

Intensifying HIV Prevention: The Only Way to Reverse the Epidemic

Although the global response to HIV has reduced annual levels of new infections, increased the number of people on treatment, mobilized unprecedented financial resources, and increased accountability at all levels, the epidemic continues to outpace the response. For every two people accessing HIV treatment, five are newly infected¹. In the absence of a cure, prevention is the only hope of reversing AIDS.

With its focus on sexual and reproductive health and four decades of programme experience addressing sensitive issues such as gender relations and sexuality in various socio-cultural settings, UNFPA, the United Nations Population Fund, is uniquely positioned to address HIV prevention. It does so by:

- **Linking HIV and AIDS with sexual and reproductive health care.** This includes services for people living with HIV and increased efforts to prevent mother-to-child transmission;
- **Addressing the needs of girls and women.** This includes efforts to reduce vulnerabilities, address gender-based violence and promote gender equality;
- **Scaling up the provision of male and female condoms.** This includes ensuring adequate supplies through the Global Condom Initiative;
- **Reducing new infections among young people** with an emphasis on those most at risk and vulnerable;
- **Addressing the needs of sex workers and their clients;**
- **Providing sexual and reproductive health and HIV services for populations affected by conflict.**

A COMPREHENSIVE APPROACH TO HIV PREVENTION

UNFPA advocates for a comprehensive approach to HIV prevention that is tailored to local epidemics and is informed by evidence. Elements of a comprehensive approach include:

- Promoting abstinence from penetrative sex and delay in the onset of sexual relations for young people and reduction in the number of sexual partners;
- Providing and promoting correct and consistent use of male and female condoms;
- Providing HIV testing and counselling services;
- Providing services for the treatment of sexually transmitted infections.

As one of ten co-sponsors of UNAIDS, UNFPA takes a leadership role in: 1) linking sexual and reproductive health and HIV/AIDS; 2) preventing HIV infection among women, young people, and sex workers; and 3) scaling up programming for male and female condoms.

UNFPA's work in HIV prevention is governed by the promotion, protection and respect for human rights - including gender equality - and freedom from stigma and discrimination, especially for the most vulnerable populations.

SOME LESSONS AROUND PREVENTION

¹ AIDS Epidemic Update, 2009

- Experience from various countries clearly indicates that **HIV prevention programmes work** when: we better understand populations at risk; address contextual factors; prioritize high-burden areas; engage all key social actors; and increase and sustain investment for HIV prevention programmes over time.
- **There is a need to address gaps in basic prevention approaches.** Although the largest share of new infections in many African countries occurs among older heterosexual couples, relatively few prevention programmes focus on older adults. Likewise, serodiscordant couples account for a substantial percentage of new infections in some African countries, yet HIV testing and counselling programmes are seldom geared for them. Also, many programmes in Africa geared towards young people have failed to address key issues such as the high prevalence of intergenerational partnerships.
- **The epidemic is evolving.** In Eastern Europe and Central Asia, epidemics that were once characterized primarily by transmission among injecting drug users are now increasingly characterized by significant sexual transmission. In parts of Asia, epidemics are becoming increasingly characterized by sexual transmission among heterosexual couples.
- **Male circumcision** is an additional strategy to reduce sexual transmission of HIV from women to men, but should never replace other prevention methods, such as condoms.

KEY DATA

- AIDS is the leading cause of death among women of reproductive age. Sixty percent of new infections in Africa are among women. In some high-prevalence countries, including South Africa, more than 50% of all maternal deaths can be attributed to HIV².
- HIV prevention services reached only 20% of people in need in 2005, while coverage for key populations at higher risk of exposure to HIV was considerably lower³.
- For every two people accessing HIV treatment, five are newly infected⁴.
- Coverage for services to prevent mother-to-child transmission is only 45%⁵.
- Only 40% of young men and 38% of young women had accurate and comprehensive knowledge of HIV at the end of 2007⁶.

EXAMPLE OF PROGRESS

In **Haiti**, the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections expanded voluntary counselling and testing to include a wide range of sexual and reproductive health and HIV services, such as family planning and antiretroviral therapy. With support from UNFPA and others, this model has been rolled out to 22 public and private health centres.

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² AIDS Outlook, 2010

³ AIDS Epidemic Update, 2009

⁴ Ibid

⁵ Ibid

⁶ Global Report on the AIDS Epidemic, UNAIDS, 2008