



JGI/Clarke / WHO RIACSO

# ACCELERATING PREVENTION



Michael Jensen/WHO

**Prevention remains the foundation of a comprehensive public health response to HIV.**

**WHO's interventions in prevention focus on key areas including testing and counselling as the bridge between treatment and prevention, comprehensive programs to prevent HIV infection in women, infants and young children, and targeted interventions for vulnerable populations, including injecting drug users, sex workers and young people.**

WHO's specific contribution in these areas of prevention work include provision of norms and guidelines, technical support to countries, capacity building, and spearheading and working in technical partnerships. Additionally, linking with developing knowledge hubs is of critical importance, as sustainable regional and national capacities need to be developed in applying and implementing normative information and policies.

Increased access to antiretroviral treatment (ART) will create new opportunities for accelerating prevention. Some prevention benefit may derive directly from provision of treatment, such as the direct biological effects of treatment itself that influence infectiousness. Other opportunities for advancing prevention will result from enhanced health care access related to the "3 by 5" scale up, such as improved access to diagnosis and treatment of sexually transmitted infections (STI). More broadly, greater availability of treatment will result in a fundamental shift in public health and societal responses to the epidemic. The availability of treatment should result in a large scale increase in the number of people who know their HIV status and receive counselling. However, it must be noted that there is evidence that wider access to treatment can dilute prevention efforts and indeed, undo much prevention gains, especially in young people. Therefore, a concerted effort, with well targeted integrated interventions linking and highlighting the synergy between prevention and treatment, will be needed to make the most of emerging opportunities.

## WHO PRIORITY INTERVENTIONS

### SCALING UP TESTING AND COUNSELLING

WHO advocates that in addition to Voluntary Counselling and Testing (VCT), HIV testing and counselling should be offered widely in health care settings to all those who might benefit from knowing their HIV status. Knowing one's status enables individuals to initiate or maintain behaviours to prevent acquisition or further transmission of HIV. Community awareness campaigns highlighting the benefits of early knowledge of HIV status should be supported

### INJECTING DRUG USERS (IDU)

Approximately 10% of new HIV infections worldwide - as high as 80% in some countries - are directly attributable to injecting drug use. HIV can explode in IDU populations very rapidly and then stabilise at very high levels. In many countries, access to HIV/AIDS prevention and care services is limited for IDU. Users of illicit drugs are often marginalised by communities and are threatened by sanctions if they seek institutional treatment and other services. However, criminalization of drug use can increase rather than reduce the spread of HIV by forcing IDUs into hiding from authorities. Successful efforts to reduce drug-related harm - including crime and other health conditions in addition to HIV - build on three main complementary strategies, 1) supporting drug users who are ready to stop using drugs, 2) reducing injecting among those who continue using drugs, and 3) reducing the sharing of injection equipment among remaining IDUs.



WORLD HEALTH ORGANIZATION

# MAKE IT HAPPEN



## WOMEN AND CHILDREN

Of the estimated five million cases of HIV that occurred last year among adults, about half were among women, and this proportion is increasing. In addition, an estimated 700 000 new HIV infections occurred in children last year, mostly associated with mother-to-child transmission (MTCT). It is important to make the most of existing opportunities to reach women with key HIV prevention and care interventions through existing reproductive and sexual health services, such as family planning, reproductive tract infection/sexually transmitted infection care, and maternal health services.

Renewed efforts are required to develop and expand effective interventions that alter the factors at individual, household and community level that determine women's vulnerability to HIV infection. These factors include livelihoods such as female sex workers and mobile workforces, poverty, gender-based violence, social constructions of masculinity, HIV risk behaviours in men and biological characteristics.

The most effective way to reduce the number of children born with the HIV virus is to prevent new infections in women and to avoid unwanted pregnancies in HIV infected women. WHO is working with key partners to increase the commitment of policy makers to formulate policies to strengthen the linkages between family planning and prevention of mother to child transmission. In doing so, the number of HIV-infected infants will be reduced and the health status of women improved.

## YOUNG PEOPLE

Young people (10-24 years) remain at the centre of the HIV/AIDS pandemic in terms of transmission, impact and potential for change. Over two million young people continue to become infected with HIV every year. WHO has a specific mandate for health sector interventions, which includes support for the prevention of HIV among young people, as well as treatment and care. WHO's HIV/AIDS Department focuses on the most vulnerable categories of young people: young women and men in sex work, young people who use drugs and HIV orphans.

## SEX WORK

Over 80% of new HIV infections occur through heterosexual contact. Factors that increase the rate and efficiency of heterosexual HIV transmission include high rates of sexual partner change and the presence of other STI. Both of these can be addressed through proven interventions - peer outreach, condom programmes and STI control efforts - that focus on commercial sex networks.

## COMMUNITY BASED INTERVENTIONS

Stigma and fear of HIV/AIDS are widespread. A range of communication and service delivery strategies are needed at the community level to help create more enabling environments for prevention, in addition to removing barriers that keep people from accessing HIV testing and counselling, prevention and treatment services. Information and education about HIV/AIDS, especially for vulnerable populations, including women, is an essential component of prevention. WHO supports an integrated approach to communication, with an emphasis on combating stigma through community-based programming. In particular, WHO is focused on working with partners as implementers of strategic communication work at the country level.

## PREVENTION FOR POSITIVES

Effective prevention interventions among people living with HIV/AIDS can have a significant impact on the spread of the epidemic. People living with HIV are a logical focus for prevention programmes. Provision of prevention knowledge and skills helps reduce transmission to uninfected partners. Experience indicates that people on treatment will take steps to adopt safer behaviour if they understand the issues and are supported with ongoing counseling. Therefore, WHO supports an integrated approach that strengthens prevention interventions linked to treatment services. Clinic-based prevention services should be reinforced and integrated into the regular schedule of patient visits.