
2014-2015 UBRAF thematic report

Reducing sexual transmission

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ACHIEVEMENTS

In 2015, the UNAIDS Programme Coordinating Board (PCB) approved the UNAIDS Strategy 2016-2021. This Strategy seeks to achieve a focused set of ambitious and people centred goals and targets by 2020 in order to end the AIDS epidemic as a public threat in all places and among all populations by 2030. It focuses on drastically reducing new infections to fewer than 500 000 by 2020 setting the world on course to ending the AIDS epidemic by 2030. On the implementation side, the Joint Programme conducted a range of initiatives in 2014-2015 that were targeted towards reducing sexual transmission. These include:

- A strategic focus on key populations and cities: having identified in the UNAIDS Fast Track report that key populations living in cities shoulder a disproportionate burden of the global HIV epidemic, as well as being less likely to access prevention and treatment services, the World Bank provided direct technical assistance to help countries improve programme implementation for key populations. This included supporting sex worker programmes in six West and Central African countries, as well as strengthening capacity to implement such programmes in others countries in the region, through a regional training event. ILO additionally implemented a Corridor Economic Empowerment Project in partnership with the UNAIDS Secretariat, the Southern African Development Community (SADC), UNFPA, IOM, UNICEF and key civil society partners, to reach vulnerable women along transport corridors in, Malawi, Mozambique, South Africa, Tanzania, Zambia, and Zimbabwe. The project combined increased access to HIV services, entrepreneurial skills and innovative savings-led microfinance opportunities and resulted in a 48% and 81% increase in the number of individuals adopting HIV risk reduction strategies in 2014 and 2015. The World Health Organization (WHO) rolled out its consolidated key population guidelines in all regions and produced a target setting guide to support countries to plan, develop and monitor services as well as supporting health worker training for providing services for key populations in the AFRO region. Addressing the needs of key populations in cities, the UNDP and UNFPA-led Urban Health and Justice Initiative supported 42 cities in 2014 and 2015 - for example in Zambia, five cities were supported to develop Cities HIV and AIDS Investment Plans. In Sudan, the Allocative Efficiency study conducted by the World Bank in partnership with the Global Fund and UNAIDS led to almost doubling HIV resource allocations, including treatment, to high priority programmes for key populations.
- Increasing the availability of prevention commodities and interventions, the updated UNAIDS Strategy includes 5 targets related to prevention and a set of ambitious programmatic targets that addresses coverage of combination prevention services for key populations and for young people in high HIV prevalence settings. In 2015 UNFPA supplied 686.8 million male condoms, 14.7 million female condoms and over 16 million sachets of lubricants worldwide. In order to address supply, the World Food Programme (WFP) and the Global Fund signed a Memorandum of Understanding (MoU) to improve access to HIV-related commodities, through the

use of WFP's storage and shipping networks. WFP and the Global Fund's supply-chain partner also concluded an agreement for the provision of bilateral logistics services. Meanwhile, national CONDOMIZE! campaigns were expanded to nine African countries. Under the leadership of Ministries of Health and technical assistance of UNFPA, youth organizations were supported to partner with civil society, private sector and local artists to create songs, dances and sketches based on the most popular misconceptions on condoms. In 2015, these CONDOMIZE! campaigns reached over 360 000 people and distributed 2.7 million male condoms and 90 000 female condoms in a 3-5 days individual campaigns. The World Bank funded combination prevention in multiple countries, for example through infrastructure and transportation operations such as the Trade and Transport Facilitation Project (covering Botswana, DRC, Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe) which finances HIV services scale up. Finally, UNHCR continued to offer sexual and reproductive health and rights (SRHR) services tailored to the needs of young refugees and asylum seekers. In Thailand a UNHCR HIV programme aimed at young refugees was implemented where free condoms were made available in shelters for unaccompanied minors. The global condom push agenda in 2015 included the issuing of a new condom statement, supported a regional condom consultation in ESA, briefed Global Fund in a "condom seminar", developed condom targets and indicators and a condom section in the MDG 6 and WAD reports. Behaviour Change Communication (BCC) programmes focused on SRH in refugee camps in countries such as Kenya, South Sudan and Tanzania were also implemented by UNHCR.

- Mobilizing young people, particularly women and girls: UNESCO contributed to the first comprehensive website for adolescents on sexual and reproductive health (SRH) in Eastern Europe and Central Asia (EECA) "teenslive.info." In 2014-2015, while UNICEF supported assessments to improve the quality of counselling provided to adolescent boys during Voluntary Male Medical Circumcision (VMMC) and HIV testing, developing a publication on factors affecting uptake and outcomes of VMMC in adolescents. The World Bank supported studies showing how Cash Transfers (CT) can reduce sexual transmission for young people, and financed multiple CT programmes to reach youth. In Kenya, the UNAIDS Secretariat, ILO, UNDP and the UN Joint Team supported the development of the 2015 Kenya Strategy on ending AIDS among adolescents and young people. The Strategy addresses economic empowerment and entrepreneurship, employment-related discrimination and an education sector workplace policy among other. The World Bank also modelled the impact of combination prevention on youth in several countries such as Zimbabwe and Namibia.
- Expanding the evidence base on effective HIV prevention measures and adopting innovative prevention approaches and technologies: The Joint Programme is adopting innovative approaches to help countries achieve the Fast Track targets of the UNAIDS Strategy 2016-2021. For example, UNFPA collaborated with the UNAIDS Secretariat, World Bank, USAID, ILO, manufacturers, governments and civil society organizations (CSOs) to promote public-private partnerships and

address barriers to condom market entry. A coalition named Africa Beyond Condom Donation was formed to create an enabling environment for condom markets to grow in six selected African countries. Prevention technologies were further supported by WHO, which played a leading role in the development of guidance for VMMC procedures, as well as providing support to countries in the development of Pre-exposure Prophylaxis (PrEP) project proposals for funding and ethical approval, with female sex workers, men who have sex with men (MSM), young women, sero-discordant couples and the wives of migrant workers. The World Bank both evaluated and used demand creation strategies to increase VMMC uptake and scale up national VMMC programs. The Bank is for example funding large scale operations to improve VMMC service delivery capacities in Botswana and Malawi. UNFPA commissioned a systematic review on the use of personal lubricants for vaginal and anal sex. The results of the study will lead the discussions during a global consultation on lubricants in 2016 with manufacturers and organizations involved with research on lubricants or provision of lubricants to communities and countries. The “Quarter for Prevention” campaign was launched at the PCB in October 2015 with the aim to re energise prevention discussions; provide a space for dialogue about needs, targets and investments; and help reverse declining prevention investment trends. Initial feedback including from the HIV Alliance shows its having an impact.

- Harnessing Cosponsors’ and other partner’s complementary competencies to address sexual transmission. The Global Prevention Focal Points Group composed by representatives of the WB, UNFPA, WHO, PEPFAR, GF, BMFG, HIV-Alliance and Antwerp University was instrumental to enhance global prevention targets in the updated UNAIDS Strategy 2016-2021.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Despite considerable achievements in 2014 and 2015, the Secretariat and Cosponsors faced a number of challenges. Increases in risky sexual behaviours, such as multiple sexual partners and declines in condom use were documented in several countries in 2014 - highlighting the fact that advocacy on safe sexual behaviours must be maintained. A lack of investment in condom and lubricant programming continues to constrain prevention efforts, while condom accessibility, especially female condoms, 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 and other prevention commodities. However, in 2014, donors provided only ten male condoms for every man aged 15-49 and one female condom for every eight women of reproductive health aged 15-49 short of the recommended minimum 30 condoms per year per sexually active man required to protect risk sexual acts. Access to condoms in prisons is even more problematic. Despite high HIV incidence in prisons, many countries oppose the distribution of condoms in these settings. Whilst significant progress has been made in addressing persistent opposition and misperceptions around CSE, more work needs to be done, notably through engagement of parents, religious and community groups. Steps have

already been taken to address this through the production of community engagement materials and consultative meetings with religious communities in the ESA region.

In countries where quality CSE has been implemented, challenges remain in ensuring linkages to youth-friendly SRH and HIV prevention services. The current pace of take up 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 pace of scale up. PrEP the newest HIV prevention tool was proven highly effective against HIV acquisition during anal and vaginal sex for HIV negative MSM in many settings and for some women and sex workers in high incidence communities in sub Saharan Africa . Several consultations were organized by WHO and UNAIDS to discuss the key issues associated with PrEP implementation and the content of the guidance to countries as they plan to roll-out PrEP. More research is being carried out among transgender women, sero-discordant couples, people who inject drugs, young women as well as demonstration projects (small size projects). There has been limited incorporation into national programs of innovations such as PrEP and new media programs.

KEY FUTURE INTERVENTIONS

In order to address these challenges, key future interventions will include:

- the roll out of operational guidance and the continued promotion of CSE (UNFPA, UNESCO);
- the expansion of comprehensive condom programming, including CONDOMIZE! campaigns in 11 countries (UNFPA);
- continue advocating and supporting fast-tracking condom programming, with stronger focus on priority countries and launching the new 2016-2021 VMMC framework (UNAIDS);
- strengthening engagement of the private sector in condom programming including to develop and strengthen distribution systems of prevention commodities (Global Fund, WFP);
- advocacy for optimal allocation of resources, including the financing of HIV prevention programmes, education, social protection and transport sector projects that address the social and structural drivers of HIV and provide prevention benefits to young people and key populations (World Bank) and rolling out the quarter for prevention campaign, including by bringing in Cosponsors (UNICEF, WB), civil society and others (UNAIDS);
- supporting countries in the development of guidelines for PrEP and document countries experiences with PrEP (WHO);
- continued support for enhanced national and city-level responses, including through the Urban Health and Justice Initiative (UNDP).

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