

Panel 2: Prevention—what can be done to get to zero new infections?

This panel will discuss priorities for: achieving HIV prevention goals; increasing the focus on effectiveness; eliminating HIV-related stigma, discrimination and legal barriers; including key populations at higher risk as allies in the response; empowering young people; and supporting HIV responses to get to zero new infections through effective prevention and treatment programmes that tackle underlying social and economic inequality.

A renaissance of HIV prevention action is needed, re-energizing combination prevention efforts and harnessing all the new prevention and communication technologies that have become available since the United Nations General Assembly Special Session on HIV/AIDS in 2001. A critical lesson has been that human rights and gender inequality must be addressed to achieve the goal of zero new HIV infections.

HIV prevention efforts must be based on clear, scientifically sound knowledge of the epidemic and response, priorities must be set in the specific local context, innovation must be harnessed and communities empowered to claim their right to health, including access to HIV prevention and treatment.

OVERVIEW

Despite strong progress in HIV prevention since the 2001 Special Session, the rate of people becoming newly infected still outpaces the capacity to extend treatment access and cope with the effects of HIV. The number of people newly infected with HIV has declined by nearly 20% in the past 10 years, yet every day 7000 people are infected with HIV.

Major advances are necessary that build on the successes of the 33 countries that have documented reducing the rate of people becoming newly infected with HIV by at least 25%. A strong and decisive downward trajectory in the epidemic is possible in all countries. This can only happen if human rights are realized in practice, the people most vulnerable to infection are supported, discrimination and punitive approaches are overcome and both new and existing prevention tools are used to maximize impact.

Rapid access is needed to the new and existing HIV prevention tools available, including male and female condoms, male circumcision, the elimination of vertical transmission and treatment for prevention—the use of antiretroviral therapy to block HIV transmission. Evidence shows that reaching key populations at higher risk—especially sex workers and their clients, men who have sex with men, people who inject drugs, prisoners and migrants—with effective HIV prevention and treatment is critical to bringing the HIV epidemic under control, but these populations are underserved by HIV programmes.

- » The sexual transmission of HIV accounts for at least 80% of the people newly infected with HIV worldwide.
- » A third of the people acquiring HIV infection are people younger than 25 years. Nevertheless, progress towards the 2001 goal of achieving comprehensive HIV knowledge among young people has been slow, and many programmes do not reach young people with the necessary HIV prevention services and commodities. Young people need to be reached at earlier ages before they may engage in high-risk sexual and drug use behaviour.
- » In 2010, two thirds of countries reported the existence of laws or policies that pose an obstacle to access to HIV services by key populations at higher risk. Few countries have a budget for anti-stigma activities.
- » Harm reduction and drug dependence treatment programmes reach fewer than 10% of the people who inject drugs worldwide. Coverage of outreach to sex workers and their clients and men who have sex with men is also low.
- » HIV-related stigma and discrimination continue to prevent women from accessing HIV prevention services for themselves and accessing and adhering to programmes for preventing mother-to-child transmission. ■

KEY ISSUES

Leadership is key

Leaders across society must actively support the creation of enabling legal and social environments and effective investment to overcome the epidemic.

Overcoming systemic inequity in capacities and resources

The tools exist to know where new HIV infections are occurring and to select the right methods for an effective response, but systemic inequality, including global inequity in the availability of resources, means that these tools are not deployed.

Know your epidemic and response

Strategies for prevention must be tailored to the unique nature of the epidemic in each country or sub-national region. The effectiveness of the response must be assessed routinely and over years and fed back into decision-making.

Country ownership

Resources are currently spent on too many poorly defined interventions, often generated by outside donors, consultants or international groups, without any clear sense derived from data of which people are acquiring infection locally and how. Country ownership and meaningful participation by national actors from within and outside government, including affected communities, need to drive HIV prevention efforts.

Realizing rights in practice

Despite commitments by countries to eliminate punitive and discriminatory laws, policies and practices, many of these barriers have remained, and the protection of rights is not enforced or is inaccessible. People therefore fear getting tested for HIV or are unable to, fear disclosing their HIV status and fear accessing HIV prevention, treatment, care and support. Sex workers, men who have sex with men, transgender people and people who use drugs should be afforded the same rights to access nondiscriminatory services as any other members of the community. ■

WAY FORWARD

Successful responses must enhance the accountability of government and business leaders, nongovernmental groups and professionals in all sectors of the response.

Key HIV prevention tactics need to be delivered at the scale of the epidemic, including:

- » programmes that create enabling environments and support nondiscrimination, informed consent and confidentiality and engage the justice, parliamentary and women's sectors;
- » using the energy and innovation of young people to lead the future HIV prevention efforts;
- » sexual and reproductive health and HIV programmes reaching young people, especially adolescent girls and in the context of drug use and sex work;
- » comprehensive, culturally appropriate and age-specific HIV and sexuality education delivered by trained and supported educators within and outside schools;
- » programming of male and female condoms;
- » harm reduction services and drug dependence treatment;
- » promoting male circumcision;
- » improving access to antiretroviral therapy to prevent people from acquiring HIV infection, especially serodiscordant couples;
- » focused behavioural and social change communication outreach to change norms around multiple and age-disparate partnerships; and
- » practical human rights programmes, including 'know your rights and laws' campaigns, HIV-related legal services, measuring and reducing HIV-related stigma, programmes to prevent gender-based violence and training health care and law enforcement workers on nondiscrimination. ■