by HIV – and human rights organisations – met virtually on 1 September 2020 to deliberate on the status of HIV prevention in Southern Africa.

The meeting aimed to strengthen meaningful civil society engagement in the Southern Africa Development Community (SADC) Stocktaking and National AIDS Council (NAC) Directors meetings from 14-16 September 2020, to be held virtually due to the ongoing COVID-19 pandemic.

This meeting was the 3rd annual meeting of civil society on the status of HIV prevention, with a focus on advocacy for the removal of structural barriers to HIV prevention. Each year since 2018 we have convened ahead of the annual SADC HIV Prevention Stock-taking Meetings, and NAC Directors Meetings to reach consensus on the status of HIV prevention in the region and to agree on recommendations to SADC NAC Directors to be shared with the SADC Ministers of Health.

During the consultation, we reflected on the indicators in the SADC HIV prevention Scorecard and the specific programme targets for HIV prevention, supported by five pillars , considering where progress has been made over the past 5 years, and where it has stalled or moved backwards. Looking forward to the next decade, we developed recommendations for Member States on how to strengthen efforts to reduce new HIV infections, in order to end HIV as a public health threat by 2030.

As representatives of civil society, we recognise the vital role of the SADC Secretariat in convening Member States and facilitating peer-learning and sharing of lessons learned on HIV prevention policy and programming. We also appreciate the opportunity presented to us to address multi-sectoral stakeholders, as well as NAC Directors, and share some perspectives on the status of HIV prevention in the region.

Remembering the commitments

Our meeting was overshadowed by the realisation that the deadline for the 2020 Fast-track targets and a commitment by the SADC Ministers of Health in December 2017 to reduce new HIV infections in the SADC region by 75% between 2010 and 2020, had arrived.

We also remembered that, in 2016, our Heads of State committed, at the African Union Assembly, to implement the African Union Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030, which included a specific commitment to reduce new HIV infections on the African Continent to under 375 000 in 2020, as well as commitments relating to ending discrimination and gender-based violence, and repealing HIV-related discriminatory laws, policies and regulations.

We further recalled that, at the 2016 High Level Meeting on Ending AIDS, our countries solemnly committed to achieving several Fast-track targets by 2020, in order to end HIV as a public health threat by 2030. These targets included:

- Reducing new HIV infections in young people and adults (aged 15 and older) by 75%
- Reaching 90% of those at risk of HIV infection (including key populations, and adolescent girls and young women and their male partners, with comprehensive HIV prevention services
- Eliminating gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.
- Ensuring that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year
- Ensuring that at least 30% of all service delivery is community-led by 2020
- Ensuring that by 2020, a quarter of HIV investments are allocated to HIV prevention and 6% for social enabling activities
- Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

2020 – taking stock

We recognised that progress had been made towards meeting these commitments and that this was a result of the political will, leadership, and commitment to accountability of the SADC Member States. Amongst others, this is evident through the adoption of several regional normative guidelines including the SADC Framework for Target Setting for HIV Prevention in the SADC Region, the accompanying HIV Prevention 2020 Roadmap and score card; the Regional Strategy for HIV Prevention, Treatment, Care and Reproductive Health and Rights among Key Populations and the SADC Strategy for Sexual and Reproductive Health and Rights in the SADC Region (2019 – 2030) and score card.

We are encouraged by the combined efforts of all stakeholders in the HIV response in the SADC region, which has resulted in a greater reduction in new HIV infections than in any other region in the world. However, we observe with great concern that, as the deadline for reaching the 2020 Fast-Track targets has arrived, no country in the region has met the Fast-Track target of reducing new HIV infections by 75%, and that, worryingly, some countries are even experiencing an increase in new infections.

We commend Member States for the areas where we as civil society have observed that the greatest progress has been made. These include:

- Biomedical interventions, chiefly treatment as prevention, preventing mother-to-child transmission, and intensified scale up 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 in national multi-sectoral platforms such as the development of national plans, formulation of targets
- The decriminalisation of same sex relationships in Mozambique, Angola and Botswana, which has already been observed to have had a positive impact on improving access to HIV and other health services.

However, we are concerned that there has been a persistent failure to progress in certain areas, and we note that many of these areas relate to structural barriers to HIV. These include:

- 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.

We urge Member States to intensify their focus on what are, from our perspective, the greatest challenges facing HIV prevention in the SADC region, including:

- Stigma and discrimination towards people living with and affected by HIV, and in particular towards key populations
- Inadequate coordination and accountability
- Inadequate domestic resource mobilisation 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.

How has SADC progressed on the prevention pillars?

Reflecting on the programme targets for HIV prevention (AGYW and MP; key populations; condoms; VMMC and Pre-exposure prophylaxis), we agreed that interventions for incarcerated people and other people in closed settings as well as transgender people should also be prioritised. We also agreed that, overall, the SADC region is generally not making 'good' progress in any HIV prevention area.

The region is generally making 'fair' progress in the following programme areas:

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

The region, however, is generally making 'poor' progress in the following programme areas:

- People who use drugs
- Incarcerated people and other people in closed settings
- Transgender people

Opinion on progress on meeting the HIV prevention needs of men who have sex with men (MSM) was equally split between 'fair' and 'poor' progress.

Stigma and Discrimination

We are alarmed that stigma and discrimination continues to present a significant structural barrier to us ending AIDS as a public health threat. We wish to highlight to Member States that there is now a substantial body of evidence of interventions that work to reduce stigma and discrimination, including:

- Providing information and dispelling the myths around HIV transmission
- Enacting and enforcing protective laws
- Providing access to justice
- Rights literacy
- Skills-building
- Counselling and support; contact (i.e. interactions between people living with HIV /KVPs and duty bearers)
- Biomedical interventions.

Moving forward to 2030

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

There is also a sizeable body of resources (e.g. toolkits, guidance) and expertise to draw upon (including substantial expertise amongst civil society). With a concerted and coordinated effort by Member States, HIV-related stigma and discrimination can indeed be eliminated.

CONTINUE

- Demonstrating commitment and political will towards improving HIV prevention
- Focusing on scaling up prevention programmes for amongst key populations and AGYW
- Adopting a harm reduction approach in programmes for people who use and inject drugs
- Sensitising health care workers and other stakeholders to provide ethical and non-stigmatising services to key populations and 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 the communities that 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 corruption and mismanagement of valuable resources
- Ignoring the existence of people who use and inject drugs, and transgender people.

START:

- Strengthening coordination of national HIV prevention efforts
- Scaling up investment (particularly domestic resources) in addressing structural barriers, including rights-based, evidence-informed communications programmes to reduce stigma and discrimination and address harmful gender norms
- Prioritising domestic resource mobilisation for HIV prevention, particularly interventions for key populations
- Working with CSO's to address stigma and discrimination
- Intensifying bold efforts to remove legal barriers.

ANNEXURE 2: PARTICIPATING ORGANISATIONS

1. AfriYAN (Youth, Regional)
2. ARASA (regional)
3. Advocacy Core Team (Zimbabwe)
4. Associação LAMBDA, (Mozambique)
5. Associação Mulher Lei e Desenvolvimento (MULEIDE) (women, Mozambique)
6. Asijiki Coalition (sex workers, South Africa)
7. ATHENA Network (AGYW, women, regional)
8. Community Orientated Substance Use Programme (COSUP) (PWID, South Africa)
9. Coalition of Women Living with HIV and AIDS (Women with HIV, Malawi)
10. Development for Peace Education (DPE) (Lesotho)
11. Frontline AIDS (Global)
12. Gays and Lesbians of Zimbabwe (GALZ)
13. Homme pour les Droits et la Santé Sexuelle (HODSAS)(DRC)
14. KUYAKANA (Women LHIV, Mozambique)
15. National Key and Vulnerable Population's Forum (KVP Forum) (KVP Forum) (KPs, Tanzania)
16. Lesbians, Gays & Bisexuals of Botswana (LEGABIBO), (LGBTI, Botswana)
17. Lesotho Network of People Living with HIV and AIDS (LENEPWHA)
18. MozPUD (People Who Use Drugs, Mozambique)
19. Malawi SRHR Alliance (coalition, Malawi)
20. Malawi Network of Religious Leaders Living with or Personally Affected by HIV (people living with HIV, Malawi)
21. Pathfinder International, Mozambique
22. Positive Vibes Trust (Namibia)
23. Phenomenal Positive Youths Association (Youth with HIV, Zambia)
24. Positive Women Together in Action (women with HIV, Eswatini)
25. Pathcare International (Mozambique)
26. SAfAIDS Zimbabwe (regional)
27. SANPUD (PWID, South Africa)
28. SECTION 27 (social justice, South Africa)
29. SRHR Africa Trust (regional, Malawi and Zimbabwe offices)
30. SWEAT (sex workers, South Africa)
31. Treatment Action Campaign (PLHIV, South Africa)
32. The People's Matrix (LGBTI, Lesotho)
33. Treatment Action Campaign, South Africa
34. UNIDOS (People who use drugs, Mozambique)
35. Women with Dignity (sex workers, Tanzania)
36. Women's Leadership Centre (women, Namibia)
37. Y-Fem Trust (young women, Namibia)
38. Young Women Empowerment Network (young women, Namibia)
39. Zambian Network of Religious Leaders Living with or Personally Affected by HIV (PLHIV, Zambia)
40. Zimbabwe National Network of PLHIV (PLHIV, Zimbabwe)
41. Zimbabwe Network of People living with HIV
42. Zimbabwe Civil Liberties and Drug Network (PWUD, Zimbabwe)

ANNEXURE 3: CONSULTATION AGENDA

ARASA AIDS & Rights Alliance for Southern Africa

AGENDA:

Civil society consultation on progress in HIV prevention in SADC

1 September 2020

Time	Description	Speakers /Lead/Notes
10 min (0h00 – 0h10)	Welcome and overview of the session (incl. technical housekeeping)	Felicita Hikuam (ARASA)
10 min (0h20 – 0h30)	Mentimeter check -in • In which area related to HIV prevention has your country / the SADC region made the most progress over the past 5 years? • In which area related to HIV prevention has your country / the SADC region made the least progress over the past 5 years? • In 1 word, what is the biggest challenge facing HIV prevention in your country / the SADC region?	Felicita Hikuam (participants)
15 min (0h30 – 0h45)	Introduction to the SADC stock taking process, targets and scorecards Q & A	Maria Stacey (Consultant)
15 min (0h45- 1h00)	Background to CSO engagement in SADC HIV prevention stock-taking processes Q & A	HeJin Kim (ARASA)
45 min (1h00 – 1h45)	Break out session • Reviewing scorecard indicators and reaching consensus on progress against indicators Key recommendations to SADC Member States to accelerate HIV prevention and address existing barriers • In a few words, what should Member States **CONTINUE** doing to accelerate HIV prevention towards the 2030 target? • In a few words, what should Member States **STOP** doing to accelerate HIV prevention towards the 2030 target? • In a few words, what should Member States **START** doing to accelerate HIV prevention towards the 2030 target ?	Participants
	Group 1: Nyasha supported Group 2: HeJin supported Group 3: Sally supported Group 4: Anthea supported	
10 min (1h45 – 1h55)	BREAK	ALL
30 min (1h55 – 2h25)	Report back from break-out session What is the **one key recommendation** we want to reiterate for strong consideration? What about the status of HIV prevention in my country / the SADC region can I not leave this meeting without saying?	Rapporteurs
30 min (2h25 – 2h55)	Impact of COVID-19 on community-led HIV responses	Tamaryn Crankshaw HEARD
5 min (2h55 – 3h00)	Closing remarks	Felicita Hikuam

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