

The evolving HIV epidemic & discourse

5th June 2013

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Main points

1. Evolving HIV epidemic & global economy
2. Changing face of global economy, plateauing of HIV financing & shifting global priorities
3. Pressing reality of structural barriers to HIV prevention, service uptake & use
4. Importance of focusing efforts & investments to ensure that meet targets, achieve value for money & address the major barriers that hinder current progress



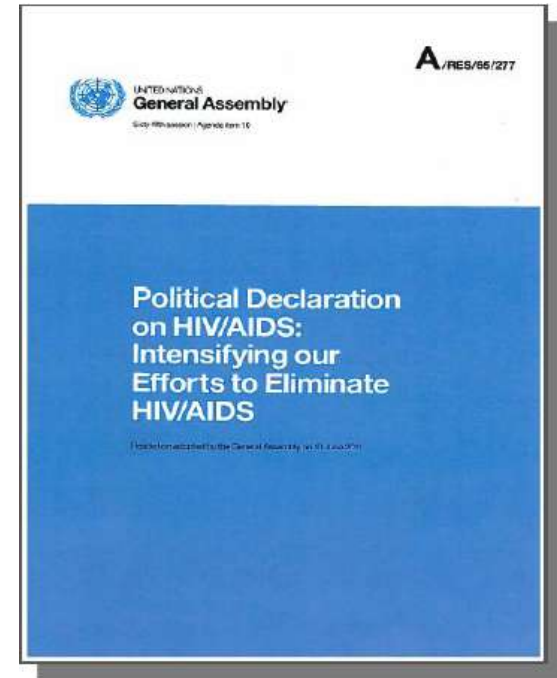
The new era of HIV



- Declining HIV prevalence in many countries – Eastern Europe a notable exception
- Generalized HIV epidemics in East and Southern Africa
- Infection more concentrated among key vulnerable populations in many other regions
- Immense potential of ART based interventions to both prolong life & prevent HIV infection
- HIV considered by some to becoming a ‘chronic care’ issue

Bold targets for 2015

- Eliminate new HIV infections in children
- TB deaths among PLHIV reduced by 50%
- Intensify HIV prevention
 - Men who have sex with men
 - People who inject drugs
 - Sex workers
- 15 million people on ART



How do we get there with flattening of HIV resources & competing global priorities?

Adults and children estimated to be living with HIV | 2011



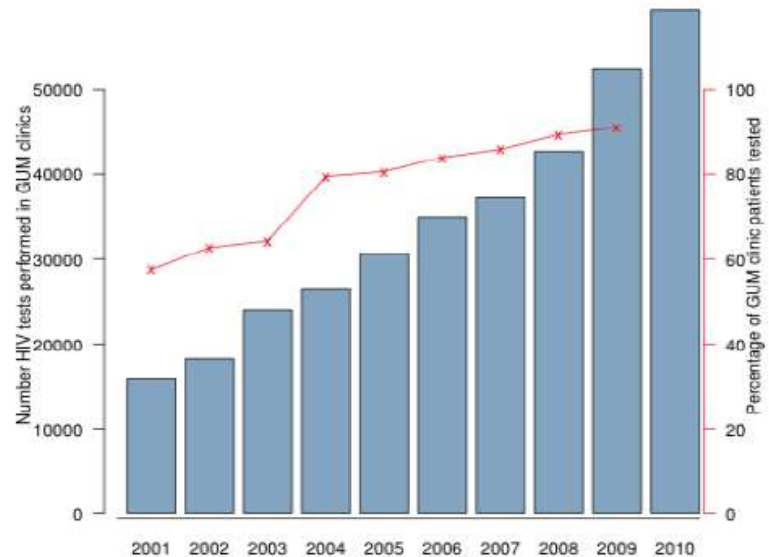
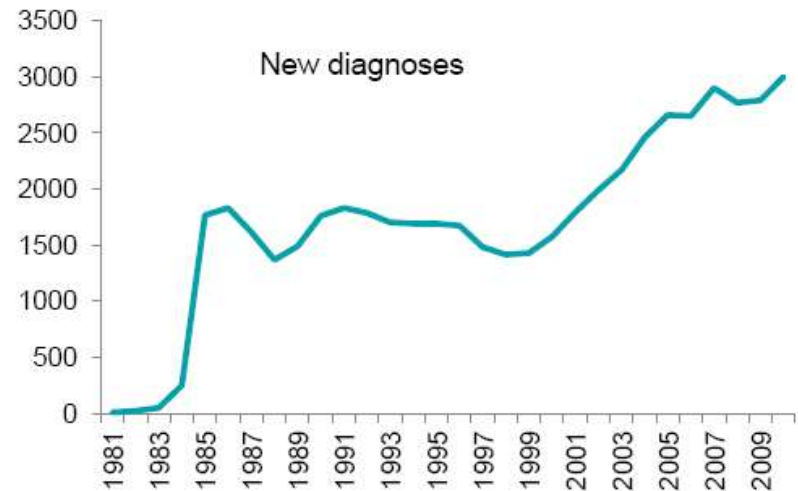
Total: 34.0 million [31.4 million – 35.9 million]



- 34 million people HIV infected globally
- 23 million in sub-Saharan Africa
- 3.9 million young people in Sub-Saharan Africa aged 15 – 24 years are living with HIV.
Three-quarters are young women
- Number of new infections continue to outnumber those newly on treatment



- ARTs highly effective, and a central component to HIV response
- Global focus on ART for prevention important, but can be seen as the only solution
- In UK no evidence of impact on HIV incidence among MSM despite high coverage of HIV testing & continued ARV adherence



Vertical HIV transmission (PMTCT) as an object lesson from sub-Saharan Africa

- In 2010 only 25% of pregnant women in low- and middle-income countries received an HIV test (UNAIDS).
- According to a 4 country study in Africa, even where PMTCT services were available, less than 50% of women who delivered had antiretroviral drugs present in their cord blood. (Coetzee, et al. 2010; PEARL study)
- Overall in high burden countries, only 15-30% of mother-infant pairs complete the entire PMTCT “cascade.” (Paintsil & Anderman, *Curr Opin Pediatr*, 21:2009)
- Barriers include fear of violence following testing for women, & feared and enacted stigma from community and health workers



Pressing reality of structural barriers to HIV prevention, service uptake & use



- Gender inequality and violence against women and girls
- Poverty and limited livelihood options
- Weak health systems & low coverage in some settings
- Stigma & discrimination

3 prospective studies show that violence associated with a higher of HIV infection

	IRR (95% CI)	p value	HSV2-adjusted IRR (95% CI)*	p value
Relationship power scale				
Medium or high equity	1.00	..	1.00	..
Low equity	1.51 (1.05-2.17)	0.027	1.51 (1.05-2.17)	0.027
Physical or sexual intimate partner violence				
None or one	1.00	..	1.00	..
>1 episode	1.65 (1.13-2.40)	0.009	1.51 (1.04-2.21)	0.032

IRR=incidence rate ratio. HSV2=herpes simplex virus type 2. IRRs adjusted for age, treatment, stratum, and person-years of exposure. *Additionally adjusted for HSV2 infection at baseline.

Table 4: Relative HIV incidence with exposure to both partner violence and relationship inequity

Jewkes et al, *The Lancet*, 2010

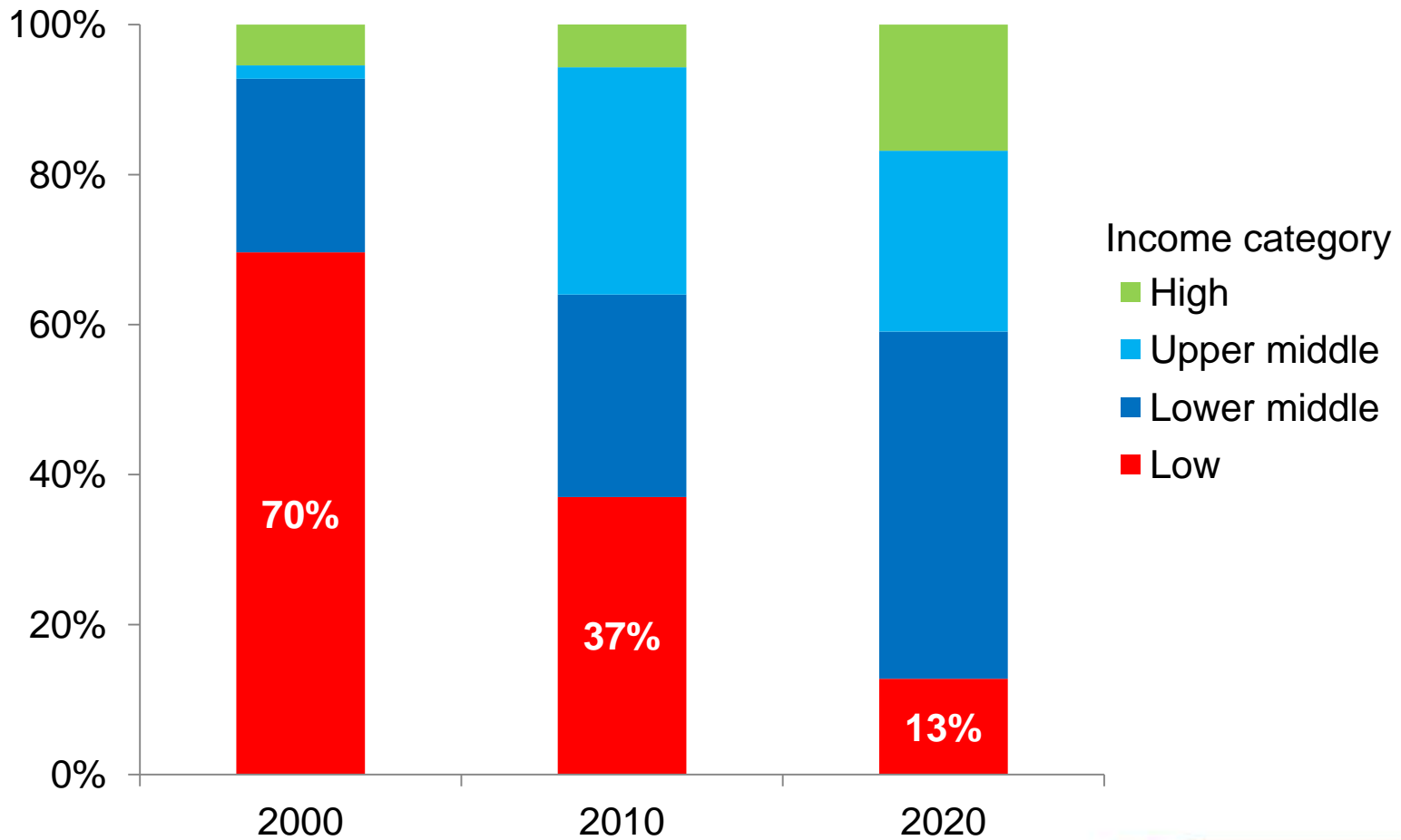
- HIV positive women at risk of violence and rejection following disclosure

How best can efforts & investments be focused & aligned to ensure that meet global targets?



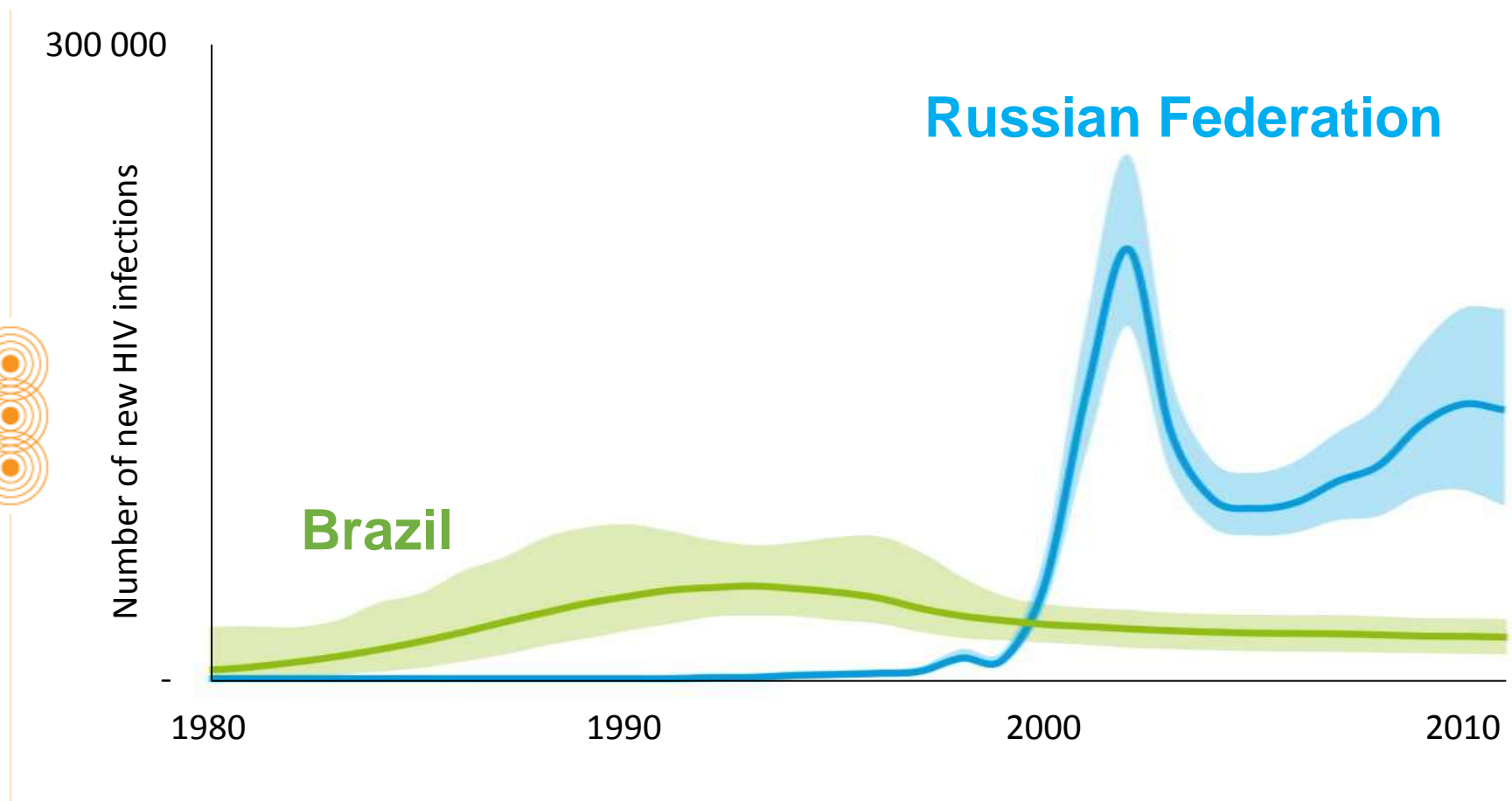
Opportunities for co-financing in higher income countries

Proportion of people living with HIV by country income category, 2000 - 2020



Source: UNAIDS, IMF 2012

Importance of achieving value for money: doing the right things



Source: UNAIDS

CRITICAL ENABLERS

Social enablers

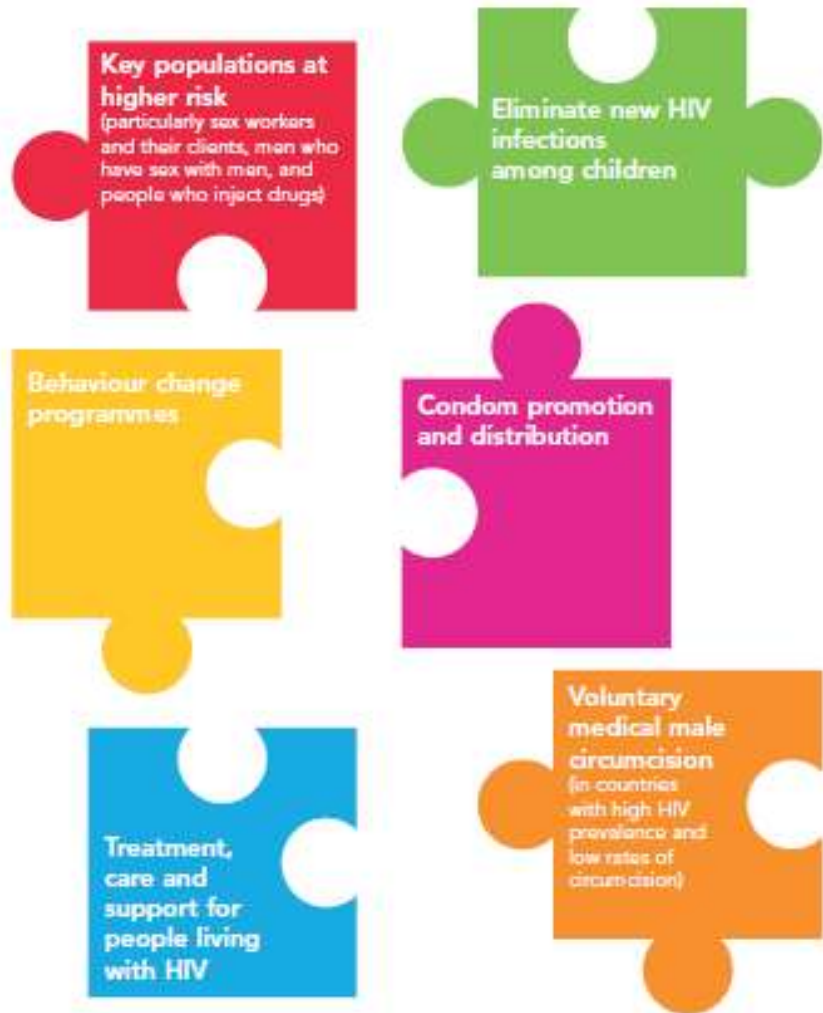
- Political commitment and advocacy
- Laws, legal policies and practices
- Community mobilization
- Stigma reduction
- Mass media
- Local responses to change risk environment

Programme enablers

- Community centered design and delivery
- Programme communication
- Management and incentives
- Procurement and distribution
- Research and innovation

- Gender equality
- Gender-based violence

BASIC PROGRAMME ACTIVITIES



OBJECTIVES

Stopping new infections



Keeping people alive

SYNERGIES WITH DEVELOPMENT SECTORS

Social protection, Education, Legal reform, Gender equality, Poverty reduction, Gender-based violence, Health systems (incl. STI treatment, Blood safety), Community systems, and Employer practices.

Opportunities to achieve multiple outcomes with single investment

Investment

Outcomes

Cash transfer scheme to keep girls in school – Zomba, Malawi

\$10/month provided to in and out-of-school girls (13-22 yrs)

(Baird et al., 2010 & 2012)

35% reduction school drop-out rate



40% reduction early marriages



76% reduction in HSV-2 risk



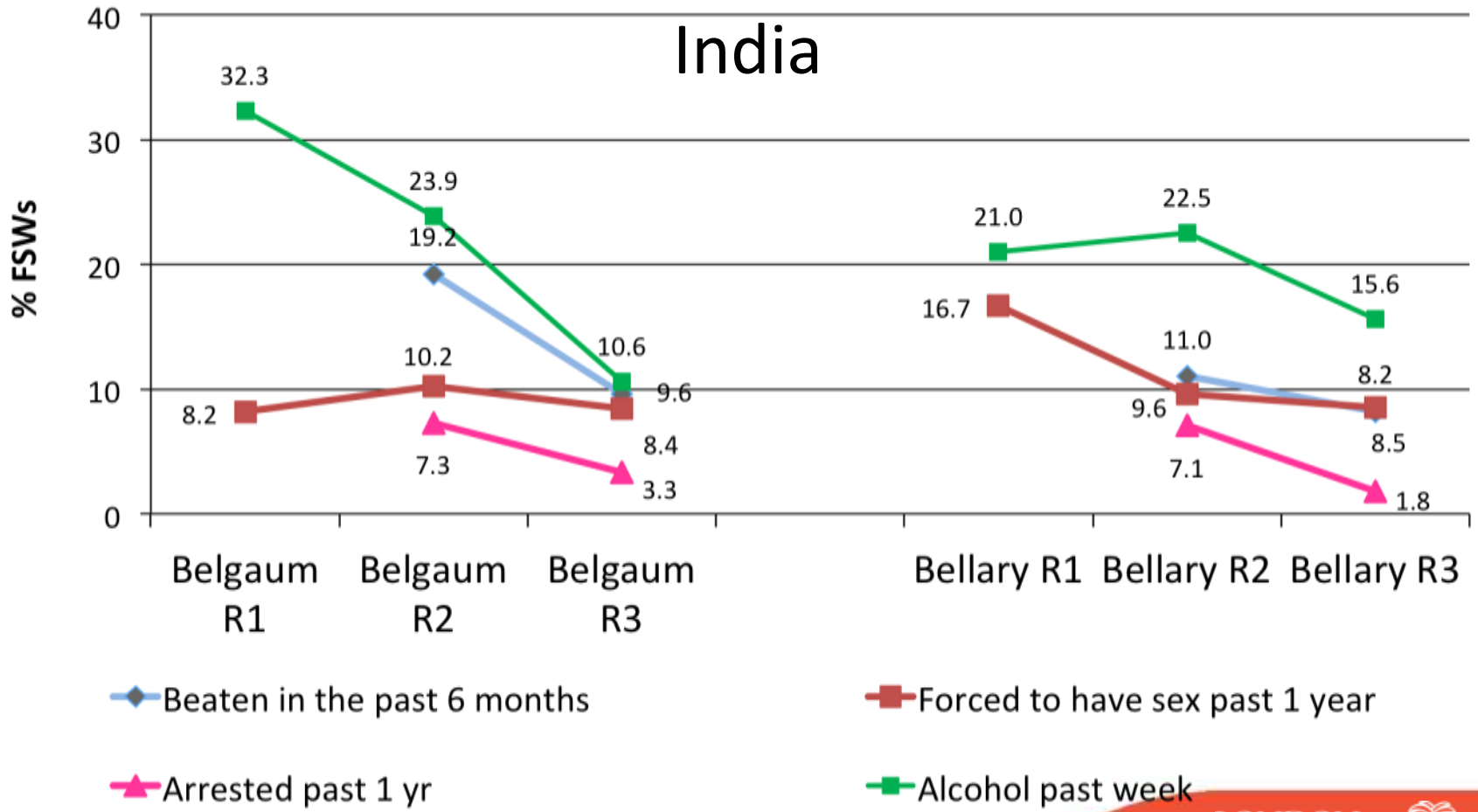
30% reduction in teen pregnancies



64% reduction in HIV risk



Impact of 'combination' sex worker HIV & empowerment programmes on violence in Southern India



Combined microfinance & participatory training on gender, violence & HIV halved levels of domestic violence & increased use of HIV services

Among participants:

- Past year experience of IPV reduced by 55%
- Households less poor
- Improved HIV communication

Among younger women:

- 64% higher uptake HIV testing
- 25% less unprotected sex

No wider community impacts



Conclusions

1. Need to be responsive to both the changing face of the HIV epidemic & changing economic realities
2. Continue commitments to funding the HIV response & influence major investments
3. Focus efforts & investments to ensure that meet targets, achieve value for money & address the major barriers that hinder progress
 - ensuring that local response reflects local epidemic and contextual realities, including poverty, gender inequality & stigma
 - actively seek to achieve synergies with other investments, e.g. in women and girls, social protection and health systems strengthening

