



www.aidalliance.org

Supporting community action on AIDS in developing countries

What's preventing HIV prevention? Policy statement to UNAIDS

October 2004

Introduction

This document was prepared by the International HIV/AIDS Alliance (the Alliance), as a UNAIDS Collaborating Centre, at the invitation of UNAIDS, as input into the early stages of the process for developing a new global HIV prevention strategy.

It draws on the experience of our partners and Alliance staff in over 20 developing countries. The Alliance has amassed ten years experience in providing support to local responses to HIV and AIDS in the developing world. That experience shapes our comments and brings a sense of urgency to our support for the development of a global HIV prevention strategy.

When we observe our HIV prevention programming in different parts of the world, we come up with some prominent and compelling barriers to having large-scale impact with this work. This document describes some of these problems – what is preventing HIV prevention? It then sets out some ideas for urgent and co-ordinated action to address these problems.

The International HIV/AIDS Alliance

Founded in 1993, the International HIV/AIDS Alliance is an initiative of people, organisations and communities working to mobilise and strengthen effective community responses to HIV and AIDS. This support is provided by forging partnerships, sharing knowledge, accessing financial resources and offering technical assistance where appropriate.

The Alliance has a significant track record at country level, and an increasing international profile through its global activities. Through the joint actions of its partners, drawing strength from one another, the Alliance has established itself as a leading player in the global response to the epidemic.

In fulfilling our mission, we contribute to the achievement of the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly Special Session of June 2001 and to the Millennium Development Goals, with particular emphasis on Goal 6, to combat HIV/AIDS.

The Alliance is a UNAIDS Collaborating Centre.

WHAT'S PREVENTING EFFECTIVE HIV PREVENTION?

Despite building political commitment and increased resources for HIV/AIDS, rates of new infection are still on the rise. In Sub Saharan Africa, an estimated 3 million people became newly infected in 2003 alone. In other parts of the world, including Eastern Europe and Asia, new epidemics appear to be advancing largely unchecked.

The pace of the HIV/AIDS epidemic is clearly outstripping most national efforts. Fewer than one in five people have access to basic HIV prevention programmes – the information, services and interventions that can help save lives and reverse trends in the epidemic¹.

Lack of prevention leadership and scale

In its *2004 Report of the Global AIDS Epidemic* UNAIDS observed that whilst prevention is the mainstay of the response to AIDS, it is seldom implemented at a scale that would turn the tide of the epidemic.

The Alliance therefore welcomes the UNAIDS initiative to develop a global HIV prevention strategy, one that will significantly mobilise levels of community interest and political will that are necessary to help reduce new HIV transmissions. This strategy must be characterised by enhanced leadership, increased resources for increased scale, and improved prevention programming.

A global HIV prevention strategy needs to have a status that enables it to mobilise communities and governments, similar to the way WHO's '3x5' has begun to do for HIV treatment. The Alliance believes the critical components of an effective strategy are:

1. *Inclusive processes and good governance*
2. *Increased resources for prevention, directed to where HIV prevention needs exist*
3. *Addressing vulnerability*
4. *Focused attention to treatment and prevention synergies*
5. *Monitoring performance*

However, of all these components, our experience points to the necessity to re-focus our existing strategies of risk, vulnerability and impact reduction to better deal with vulnerability.

The rhetoric of vulnerability reduction

The Alliance holds that the political and institutional commitment required to address the economic, social and gender based disparities which fuel the epidemic remains unacceptably low. Enhanced leadership, resources and prevention programming will prove inadequate unless the capacity of individuals and communities to address their vulnerability to infection is improved.

Consequently the Alliance is also calling for a radical reorientation of existing responses to HIV prevention; a refocused approach to prevention that moves from rhetoric about vulnerability to making vulnerability reduction a priority. This would need to take into account structural and economic factors currently shaping the contexts in which responses to AIDS are occurring.

¹ See Policy Project (2004) 'Coverage of selected services for HIV/AIDS prevention and care in low and middle income countries in 2003' and Global HIV Prevention Working Group (2003) 'Access to HIV Prevention: Closing the Gap.'

Drug users in India will need an end to police brutality and equitable access to services. Sex workers in Cambodia will need to be able to control their working environments. Poor women in Zimbabwe will need information and laws that protect their inheritance and property rights. Men who have sex with men will need to be able to meet together to develop their own prevention campaigns without fear of imprisonment or violence.

All of these interventions will require a radical reorientation of our approach to risk, vulnerability and impact reduction which focuses on reducing the social and economic conditions that increase vulnerability to, and facilitate the rapid spread of, HIV/AIDS.

THE NEED FOR A GLOBAL HIV PREVENTION STRATEGY

The WHO '3x5' Strategy is acting as an important aspirational target and policy focus for accelerating access to HIV treatment. '3x5' is characterised by detailed international commitments, resources and a series of mutually reinforcing principles including urgency, equity and sustainability.

The Alliance believes that the task of preventing HIV transmission requires a similar approach to bring a sense of urgency and focus to the inadequacies of the global prevention effort. The absence of a focussed global prevention strategy is a serious impediment to scaled up prevention programming, and the achievement of the Millennium Development Goals and UNGASS commitments. In addition, it creates difficulties in adequately and meaningfully monitoring prevention related activities and outcomes. But most importantly, the absence of a co-ordinated global prevention effort allows for the fundamental barriers to HIV prevention effectiveness to continue unchecked – laws that criminalise those most vulnerable to HIV, poverty, HIV stigma and discrimination, cultures of rape and sexual violence against women and girls and inadequate HIV prevention options for married women.

The Alliance endorses the challenges identified by UNAIDS that are associated with bringing comprehensive prevention to scale in what it calls *The Next Agenda*. This includes:

- closing the prevention gap
- ensuring that prevention is comprehensive and involves a variety of effective interventions
- fully integrating comprehensive prevention activities into '3x5' and other antiretroviral scale up programmes
- effectively addressing vulnerability factors driving the epidemic
- eliminating AIDS-related stigma and discrimination
- speeding up development, financing and accessibility for effective HIV vaccines and microbicides
- reinvigorating prevention programmes in high income countries.

However the Alliance holds that in order for a global prevention strategy to have the required impact, the following components are critically important:

1. *Inclusive processes and good governance*
2. *Increased resources for prevention, directed to where HIV prevention needs exist*
3. *Addressing vulnerability*
4. *Focused attention to treatment and prevention synergies*
5. *Monitoring performance.*

1. Inclusive processes and good governance

Participation is critical to HIV prevention strategy development, at both global and national levels. Involving civil society in HIV prevention planning and decision-making requires specific attention through a concerted advocacy effort and with increased resources.

Prevention strategy development: The process of developing a global HIV prevention strategy represents a significant opportunity to build interest in and commitment to revitalised HIV prevention programming.

Therefore the process should, from the outset, be designed to encourage multi-sectoral engagement. This will necessitate a range of opportunities for HIV prevention stakeholders to contribute to the strategy's development and, importantly, to its implementation.

In addition to UNAIDS co-sponsors, the strategy development and implementation should prioritise national governments and civil society.

The strategy's development and implementation should be viewed as opportunities to build awareness of HIV prevention challenges and to recruit political and popular champions for refocusing the global prevention effort. In the same way as we have seen the large scale mobilisation of political and community interest in the challenge of providing AIDS treatment, the opportunity to develop a global prevention strategy represents an unparalleled opportunity to grow the same interest in prevention – this can only be done through an inclusive process, which involves international agencies, governments and civil society.

The critical importance of civil society: The effectiveness of HIV prevention activities is critically dependent on the existence of diverse and sufficiently well resourced community based organisations. In each country where the response to AIDS has shown successes, civil society - in the form of community based organisations – have mobilised marginalized communities, designed and implemented HIV prevention programmes, have been instrumental in holding inactive governments to account, and have influenced national prevention plans so that they meet the needs of the most affected communities.

To develop authentic ownership of a global prevention strategy at both national and international levels, the participation of civil society, particularly people living with HIV/AIDS, in all aspects of the strategy must be promoted.

Our experience in Africa, Asia, Latin America and Eastern Europe consistently highlights how national governments continually fail to engage populations key to the HIV epidemic and their representative organisations in the planning and delivery of national HIV prevention programmes. Without this involvement, vital expertise in addressing significant HIV prevention challenges is wasted.

Legal, policy and attitudinal barriers exist in every country in which the Alliance operates. These barriers severely inhibit the development of partnerships with vulnerable and at-risk communities. It is still difficult for many decision-makers to sit at the table alongside a sex worker representative, a youth representative or a representative from a women's organisation. A global HIV prevention strategy needs to address these challenges in ways that highlight the benefits that such involvement and participation will provide to HIV prevention responses.

Support for participation and implementation: The importance of involving populations key to the epidemic in HIV prevention efforts must be central to a global HIV prevention strategy. This will require efforts to build effective mechanisms to ensure that civil society is representative and accountable.

As such, a strategy needs to be a vehicle by which the technical and financial support needs of civil society are identified and the effective mechanisms for supporting civil society are promoted.

2. Increased resources for prevention, directed to where HIV prevention need exists

Ensuring adequate funds to mount an effective global response to HIV/AIDS has been difficult. Over the last few years there has been an unprecedented increase in global financial resources devoted to responding to HIV/AIDS. However, this amount remains less than half of what is required by 2005, and only a quarter of what will be required by 2007 to ensure a comprehensive response to AIDS in low and middle-income countries². The continued resource gap is only one of a number of funding challenges. The additional challenges include:

- inconsistent approaches from the International donor community that undermine effective country-led prevention responses
- lack of incorporation of HIV Prevention efforts into broader development strategies
- recognising different epidemic dynamics and developing a multifaceted approach.

Inconsistent approaches from the international donor community: The US Government's announcement in 2003 of some \$15 billion to fight AIDS set a new global benchmark for AIDS and challenged the current levels of funding provided through the bi-lateral programmes of other large donor countries. The contribution also shifted understandings of the level of resourcing required and gave non-government and community based organisations a sense that closing the global AIDS funding gap was in fact possible.

The concept of an 'emergency response' which lies at the heart of the US Government's PEPFAR programme has proved useful in bringing a sense of urgency to the global and national responses to AIDS.

However, some of these new sources of funding also come with new conditions. Whilst clear funding criteria and comprehensive monitoring and evaluation are important features of effective resource allocation, some restrictions inhibit rather than promote the design and delivery of comprehensive programmes. Such bi-lateral programmes that determine allocation of resources to donor-driven prevention priorities risk undermining interventions that have been developed based on country needs and experiences.

It is vitally important that in mobilising international resources to close the HIV/AIDS funding gap, new gaps do not develop in prevention services and programmes, especially for at risk groups. Restrictions on the nature and type of HIV prevention work that national governments and other organisations can adopt, such as responding to the HIV prevention needs of sex workers and injecting drug users, is a case in point. It is vitally important that HIV prevention interventions do not unintentionally reinforce existing discriminatory approaches to key populations.

It is also vitally important that our prevention efforts are guided by evidence demonstrating effectiveness, by principles of equity and by a focus on impact. Funding mechanisms must be fluid and responsive to different dynamics in the epidemic, and to the evidence emerging from all levels of programming. Ideological opposition to, for example, building the capacity of sex

² *Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years.* UNAIDS, November 2002

workers or young women to protect themselves from HIV, must be challenged in a global HIV prevention strategy.

Standard HIV prevention interventions – HIV/AIDS awareness campaigns, voluntary counselling and testing, and accessible STD treatment – apply to all epidemics, but our experience of working with many different communities highlights how very diverse the HIV epidemic is. Tailoring multi-faceted prevention strategies to specifically address national and local needs is critically important to national prevention planning.

Multi-lateral funding mechanisms such as the World Bank MAP programme and the Global Fund allow for country-driven prevention responses and must be supported in any global HIV prevention strategy. The success of prevention programmes will ultimately depend on co-ordinated, scaled up country action. National governments, in partnership with civil society and affected communities, must drive the process of expanding prevention services and their specific needs and capacities will shape their own strategies and their scaled up activities.

Incorporating HIV prevention into broader development strategies: HIV/AIDS plays a central role in the development agenda and development efforts must be designed to reduce inequalities that increase vulnerability to HIV.

Although some progress has been made in adapting development policies and programmes to respond more appropriately to HIV, much more needs to be done. In particular, development efforts must be designed to reduce gender inequities and enhance economic and political opportunities for women and girls.

The inextricable links between poverty, HIV vulnerability and the ever-increasing impact of the epidemic are well established, but these links remain largely unaddressed in HIV programming. In many developing countries HIV prevention continues to inadequately address the causes and consequences of social and economic deprivation, which in turn lead to HIV vulnerability.

In heavily burdened countries the alarming HIV prevalence rates tell only part of the story of the impact of HIV/AIDS. The impact will be felt over many decades to come through many generations of families now struggling. HIV/AIDS programming must:

- be integrated into poverty alleviation strategies
- feed into the assessments and analysis of human vulnerability and livelihood strategies
- be more effectively integrated into, and strengthen, existing sexual and reproductive health services; and
- revitalise some of the fundamental approaches to public and primary health care developed over previous decades.

Development policies need to be sensitive to the exclusion and inequality experienced by people with HIV/AIDS and populations particularly vulnerable to HIV, including sex workers, men who have sex with men and injecting drug users.

HIV prevention strategies need to be included much more extensively within Poverty Reduction Strategy Papers and all other country led development strategies.

Recognising different epidemic dynamics and developing a multifaceted approach: We must acknowledge that distinct epidemics require distinct approaches. One size does not fit all. This is the case for both countries with generalised and concentrated epidemics. Greater attention has to be given to understanding transmission patterns in each different context. Greater attention and time to social ethnography and community mapping is critically important to planning effective

interventions as they provide both evidence about transmission dynamics and HIV prevention need – the ‘blueprint’ for HIV prevention planning.

This is particularly the case in mapping out and designing effective responses for countries currently experiencing concentrated epidemics. It is essential that we do not shy away from recognising that transmission is occurring amongst priority groups and set out measures to protect them.

The Alliance Frontiers Prevention Programme (FPP) aims to make a significant contribution to reducing HIV infection in three relatively low prevalence countries – India, Cambodia and Ecuador - by working alongside key populations (sex workers, injecting drug users and men who have sex with men), delivering a comprehensive package of interventions within specific geographical sites that are seen as potential high HIV transmission areas. Addressing the HIV prevention needs of populations key to HIV epidemics has the potential to reduce the overall impact on the general population.

3. Addressing vulnerability and human rights violations

Activities aimed at decreasing the **risk** of infection from HIV, **vulnerability** to it and the **impact** of the epidemic are regarded as the basic features of HIV/AIDS programming.

The interrelationship of these dynamics were set out in UNAIDS’ *2001 Global Strategy Framework on HIV/AIDS*, where UNAIDS articulated the need for an “expanded response”, which would simultaneously act on reducing risk, vulnerability and impact.

That Strategy articulated an expanded response whereby major synergies were created by placing prevention strategies alongside care, support and treatment, while at the same time expanding efforts to reduce HIV related stigma, and increasing efforts to address the disparities that fuel the epidemic.

The Alliance believes that in the main the aspiration for an expanded response with vigorous and simultaneous action on all three fronts remains exactly that, an aspiration with little or no substantive progress, particularly in respect to reducing vulnerability.

HIV/AIDS is fuelled by human rights violations: Despite the fact that we have understood the relationship between HIV and human rights almost since the beginning of the epidemic³, human rights abuses continue to fuel AIDS and human rights violations continue to exacerbate the impact of the disease.

The destruction wrought by HIV/AIDS is fuelled by a wide range of human rights violations, including sexual violence and coercion faced by women and girls, stigmatisation of men who have sex with men, abuses against sex workers and injecting drug users, and violations of the right of young people to information on HIV transmission. HIV prevention programmes continue to be stalled and undermined by these abuses, and assessments of the effectiveness of particular interventions continually fail to address the problem of the abjectly hostile policy environment for HIV prevention in the countries in which we work.

In prisons, HIV spreads with frightening efficiency due to sexual violence, lack of financial and human resources, lack of basic amenities, lack of access to condoms, lack of harm reduction measures for drug users, and lack of information. Human rights violations only add to the

³ *HIV/AIDS and Human Rights: International Guidelines*, UNAIDS September 1996

stigmatisation of people at highest risk of infection and thus marginalise and drive underground those who need information, preventive services, and treatment most desperately.

Abuses also follow infection. People living with HIV/AIDS are subject to stigmatisation and discrimination in society, including in the workplace and in accessing government services. Women whose husbands have died of AIDS are regularly rejected by their husband's families and their property is frequently taken from them. Thousands of children who have lost parents to AIDS or whose parents are living with the disease have lost their inheritance rights, have had to take on hazardous labour including prostitution, and have been forced to live on the streets where they are subject to isolation, police violence and other abuses. Our partners and colleagues are struggling to scale up effective prevention programmes in settings like these.

One of the most prominent and enduring insights arising out of the Alliance's HIV prevention programming in the last ten years is that effective prevention of the epidemic will be impossible for as long as the human rights abuses that fuel infection, and follow it, go unaddressed.

HIV prevention efforts continue to prioritise risk reduction and impact reduction interventions over vulnerability reduction interventions. Programmes that provide information to drug users about safe injecting, but then jail drug users for the possession of clean injecting equipment, only to rapidly intensify their vulnerability to HIV in prison. Programmes that provide sexual health services to sex workers but then provide no protection from violence and coercion to engage in unsafe sex. Programmes that educate girls about HIV transmission undermined by inadequate police and judicial responses to rape and by social and cultural norms that condone rape. Programmes that seek to educate men who have sex with men about HIV transmission undermined by violence, imprisonment and social exclusion. Programmes that seek to educate women about preventing mother to child transmission undermined by lack of resources for maternal and child health.

Just as human rights are essential to reducing vulnerability and mitigating the impact of the disease, effective HIV prevention depends on good governance, supportive laws and policies and the transparent and comprehensive application of the rule of law.

This should be the focus of a global HIV prevention strategy.

Enhancing the international response to HIV related human rights violations: In calling for a re-orientation of the risk, vulnerability and impact reduction framework, the Alliance is calling for a new effort to put human rights at the heart of national and international responses to AIDS generally, and to prevention programming in particular.

In many of the countries in which we are working there is a profound and widening gap between what is said about the importance of human rights in relation to fighting the epidemic, and what is actually being done.

For instance, despite growing awareness that women are increasingly disproportionately affected by the disease, there is little work by governments and legislators aimed at protecting and promoting the fundamental rights that would help reduce women's vulnerability to HIV. These include women's sexual and reproductive rights, access to resources and assets, and the rights of girl children to education.

Human rights assessments of the HIV responses of national governments will highlight most prominently the barriers to impact and success in our prevention efforts.

Although the Alliance welcomes the integration of HIV/AIDS into the work of some of the UN's human rights mechanisms, the relationship between HIV/AIDS and human rights violations continues to go unaddressed in a variety of UN fora.

The Alliance believes that UNAIDS should seek support for the establishment of a Special Rapporteur on HIV/AIDS and Human Rights, both to act as a focal point for work aimed at exposing HIV related human rights violations and to help mobilise international support for measures to better protect the rights and interests of people living with and affected by HIV.

4. Focused attention to treatment and prevention synergies

HIV treatment in developing countries is at last beginning to become a priority. The combination of political will, financial resources and the affordability of medicine and diagnostic tools provide real opportunities to deliver the treatment and care that so many people desperately need.

However, despite these extraordinarily positive conditions, access to antiretroviral treatment and other HIV related care remains abysmally low. WHO estimates that nine out of ten people who urgently need HIV treatment are still not being reached.

All of the stakeholders that have worked so effectively to make HIV/AIDS treatment a priority must continue to work to deliver the promised treatment and care.

However, long-term success against HIV/AIDS requires simultaneous expansion of both treatment and prevention. Unless the incidence of HIV is reduced, even the most ambitious treatment aspirations will not be able to keep pace with all those who will need therapy. For example, while the WHO 3x5 initiative is working hard to have 3 million people on antiretroviral therapy by 2005, 5 million new infections occur every year.

There is an obvious opportunity, as ART programs are launched and expanded, to simultaneously bolster prevention efforts. These include increased HIV testing, interventions to address stigma, and increased support for sexual health information and care for people with HIV/AIDS.

The role of voluntary counselling and testing (VCT) as an HIV prevention tool must be clearly understood, valued and resourced. Testing is more than an entry point to treatment services. It is fundamental to addressing HIV prevention need, to addressing peoples' rights to know their status, to facilitating living well with HIV and it breaks down myths and misconceptions about what it is to be HIV positive. A global HIV prevention strategy must 'claim' VCT as central to the HIV prevention effort.

Programmes need to be developed specifically to address these synergies. Too little prevention work is being programmed at treatment sites, wasting opportunities to educate and support positive people in their role in HIV prevention. The Alliance and its partners are developing some comprehensive programmes that are adding 'positive prevention' and anti-stigma work to standard treatment provision, but this is new and experimental work, with far too few resources and inadequate levels of institutional support.

The Alliance also appreciates that the roll out of ART programmes is posing significant challenges, and in some places treatment provision runs the risk of diverting attention and possibly even resources from the provision of prevention services and commodities. A global HIV prevention strategy must address this problem.

5. Monitoring performance

The role of UNAIDS and its co-sponsors: HIV prevention needs to be championed much more substantially through the UN system. UNAIDS can play a key role in asserting the importance of HIV prevention, recruiting others to the task and influencing action so that it is more comprehensive and integrated.

A global strategic framework is critical for doing so. It must identify and detail the roles and contributions that UNAIDS and each of its co-sponsors will play. Prevention related activities among UNAIDS co-sponsors both internationally and nationally are inadequately prioritised, resourced, and monitored.

The progress of UNAIDS co-sponsors in meeting the HIV prevention goals of UNGASS and in fulfilling their commitments in the Unified Workplan requires much greater scrutiny. Detailed reporting on progress will foster a much greater culture of accountability and responsiveness in the UN systems response to AIDS. National governments and civil society have an important role to play in setting the agendas and monitoring progress of UNAIDS co-sponsors. There are currently very limited opportunities to do so.

The Alliance believes that targets set in a global HIV prevention strategy should be used to help evaluate the prevention related inputs and outcomes of UNAIDS' co-sponsors.

Improved monitoring and evaluation of HIV prevention outcomes by UNAIDS: A vital component of an effective global HIV prevention strategy would be a commitment to improved monitoring and evaluation of prevention related efforts and outcomes by UNAIDS.

The commitment to improved monitoring and evaluation should be applied across all stakeholders, but led by UNAIDS and its co-sponsors in the form of a commitment to a new and more thorough level of reporting on prevention policies and activities from international to country level.

Such an approach would make an important contribution to raising the political awareness of HIV prevention activity across the UN system and would provide significant leadership to other stakeholders, including donor and recipient governments.

Together with improved monitoring and reporting of UN agency-led efforts at HIV prevention, the Alliance believes that as part of the prevention strategy's development UNAIDS should commit to developing an HIV Prevention Programme Effort Index. A modified version of the existing AIDS Programme Effort Index, a specifically prevention-orientated index, that measures effort, outputs and outcomes. This will be important to both monitor and ultimately improve levels of national prevention related activity.

In addition to country based activity there is an urgent need for improved resource tracking. A global HIV prevention strategy should encourage donors to focus on improving data collection regarding the magnitude and nature of HIV/AIDS spending in low-and middle-income countries. The Alliance believes a single data collection mechanism should be established to which bilateral donors, multilateral donors, NGOs and foundations would report annually. This would, for the first time, allow all stakeholders to track the flows of HIV/AIDS related resources in developing countries and improve resource allocation decisions.

Existing internationally agreed prevention related targets, such as those contained in UNGASS, should be incorporated into these monitoring and evaluation mechanisms as appropriate.

A reporting schedule should be devised that allows for policy and programmatic changes to be made rapidly in response to the results of prevention related monitoring and evaluation.

The Alliance believes that this could most usefully take the form of an annual state of the epidemic report, along the lines of UNAIDS existing biannual report, but with national information and a prevention focus.

To send comments or request further information related to this paper please contact:

Sarah Godfree
Head of Prevention
International HIV/AIDS Alliance
sgodfree@aidsalliance.org

Queensberry House
104-106 Queens Road
Brighton BN1 3XF
United Kingdom

Tel: +44 1273 718 900
Fax: +44 1273 718 901
www.aidsalliance.org