
2014 UBRAF thematic report

Reducing sexual transmission

CONTENTS

CONTENTS	2
ACHIEVEMENTS.....	3
Young people	3
Key populations.....	4
Innovative technologies and approaches.....	4
MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED	6
KEY FUTURE INTERVENTIONS.....	7

ACHIEVEMENTS

Ending AIDS as a public health threat by 2030 will be possible only if the number of new infections decreases sharply. While progress has been made in expanding treatment, reductions in new infections have been incremental: in 2013, 2.1 million people acquired HIV, primarily through sexual transmission.

In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) addressed this urgent issue by mobilizing the world around a Fast-Track target of reducing new infections among adults to under 500 000 by 2020. It did this by supporting governments and communities to scale up progress towards this target, and by harnessing the complementary competencies of the different members of the Joint Programme.

Young people

Young people, particularly young women and girls in high-prevalence countries, bear an enormous burden of the HIV epidemic: almost one fifth of new HIV infections are among females aged 15–24.

The United Nations Population Fund (UNFPA) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) contributed to scaling up high-quality, age-appropriate and culturally sensitive comprehensive sexuality education (CSE) in 97 countries. Through the East and Southern Africa (ESA) Ministerial Commitment, the capacity of 21 countries was enhanced through the following:

- development, review and revision of curricula and materials;
- training of curriculum developers;
- situational analysis of the status of teacher training; and
- support for community and parental engagement.

Initial successes include the launch of a CSE program in Zambia that targeted 1.75 million young people and strengthened the capacity of 12 000 teachers.

In Eastern Europe and central Asia, UNESCO and other Cosponsors put HIV prevention education and youth participation on the agenda for the regional AIDS conference. Thematic seminars and activities facilitated the dissemination of evidence-based approaches to formal and non-formal sexual and reproductive health and rights (SRHR) and HIV education through the Internet, social media and large sport events.

UNFPA, UNESCO and the UNAIDS Secretariat also organized a sub-regional consultation entitled “Advocacy for HIV and SRHR for Young People in Barbados and the Organization of Eastern Caribbean States.” The consultation engaged youth advocates and youth-serving organizations, and it ultimately resulted in youth-led, advocacy action plans to engage key stakeholders in addressing the issues that have been identified as barriers to sexual and reproductive health services and rights.

The United Nations Children’s Fund (UNICEF)—with UNFPA, the World Health Organization (WHO), the UNAIDS Secretariat and their partners—led the mobilization of partners around a global agenda for adolescents called “All In!” A global strategic framework was developed to guide action to end the AIDS epidemic in adolescents, aiming to reduce new HIV infections by 75% by 2020. 25 countries were identified for intensified support to accelerate progress towards key targets for 2020. The Joint Programme also worked with DREAMS, an initiative of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Bill & Melinda Gates Foundation to reduce new HIV infections among adolescent girls and women.

Key populations

The UNAIDS Gap Report demonstrated the urgent need to focus the AIDS response on high-burden populations and locations. The UNAIDS Fast-Track Strategy then followed this by calling for a strategic, equity-based focus on key populations and cities.

Key populations in cities account for a disproportionate burden of the HIV epidemic. Addressing this issue, the Urban Health and Justice Initiative—led by the United Nations Development Programme (UNDP) and UNFPA—supported over 30 cities in 2014. For example, in Mozambique, services for key populations in cities were integrated into the country’s new National Plan on AIDS. Further complementing the efforts of the Urban Health and Justice Initiative, UNAIDS launched the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic by 2030, during World AIDS Day 2014. The UNAIDS Secretariat then continued work with the City of Paris, UN-Habitat, the International Association of Providers of AIDS Care and with Cosponsors, the Global Fund, PEPFAR, Stop-TB and others to engage cities in implementing the Fast-Track approach.

The United Nations Office on Drugs and Crime (UNODC) organized the first global consultation on HIV prevention, treatment, care and support in prison settings. In total, 27 countries and other stakeholders were represented, and the meeting provided a platform for advocacy and sharing best practices.

The World Bank supported allocative efficiency (cost effectiveness) studies in 15 countries, including analyses of programs for key populations and young people. In particular, the importance of investment in non-antiretroviral-based prevention was emphasized. The World Bank also is supporting implementation of programmes across the HIV prevention spectrum through regular and results-based financing mechanisms. The development of a roadmap to reduce infections among sex workers by 75% is underway.

Innovative technologies and approaches

Demands for the HIV response to achieve more results with fewer resources are growing. UNAIDS is therefore adopting innovative approaches to help countries achieve the Fast-Track targets.

The simplicity and affordability of male and female condoms means that they remain one

of the most effective tools in preventing transmission of HIV, sexually transmitted infections (STIs) and unintended pregnancy. As part of its efforts to ensure universal access to sexual and reproductive health in 2014, UNFPA provided 750 million male condoms and 15 million female condoms, re-energized its work on comprehensive condom programming, and expanded its work to an additional 21 countries.

Youth-friendly initiatives—such as the CONDOMIZE! Campaign—took off in Botswana, Swaziland and Togo. Following mass social mobilization of volunteers, government and media across all three countries, six million male and female condoms were distributed, including through awareness-raising including using entertainment, while six million people also were reached through newspapers and TV.

UNFPA convened 100 participants from 20 countries at a global consultation on female condoms in Zambia, resulting in a call to action for the increased availability and accessibility of female condoms, and for their inclusion on essential medicines lists and monitoring systems.

WHO played a leading role in voluntary medical male circumcision (VMMC), particularly in the development of guidance focused on devices for the procedure. It also convened the Technical Advisory Group on Innovations in VMMC meetings, and it reviewed new safety data from pilot studies and active surveillance of the use of the PrePex circumcision device. UNICEF supported assessments to improve the quality of counselling provided to adolescent boys during VMMC and HIV testing. As a partner in the financing of the roll out of VMMC programmes, the World Bank published analytical studies that found that circumcision of males below 25 is highly cost-effective in averting HIV infections and related costs.

WHO and UNAIDS Secretariat are providing support to countries that are developing pre-exposure prophylaxis (PrEP) project proposals with female sex workers, men who have sex with men, young women, sero-discordant couples and wives of migrant workers. They also are providing assistance with PrEP implementation feasibility studies developing implementation guidance and introducing PrEP as a new element in national combination prevention strategies.

Evidence of the effectiveness of social protection in reducing HIV vulnerabilities has grown significantly in recent years, and it is now being operationalized by UNAIDS. Political support for social protection was strengthened through a High-level Consultation in Johannesburg—Scaling-up proven social and structural interventions to prevent HIV transmission—that was convened by UNAIDS and the World Bank. The World Bank also supported social protection programmes in 2014 that offer protection from HIV-related vulnerability.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Increases in risky sexual behaviours—such as increasing numbers of sexual partners and declining condom use—were documented in several countries in 2014, highlighting the fact that advocacy on safe sexual behaviours must be maintained.

The lack of investment in condom and lubricant programming continues to constrain prevention efforts, and condom accessibility remains a constant struggle in sub-Saharan Africa. Many countries with the greatest burden of HIV remain largely dependent on donor support for condom provision, but donors in 2013 provided only eight male condoms for every man aged 15–49 and one female condom for every eight women of reproductive health aged 15–49. Access to condoms in prisons is even more problematic.

Misperceptions and scepticism around Comprehensive Sexuality Education (CSE) is growing. Some religious and community groups oppose the integration of CSE into public education, specifically in early grades. Even in areas where CSE has been implemented, challenges remain around the availability of SRHR services for young people, partly due to a lack of coordination between education and health ministries.

Punitive laws that criminalize key populations and laws that hinder access to SRHR services among young people continue to increase vulnerability to HIV infections and threaten gains made in reversing the epidemic. Harmful social norms, stigma and gender-based violence also are constraining people's capacity to access information and services, and to make healthy choices to avoid HIV transmission.

Many women who inject drugs also engage in sex work (either regularly or occasionally). These women are even more restricted in their access to HIV-related services and their capacity to negotiate condom use, but no global population size estimates of women who inject drugs are available, and data gaps exist in nearly all countries.

The current pace of VMMC is too slow to reach overall targets of 80% by the end of 2016. Some countries are transitioning to sustainable services, while others are still attempting to accelerate the pace of scale-up. Major issues include:

- lack of national and subnational leadership;
- limited advocacy and communication;
- need to create demand among older men (over the age of 25) and strategies to reach them, and to develop improved messaging for adolescents; and
- limited human resources in programmes.

PrEP is now considered for recommendation for all key populations, but it was only deemed ready for recommendation for men who have sex with men during the reporting period. The approach is not yet fully supported by end users for people who inject drugs: there were concerns it might override priority interventions, such as needle-syringe programmes and opioid substitution treatment.

KEY FUTURE INTERVENTIONS

- UNFPA will roll out operational guidance for CSE, expand comprehensive condom programming (including CONDOMIZE! campaigns in 11 countries) and strengthen engagement of the private sector in condom programming, especially in Africa. It also will continue leading SRHR and HIV linkage efforts, including through memoranda of understanding with The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) on reproductive, maternal, newborn, child and adolescent health.
- UNESCO plans to continue implementing the ESA Commitment accountability framework—with concrete targets for 2015 and 2020—and it will convene a regional conference on CSE in West and central Africa. UNICEF, UNFPA and UNESCO will conduct a joint assessment of CSE in the Asia and Pacific area.
- UNODC will support and advocate for gender-specific strategic information, mainstreaming harm reduction interventions for women who inject drugs, an enabling policy environment and making condoms accessible in prisons.
- The roll-out of the All In! Initiative in 25 countries will help refocus the work of UNAIDS on young people and adolescents, with a particular focus on prevention.
- Through a memorandum of understanding with the Global Fund, the World Food Programme will build the capacity of Global Fund implementers to develop and strengthen distribution systems for antiretroviral medicines and other HIV-related commodities.
- The World Bank will continue to advocate for the optimal allocation of resources. It also will continue to finance HIV prevention programmes, education, and social protection and transport sector projects that address the social and structural drivers of HIV, and provide HIV prevention benefits.
- WHO will support countries in the development of recommendations for PrEP and help understanding how PrEP can work best in practice. It will initiate evidence reviews of PrEP effectiveness, its cost effectiveness in various epidemiological contexts, and the values and preferences of women in very high incidence settings in order to develop official recommendations during 2015. It also will develop interim operational guidance on the use of PrEP for men who have sex with men.
- WHO will continue to promote VMMC methods through monitoring, convening partners and supporting pilot projects to inform guidance.
- Multi-partner global prevention focal points including the UNAIDS Secretariat will continue strategizing around prevention, especially targeted HIV prevention coordination and acceleration efforts.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org