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

Source: Vella 2012
- 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>
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<tbody>
<tr>
<td>Medium or high equity</td>
<td>1.00</td>
<td>...</td>
<td>1.00</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>
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<tr>
<th>Physical or sexual intimate partner violence</th>
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<tr>
<td>None or one</td>
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<td>&gt;1 episode</td>
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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
30% of women globally have ever experienced physical or sexual violence from an intimate partner.

*Results show the simple average prevalence of lifetime IPV among ever partnered / married women by country.
  Only includes population based studies with samples that are representative of either the whole country, region, or a city or town, and have an age range from <20 to >48.
  Any definition of IPV included, and varies by study.
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
300,000

Number of new HIV infections

1980 1990 2000 2010

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

Key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)

Eliminate new HIV infections among children

Behaviour change programmes

Condom promotion and distribution

Treatment, care and support for people living with HIV

Voluntary medical male circumcision (in countries with high HIV prevalence and low rates of circumcision)

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.
Investment

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

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

Outcomes

- 35% reduction in school drop-out rate
- 40% reduction in early marriages
- 76% reduction in HSV-2 risk
- 30% reduction in teen pregnancies
- 64% reduction in HIV risk

(Baird et al., 2010 & 2012)
Impact of ‘combination’ sex worker HIV & empowerment programmes on violence in Southern India

- 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