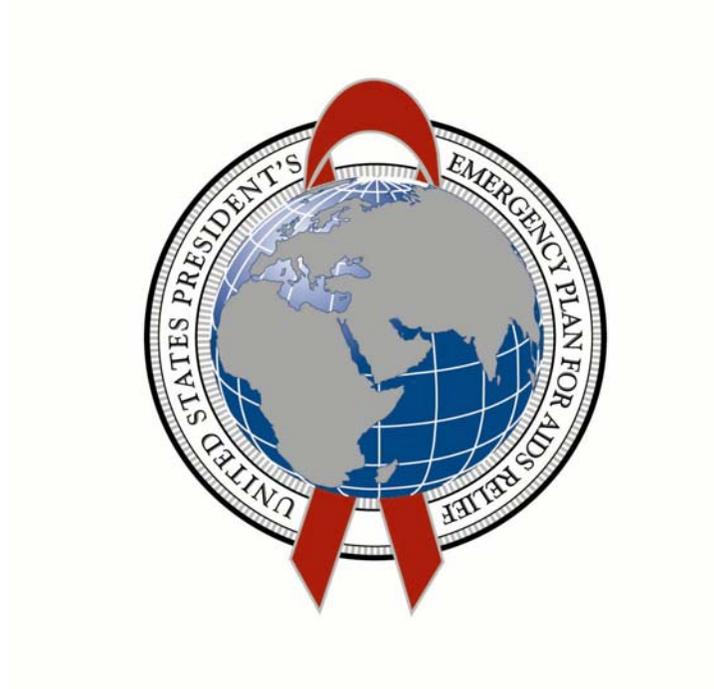


Report to Congress on Prevention



June 2010

The Global AIDS Coordinator, U.S. Department of State, provides this Report pursuant to the FY 2010 Appropriations Conference Report.

Overview

UNAIDS estimates that there were approximately 2.7 million new HIV infections in 2007. The number of people living with HIV worldwide in 2007 was roughly 4.2 million more than in 2001, with the majority of infections occurring through sexual transmission. A comprehensive, mutually reinforcing portfolio of prevention, treatment and care is essential, with prevention the most fundamental challenge.

In PEPFAR's second phase and as part of President Obama's Global Health Initiative (GHI), it is pursuing an overall goal of preventing more than 12 million new infections. To accomplish this, it seeks to focus appropriate interventions at the right scale on the right populations. The GHI has brought a heightened commitment to inform global health programming with the best available scientific knowledge, and PEPFAR thus emphasizes using data to adapt and improve programs – by understanding where, why and in whom infections are occurring, both in terms of geography and in terms of vulnerable populations, and tailoring programs accordingly. PEPFAR works with national governments to strengthen national HIV biologic and behavioral surveillance and information systems, paying heightened attention to rigorous documentation of HIV-related epidemiological and social trends pertinent to key populations, including sex workers, men who have sex with men, injection drug users, and women and girls. Programs are working with countries to establish and implement clear national HIV prevention plans with specific, time-bound targets. A new priority for the program is the development of affordable, user-friendly tools to identify, characterize, and measure key social drivers that contribute to HIV risk and vulnerability.

PEPFAR Prevention Programs

In this second phase of PEPFAR, the program is intensifying its support for focused prevention efforts that mirror progress in treatment. Just as combination therapy revolutionized treatment, a strategy focusing on combination prevention is revitalizing prevention programming by combining behavioral, biomedical and structural interventions, adapted and prioritized to specific contexts. Behavioral interventions are geared to motivate behavioral change in individuals, couples, families, peers groups or networks, institutions, and entire communities. PEPFAR is dramatically strengthening biological interventions (e.g. medical male circumcision, prevention of mother-to-child transmission, and blood and injection safety) that block infection or decrease infectiousness. And through Partnership Frameworks, PEPFAR is working with countries to promote structural interventions that change the context that contributes to vulnerability and risk, such as restrictions on property ownership or inheritance for women, and laws that marginalize at-risk groups and limit their ability to access services. At the country level, PEPFAR encourages combination prevention activities that provide comprehensive coverage for the most affected populations and localities, and program content that directly addresses the key drivers of the epidemic. This is resulting in some realignment of activities to ensure that both “hot spots” (areas of high transmission) and key populations are covered with sufficient intensity of quality interventions. Country-by-country prevention interventions and goals are included in the Technical Area Narrative (TANs) of the FY 2010 Country Operation Plans (COPs), which have been approved by the Coordinator and will be posted on www.PEPFAR.gov by July 30th, 2010.

Multilateral collaboration is a key focus of PEPFAR's new strategy and the GHI. PEPFAR is collaborating with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, UNAIDS, WHO, and other UN agencies, the Bill & Melinda Gates Foundation and other donor governments in extensive strategic planning efforts to strengthen the effectiveness, impact, and sustainability of prevention efforts. In collaboration at country level, PEPFAR is supporting national governments to take steps to realign and sharpen their prevention programs, often in response to recent modes-of-transmission studies and HIV prevention syntheses that have highlighted key areas where improvement is needed. Evaluating the impact of prevention programs is a particular challenge shared by all partners, and improving country and global ability to do this is a major focus of PEPFAR's collaboration.

Implementation of Prevention of Mother-to-Child Transmission (PMTCT)

A woman- and girl-centered approach is a hallmark of the GHI. Under PEPFAR's new strategy, prevention of mother-to-child transmission is among the highest priorities. In Fiscal Year (FY) 2009, PEPFAR directly supported PMTCT programs that allowed nearly 100,000 babies of HIV-positive mothers to be born HIV-free, adding to the nearly 240,000 babies born without HIV during FYs 2004-2008. In its second phase, PEPFAR is building on this increased momentum with an approach that reflects the internationally-agreed PMTCT strategy, seizing key opportunities to move from "coverage" to "impact" through quality, effective programs, and to support integrated, sustainable national programs, with appropriate national monitoring.

PMTCT is not a one-time intervention at delivery, but a complex continuum of interventions across different clinics, populations (e.g. childbearing women, pregnant women, newborns, breastfeeding infants and male partners) providers and visits over 1-2 years, providing a key entry point for women and families into prevention, care and treatment. The PEPFAR PMTCT strategy focuses on providing testing for pregnant women to learn their status, providing HIV-infected pregnant women with effective prophylaxis or treatment to reduce the risk of infant infection, supporting them with safe infant feeding practices, and linking them to care and treatment services for themselves and their exposed (or infected) infant. PEPFAR supports highly effective prophylaxis or treatment for eligible women throughout the antenatal, labor and postpartum risk periods to reduce mother-to-child transmission.

PEPFAR is now further increasing collaboration with international organizations and other partners in support of partner governments' strategies. PEPFAR guidance and country programming support clear, accountable targets for national scale-up of effective programs and stronger linkages with key related program areas such as care, treatment, primary prevention and orphans and vulnerable children.

Sexual Transmission Prevention Programming Tailored to Key Drivers of Country Epidemics

Sexual transmission remains the prime driver of the epidemic globally. In its second phase, PEPFAR supports a comprehensive, evidence-based prevention program, targeting interventions based on the epidemiology of each country. PEPFAR works to ensure programs keep pace with evidence-based techniques and modalities and are adapted to respond to each local context and setting. PEPFAR's prevention work prioritizes the following approaches:

Supporting development and implementation of country-led, national strategies for prevention. A national prevention strategy facilitates effective HIV prevention programming. Clearly articulated strategies provide all stakeholders with a common vision for how individual and collective efforts contribute to realizing that vision. A national strategy helps ensure that partners implement programs that are mutually reinforcing and effective.

Adjusting prevention portfolios based on country-specific data. Over the past five years, there have been major improvements in understanding the epidemiology, dynamics and context of HIV transmission in most epidemics. Overall, countries are attaining a more complete, evidence-based understanding of transmission risk and epidemic drivers, which contribute to more appropriate targeting of prevention interventions. In most generalized epidemics, HIV disproportionately affects women, and at younger ages than men. In many countries in Africa, two women are infected for every infected man, with the greatest gender disparities in prevalence in the 15-24 age cohorts. PEPFAR is also supporting countries to complete rapid assessments, mapping, and size estimation activities for most-at-risk populations (MARPs) and other vulnerable populations, to determine the amount of coverage needed, identify locations where interventions can reach the targeted groups, and tailor services for the local context.

Supporting comprehensive behavior change programs. Behavior change programming continues to play a significant role in efforts to reduce sexual transmission. PEPFAR supports a range of different, yet complementary approaches, based on each country's epidemiologic profile. With access to new data, PEPFAR is supporting many countries in finding the right balance between youth and adult programming, in order to reflect country-specific epidemiological data. Reaching adolescents remains important where the epidemic has a younger age profile, and investing in youth prevention is a long-term strategy to reduce transmission. In countries with concentrated epidemics, the epidemiology dictates a response with programs focused on MARPs as part of a comprehensive response. PEPFAR's prevention strategies also include addressing risk factors associated with alcohol consumption for both HIV-positive and at-risk individuals.

Supporting comprehensive programming that includes a minimum package of services for MARPs. Within each country, there are populations that have increased vulnerability to HIV due to a combination of behavioral, social, and/or environmental factors. PEPFAR prevention strategies include implementing, monitoring, and improving comprehensive HIV prevention programs for MARPs such as people engaged in sex work, MSM, injecting drug users (IDUs) and other vulnerable populations. These programs include core public health components of outreach, HIV counseling and testing (CT), risk reduction counseling, condom distribution and promotion, screening and treatment of sexually transmitted infections (STIs), and for those who are HIV-infected, referral to PMTCT services and HIV care and treatment, as appropriate. In addition, PEPFAR is currently working with agencies across the U.S. Government to determine the best way forward in supporting a comprehensive package for IDUs.

Addressing the low status of women and girls in society, which contributes to their disproportionate burden of HIV. PEPFAR recognizes that gender-related structural factors and social determinants of HIV infection include gender norms that dictate men's and women's expected sexual behavior and decision-making; gender-based violence (GBV); economic and

educational constraints; inferior legal protection and rights to property and inheritance; and lack of leadership roles for women. These gender norms influence sexual behavior and put both women and men at higher risk of infection and create barriers to accessing HIV/AIDS services. In particular, PEPFAR's new strategy emphasizes programs to combat GBV.

Rapidly scaling up male circumcision (MC) in populations with high HIV prevalence and low MC prevalence. PEPFAR has become the major supporter of MC in Africa. In addition to significant direct financial support, PEPFAR provides technical assistance to partner country Ministries of Health and Defense and implementing organizations to develop national policies and strategic plans, conduct situational assessments, and implement and evaluate MC service delivery programs. A period of MC 'catch-up' to circumcise adolescent and adult males at risk now or in the near future is the only way to impact HIV incidence without a delay of several decades, so PEPFAR programs target MC services initially to those deemed most at risk, i.e. men engaging in risky behaviors in areas with low circumcision rates and high HIV prevalence. In addition to circumcision and pre-/post-operative clinical care, all clients presenting for services receive reproductive health and circumcision education, HIV prevention counseling, an offer and recommendation of HIV testing and counseling, syndromic screening for STIs, and condom promotion and distribution.

Promoting Health, Dignity and Prevention Programs for HIV-positive individuals. PEPFAR programs have developed and evaluated prevention interventions for HIV-positive persons, and there is now a strong body of literature supporting the effectiveness of prevention interventions for HIV-positive people across multiple settings. PEPFAR's relevant behavioral interventions focus on correct and consistent use of condoms, disclosure of serostatus to sexual partners, partner and child testing, reduction in number of sex partners, reduction of alcohol use, and adherence to HIV medications. Biomedical interventions include management of STIs in people living with HIV and their sex partners.

Supporting microbicide development. In addition to funding, the U.S. is shaping the strategic and technical direction of microbicide development to meet developing-country needs.

Blood and Injection Safety

Since 2004 PEPFAR has provided technical and financial support to strengthen national blood transfusion services in 14 countries (12 in Africa plus Haiti and Guyana) with high HIV prevalence. PEPFAR continues to support efforts to improve blood supply adequacy and safety by providing policy guidance, strengthening laboratory infrastructure, and enhancing voluntary non-remunerated blood donor recruitment and retention practices. During the first five years all 14 countries achieved universal screening for HIV; and 13 countries achieved universal screening for hepatitis B, hepatitis C and syphilis. In its second phase, PEPFAR's blood safety strategy focuses on seven activities which promote quality management systems, good manufacturing and good laboratory practices:

- **Policy:** the development of a national blood policy and enactment of supporting legislation
- **Donation:** the collection of blood from regular, low risk, voluntary and non-remunerated donors
- **Laboratory:**

- effective and universal screening for HIV, hepatitis B and C virus and syphilis,
- appropriate storage, processing and distribution of blood and blood products
- **Appropriate clinical use:** the development of guidelines and hospital transfusion committees to monitor prescribing practices and transfusion outcomes
- **Training:** pre-service and in-service training of blood service and hospital personnel
- **Monitoring and evaluation:** to measure their progress toward implementing the WHO recommendations
- **Sustainability:** to ensure continuity after PEPFAR including the appropriate, accurate and efficient costing of blood and blood products.

The WHO estimates that globally nearly 2% of all new HIV infections are caused by unsafe injections, with a total of 96,000 people infected annually. Eliminating unsafe practices that can transmit HIV from an infected patient or health worker to patients is fundamental to a strong and viable health system. In addition, protecting health workers from infection due to occupational injury is critical to the long-term sustainability of services and the preservation of scarce human resources. Appropriate disposal of medical waste associated with blood and injection safety programs is also a critical component. Methods to provide safe disposal of all medical waste are crucial to protect the community and require exploration of innovative, low-cost technologies that are easy to deliver and maintain even in remote areas. These coordinated efforts will ensure continued progress in the provision of safe medical injections to meet PEPFAR prevention targets and Millennium Development Goals (MDGs). In PEPFAR's second phase, its comprehensive injection safety strategy is reducing the risk of spreading HIV and other pathogens by injections by decreasing the number of unsafe and unnecessary injections through:

1. Establishing and implementing national policies for rational use of injections in the context of available alternatives such as oral medications and assure that all injections and related procedures such as phlebotomy are safe
2. Training healthcare workers in injection safety
3. Applying behavior change communication strategies aimed at both the community and health care providers to reduce unnecessary injections
4. Improving health care waste management
5. Strengthening injection safety commodities supply systems.

Counseling and Testing (CT)

In its second phase, PEPFAR is heightening efforts to link CT with clinical and community interventions, and improve referrals to care, treatment, prevention, and necessary supportive services. It is also working with governments to implement public health interventions that allow past contacts of people living with HIV to be tested and receive necessary prevention and treatment services. While traditional, client-initiated CT remains supported, the use of other models of CT services is increasing. Provider-Initiated Testing and Counseling (PITC), in which health care providers recommend and provide CT for their patients, is being widely supported for tuberculosis patients and in antenatal care settings. Community-based services, including the use of rapid test kits, mobile and home-based CT services, are also being prioritized. For those that are HIV-negative but are participating in high-risk behaviors, PEPFAR is implementing modified case management with sustained prevention interventions.