



Combination Prevention in PEPFAR

Encouraging scientific advances have created an exciting moment for global AIDS, with an opportunity to use existing tools to push the rate of new infections downward dramatically. In each country, PEPFAR is prioritizing combinations of activities based on sound scientific evidence that will have the maximum impact on reducing new HIV infections and saving lives.

Prevention interventions supported by PEPFAR include:

Treatment as Prevention:

- The effect of antiretroviral treatment in saving lives has long been known. Recent science has shown that treatment is also highly effective in preventing transmission to others. The HPTN 052 study published in May 2011 showed that effective treatment of a person living with HIV reduced the risk of transmission to partners by 96%, on par with a vaccine.
- In FY 2011, PEPFAR reached nearly 4 million w/ treatment, laying a foundation for heightened efforts.
- On World AIDS Day 2011, President Obama announced that by the end of 2013, PEPFAR will directly support more than 6 million people on antiretroviral treatment – over 50% above the number currently supported.

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

- In June, PEPFAR & UNAIDS led an effort that outlined a path for achieving virtual global elimination of new pediatric HIV infections by 2015, assuming a continuing & shared commitment among donor and partner countries.
- Pediatric HIV can be eliminated worldwide. PEPFAR has been the global leader in the effort to prevent mother to child transmission, and the prevention of 200,000 infant infections in FY 2011 by PEPFAR programs represents accelerating progress toward this goal.
- Over the next two years the United States will reach more than 1.5 million HIV-positive pregnant women with antiretroviral drugs to prevent them from passing the virus to their children.

HIV testing and counseling (HTC):

- HTC is an often-overlooked, critical success factor for the expansion of prevention programming. Knowledge of one's HIV status is a prerequisite to accessing treatment and taking appropriate prevention steps to stay safe or protect others.
- There are a range of settings and approaches available to deliver HTC to specific populations. These include health provider-initiated HTC, and outreach- or community-based HTC, as well as traditional standalone sites. A focus on community outreach to men, who often have fewer encounters with the health system, is important. Couples-based testing can also assist in identifying sero-discordant couples, among whom significant HIV transmission occurs in some epidemics.
- Expansion of HTC under PEPFAR is well under way. In 2011 alone, PEPFAR supported testing for more than 40 million people. PEPFAR is working to expand the use of rapid test kits, in order to enable more widespread and routine testing both within and outside of health facilities.

Condoms:

- When used consistently and correctly, male and female condoms are highly effective in preventing sexual transmission of HIV. In heterosexual relationships where one partner is HIV-positive and the other is HIV-negative, when condoms were consistently used, HIV-negative partners were 80% less likely to become infected than persons in similar relationships in which condoms were not used.
- For this reason, the United States has long been a leading provider of condoms for HIV prevention in the developing world, and over the next two years will distribute more than 1 billion condoms.

Voluntary Medical Male Circumcision (VMMC):

- In the past few years, research has proven that this low-cost procedure reduces the risk of female-to-male transmission by more than 60 percent—and the benefit is life-long.
- PEPFAR is leading the world in support for a rapid expansion of voluntary medical male circumcision. The United States has supported over one million male circumcisions for HIV prevention in recent years.
- Building on this, over the next two years, PEPFAR will support more than 4.7 million voluntary medical male circumcisions in Eastern and Southern Africa.

Prevention for key populations:

- HIV prevention for PLWH integrated into routine care is a core component of a comprehensive and integrated strategy. PEPFAR follows guidelines issued by WHO on prevention interventions for PLWH in both clinic and community settings.
- Prevention interventions with PLWH, including those in sero-discordant couples, include both behavioral and biomedical interventions aimed at reducing morbidity and mortality and reducing the risk of transmission to HIV-negative partners and infants.
- There is substantial evidence for the effectiveness of a core set of interventions for most-at-risk populations (MARPs). These groups include people engaged in prostitution, men who have sex with men and people who inject drugs. The latter two populations are the focus of prevention guidance documents, which are guiding expansion of interventions adapted for different sub-groups especially vulnerable to HIV. This emphasis is especially important in countries with MARPs-driven epidemics, where the interventions will have the greatest epidemiologic impact.
- The package of prevention services includes: risk reduction, including partner reduction; counseling; condoms and related services; HIV and STI screening and treatment; HIV care and treatment; and comprehensive services for people who inject drugs.
- MARPs often engage in behaviors that are criminalized and stigmatized, creating barriers to accessing HIV prevention, care, and treatment services. The ability of HIV prevention programs to make a real and lasting impact in preventing the spread of HIV is heavily determined by the broader social environment in which these services are implemented.

Overarching considerations and building the knowledge base:

- Based on country circumstances, PEPFAR's prevention efforts address such issues as sexual behavior change, youth prevention, structural factors such as laws and gender-based violence, blood and injection safety, and diagnosis and treatment of other sexually transmitted infections. In general, interventions are accompanied by efforts to influence behavior to create demand and support adherence and aftercare through education, ensuring that the tools are fully utilized.
- To continue to expand its life-saving impact, it is important to increase the knowledge base around combination prevention as quickly as possible. In 2011, PEPFAR invested in a new initiative to examine the effectiveness of combination approaches. The data gathered will help the U.S. government and partner countries to strengthen their efforts to prevent new infections and save lives.