





In Partnership with HIVOS / Southern Africa SRHR Fund

Southern Africa / SADC 2014 Contextual Scorecard & Factsheet on: HIV; Sexual & Reproductive Health & Rights; and Universal Health Coverage

HIV Prevalence: Boys/Girls, Young Men & Women Age 15–24 yrs-Reflecting Impossibility of Universal Health-Without Universal Access to SRHR

HIV Global Ranking / SADC Ranking - By Girls & Young Women Prevalence (Joint 10 Global Most Affected Countries + Other SADC - With global & SADC ranking indicated)	Country Name	HIV Prevalence % Girls & Young Women Age 15 – 24 yrs 	Comparison column of prevalence amongst Boys & Young Men 15-24 years (Demonstrating HIV prevalence is higher in girls & women than boys & men - for a combination of physiological & sociological reasons)	HIV Global Ranking / SADC Ranking - By Boys & Young Men Prevalence (Joint 10 Global Most Affected Countries + Other SADC - With global & SADC ranking indicated)	Country Name	HIV Prevalence % Boys & Young Men Age 15 – 24 yrs 				
1./1.	South Africa (SADC)	13.1%	4.0%	1./1.	Swaziland (SADC)	7.1%				
2./2.	Swaziland (SADC)	12.4%	7.1%	2./2.	Lesotho (SADC)	5.8%				
3./3.	Lesotho (SADC)	10.5%	5.8%	3./3.	Zimbabwe (SADC)	4.1%				
4./4.	Zimbabwe (SADC)	6.5%	4.1%	4./4.	South Africa (SADC)	4.0%				
5./5.	Mozambique (SADC)	6.1%	2.7%	5./5.	Botswana (SADC)	3.5%				
6./6.	Botswana (SADC)	6.0%	3.5%	6./6.	Zambia (SADC)	3.4%				
7./7.	Namibia (SADC)	4.8%	2.7%	7*/7*. (Joint)	Mozambique (SADC)	*2.7%				
8./8.	Zambia (SADC)	4.5%	3.4%	7.*/7*. (Joint)	Namibia (SADC)	*2.7%				
9. (Non-SADC)	Uganda	4.2%	2.4%	8*. (Non-SADC)	Uganda	*2.4%				
10./9.	Malawi (SADC)	3.8%	2.4%	8*/8.	Malawi (SADC)	*2.4%				
<i>(SADC countries outside global top 10 most affected - with global & SADC ranking)</i>										
12./10.	Tanzania (SADC)	2.2%	1.4%	9. (Non-SADC)	Kenya	1.7%				
17./11	Angola (SADC)	1.2%	0.6%	10* (Non African)	Bahamas	*1.4%				
24./12	Dem. Rep Congo (SADC)	0.5%	0.3%	10.*/9.	Tanzania (SADC)	*1.4%				
25./13.* (Joint)	Madagascar (SADC)	*0.2%	0.2%	<i>(SADC countries outside global top 10 most affected - with global & SADC ranking)</i>						
25./13.* (Joint)	Mauritius (SADC)	*0.2%	0.2%	15./10.	Angola (SADC)	0.6%				
	Seychelles (SADC)	NA	NA	18./11.	Dem. Rep Congo (SADC)	0.3%				
				19.*/12.* (Joint)	Madagascar (SADC)	*0.2%				
				19.*/12.* (Joint)	Mauritius (SADC)	*0.2%				
					Seychelles (SADC)	NA				

Summary Findings: Southern Africa/SADC 2014 Contextual Scorecard & Factsheet - HIV; Sexual & Reproductive Health & Rights; and Universal Health (HIV Prevalence: Boys/Girls, Young Men & Women Age 15–24 yrs - Reflecting Impossibility of Universal Health-Without Universal Access to SRHR)

Sexual & Reproductive Health & Rights – Universal Health Coverage; and Human Development

- **Continuously highest global HIV prevalence amongst boys / girls and young men / women aged 15 to 24 years in SADC** – demonstrates impossibility of Universal Health Coverage - without Universal Access to Sexual & Reproductive Health & Rights – and why SRHR is integral to overall human development – and to success of all SADC / AU Development goals, and global Post 2015 Development Agenda.
- **Highest global HIV prevalence amongst boys / girls and young men / women aged 15 to 24 years in SADC** - also demonstrates inseparability of Sexual & Reproductive Health & Rights from human existence – and why Universal Access to Sexual and Reproductive Education and Services are fundamental to human survival – in Africa and especially SADC.

Multisectoral Strategy / Integration of SRHR With Key Sectors at SADC & Country Level Crucial to Successful 2015 Review of SADC Frameworks

- **Improved and effective policy and investment for young people aged 15 years to 24 years, and successful 2015 review of SADC SRHR and related frameworks** - will require multisectoral coordination of Health, Gender, Education, Youth and Justice sectors – both Ministerial and Parliamentary – through establishment of well funded integrated desks/ focal points at both SADC and country level.

Demographic & Gender Trends / Gender Disaggregation

- **Girls & Young Women Aged 15 to 24 Years: 9 of the 10 countries with global highest HIV prevalence amongst girls and young women aged 15 to 24 years are from Southern Africa / SADC (between 3.8% and 13.1%)** – demonstrating the importance of intensive, continuous and improved policy and investment focus on SRHR – especially for young people in the sub-region: South Africa 13.1%; Swaziland 12.4%; Lesotho 10.5%; Zimbabwe 6.5%; Mozambique 6.1%; Botswana 6.0%; Namibia 4.8%; Zambia 4.5%; & Malawi 3.8%. [Uganda is non-SADC country in 10 most affected globally at 4.2%].
- Overall, 14 out of 15 SADC countries are amongst the global 25 countries with highest HIV prevalence - amongst girls and young women aged 15 to 24 years.
- **Boys & Young Men Aged 15 to 24 Years: 10 out of the 10 joint countries with the global highest HIV prevalence amongst boys and young men aged 15 to 24 years are from Southern Africa / SADC (between 1.4% and 7.1%)** – demonstrating the importance of intensive continuous and improved policy and investment focus on SRHR – especially for young people in the sub-region: Swaziland 7.1%, Lesotho 5.8%; Zimbabwe 4.1%; South Africa 4.0%; Botswana 3.5%; Zambia 3.4%; Mozambique *2.7%, Namibia *2.7%; Malawi 2.4%; Tanzania 1.4% [Non-SADC countries in 10 joint most affected are Uganda 2.4%; Kenya 1.7%; Bahamas 1.4%].
- Overall, 14 out of 15 SADC countries are amongst the global 20 countries with highest HIV prevalence - amongst boys and young men aged 15 to 24 years.
- **Future Directions:** Without improved policy and investment in SRHR – HIV Prevalence trends amongst young people 15 to 24 years is indicative of future directions and trends in African countries, and SADC in particular – with attendant consequences for individuals, families, communities, societies, countries and SADC.

Impact on Girls & Young Women / Improved Gender Based Policy & Investment Crucial to Progress

- **Disproportionate Prevalence Amongst Girls & Young Women:** For a combination of reasons including: Gender based violence and intimidation; Weak empowerment of girls and women on issues of bodily integrity; Physiological / biological reasons; Negative cultural practices; Poor investment in girls and women friendly SRHR education and services – HIV prevalence amongst girls and women is much higher than in boys and young men – sometimes up to twice or thrice higher – underlining need for gender based response.
- **Improved Law Enforcement Protection for Girls & Young Women:** Higher HIV prevalence trends amongst girl's young women in particular (compared to boys and young men) indicates there is need for special focus on law enforcement protection of girls and women from violence and intimidation - including from intimate partners.

- **Vulnerable Girls & Young Women:** Improved law enforcement protection is especially required for girls and young women in context of both preventing an increase in ‘relationships’ based on institutionalised coercion such as underage and forced ‘marriages’/ and also protecting girls and young women already in such relationships.
- **Need for Integration of SRHR Education & Services for Girls & Women:** Higher HIV prevalence trends amongst girl’s and young women in particular (compared to boys and young men) indicates there is need for special focus on integration of SRHR services for girls and women - including HIV, Family Planning, Ante Natal, Cervical Cancer Screening and Treatment etc.
- **Ending Mother To Child Transmission:** Higher prevalence trends amongst girl’s and young women in particular also demonstrate need for improved and focused investment to prevent Mother to Child Transmission of HIV.

Boys & Young Men (Behaviour Change)

- **Improved Education & Behaviour Change:** While improved education and behaviour change is necessary for all – special emphasis on: Behaviour change for boys and young men is crucial especially in the context of gender based violence and intimidation; Respect for bodily integrity of girls and women; and Not engaging in coercive or unequal relationships including underage and forced ‘marriages’.

Cross Cutting: Sexual & Reproductive Health Education & Services, & Human Rights

- **Human Rights:** Continuously highest global prevalence of HIV - in successive younger generations of African’s especially in SADC demonstrates that Sexual & Reproductive Health Education and Services are not yet clearly recognised, and officially designated as a human rights imperative (with potential life and death implications for millions) - and requiring commensurate policy and investment to ensure universal access to SRHR - especially for girls and women.

Cross Cutting: Sexual & Reproductive Health Education & Services - Sustainable Economic & Social Development

- **Sustainable Economic & Social Development:** Not successfully upholding Sexual & Reproductive Health & Rights continues to have a devastating effect on millions of individuals, families and their communities; and by extension the overall social and economic development of countries affected, and SADC as a whole.

Main sources for study summarized in scorecard: Africa, Health, Human & Social Development Information Service (Afri-Dev.Info); AIDSInfo; Global AIDS Response Progress Reports; UNAIDS Gap Report 2014; UNAIDS Report on Ending the AIDS Epidemic by 2030; UNICEF; United Nations Population Fund (UNFPA); Universal Access in Health Sector Reporting; World Health Statistics 2013; World Health Statistics 2014.

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