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

Adapted from Vella 2012
How do we get there with flattening of HIV resources & competing global priorities?

- 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 cannot 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

Adapted from: V. Delpech, 2012
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

<table>
<thead>
<tr>
<th>Relationship power scale</th>
<th>IRR (95% CI)</th>
<th>p value</th>
<th>HSV2-adjusted IRR (95% CI)*</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium or high equity</td>
<td>1.00</td>
<td>..</td>
<td>1.00</td>
<td>..</td>
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<tr>
<td>Low equity</td>
<td>1.51 (1.05-2.17)</td>
<td>0.027</td>
<td>1.51 (1.05-2.17)</td>
<td>0.027</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical or sexual intimate partner violence</th>
<th>IRR (95% CI)</th>
<th>p value</th>
<th>HSV2-adjusted IRR (95% CI)*</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>None or one</td>
<td>1.00</td>
<td>..</td>
<td>1.00</td>
<td>..</td>
</tr>
<tr>
<td>&gt;1 episode</td>
<td>1.65 (1.13-2.40)</td>
<td>0.009</td>
<td>1.51 (1.04-2.21)</td>
<td>0.032</td>
</tr>
</tbody>
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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


- 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

- **2000**: 70%
- **2010**: 37%
- **2020**: 13%

Source: UNAIDS, IMF 2012
Importance of achieving value for money: doing the right things

Number of new HIV infections

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

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**BASIC PROGRAMME ACTIVITIES**

1. **Key populations at higher risk** (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)
2. **Eliminate new HIV infections among children**
3. **Behaviour change programmes**
4. **Condom promotion and distribution**
5. **Treatment, care and support for people living with HIV**
6. **Voluntary medical male circumcision** (in countries with high HIV prevalence and low rates of circumcision)

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**OBJECTIVES**

- Stopping new infections
- Keeping people alive

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**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.
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

Investment

Outcomes

Opportunities to achieve multiple outcomes with single investment
Impact of ‘combination’ sex worker HIV & empowerment programmes on violence in Southern India

% FSWs

Beaten in the past 6 months
Forced to have sex past 1 year
Arrested past 1 yr
Alcohol past week
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