

Key themes of the 2009 AIDS Epidemic Update

- ⦿ AIDS continues to be a major global health priority
- ⦿ There is geographic variation between and within countries and regions
- ⦿ The epidemic is evolving
- ⦿ There is evidence of successes in HIV prevention
- ⦿ Improved access to treatment is having an impact
- ⦿ There is increased evidence of risk among key populations

Limitations report

- ✘ The report signals regional and national trends. For an in-depth country analysis, one should refer to country reports, in particular the report “*HIV Prevention Response and modes of Transmission Analysis*”








- ✘ Given the limited scope of the report, it addresses new and recommended ways of prevention, i.e. addressing multiple concurrent partnerships and Male Circumcision, only in very limited ways.
- ✘ Sidibé in his statement at the launch of the report, makes a call “to take AIDS out of isolation”. The evidence provided of the positive effect of integrating AIDS in other health and social services is limited.
- ✘ Although sexual and physical violence is mentioned as a key determinant for the severe epidemic in several African countries, little reference is made to the relationship between conflict and post-conflict settings and HIV and AIDS.
- ✘ The focus is on the *drivers of the epidemic* and not on the *individual's sexual drives* (in particular relevant to explaining why people engage in multiple concurrent partnerships).


Why important to look at the recent data?

AIDS strategies should be grounded on understanding of national epidemics and national responses >> Here often a gap exists:

Globally:






-  *Gap 1:* failure to prioritise focused HIV prevention programmes for key populations: level of resources directed to these groups typically quite low, even in concentrated epidemics...

-  *Gap 2:* in basic prevention approaches in hyperendemic settings (SubS Africa):
 -  i. Few prevention programmes specifically focused on older heterosexual couples and
 -  ii. On sero-discordant couples; as well as
 -  iii. Failure of programmes focusing on youth to address intergenerational partnerships

















-  *Gap 3:* shortage of programmes specifically designed for PLHIV (and the meaningful involvement of PLHIV therein)

UNAIDS: “LOOK DEEPER AT EPIDEMICS - MAKE SURE THAT PREVENTION MESSAGING IS NOT DILUTED BY LABELLING ALL AT EQUAL RISK OR LOW RISK”

Gaps applicable to epidemics in Sub-Saharan Africa

-  *Gap 1:* failure to prioritise focused HIV prevention programmes for key populations: level of resources directed to these groups typically quite low, even in concentrated epidemics...
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Determinants of epidemic in Sub-Saharan Africa mentioned in the report

-  *Gender*
-  *Region*
-  *ART*
-  *Sexual and physical violence*
-  *Knowledge of HIV serostatus: testing*
-  *Key drivers (populations)*
-  *Comprehensive HIV-related knowledge*
-  *Condom use*
-  *Age of sexual debut (often associated with low condom use)*
-  *Circumcision of males*
-  *Treatment of STIs*
-  *Alcohol abuse*
-  *Stigma & discrimination*
-  *Policies and laws*
-  *Mother to child transmission*
-  *Migration*

Determinants of epidemic in Sub-Saharan Africa:

What's new? ..or rather: What deserves attention?





- ⦿ Key drivers (populations): proportion of new infections among **people in so-called 'low-risk' partnerships** is often high (evidence from Kenya, Uganda, Swaziland, Lesotho, Ghana):
 - > Heterosexual sex: adults, married couples and people in long-term steady relationships within a union or regular partnership
 - > Serodiscordant monogamous relationships
 - > Inter-generational sexual partnerships (important role in young women's disproportionate risk of HIV infection)

- à **High-risk groups:** notable new infections occurring among key populations
 - > Sex work: new infections attributable to sex work may have declined (given the epidemic of S-S Africa has matured), sex work continues to play a notable role in many national epidemics (Ghana, Kenya, Uganda, Rwanda)
 - > MSM; in many countries, prevalence among MSM substantially higher than in the general male population (Mombasa, Kenya; Soweto, South Africa; Malawi, Namibia, Botswana)
 - > IDUs: South Africa, Kenya (localised)

- ⦿ **Circumcision of males** (more than 80% of Kenyan males (aged 15-64) outside Nyanza province circumcised in Kenya): Male Circumcision as way of preventing HIV acquisition in men

Determinants of epidemic in Sub-Saharan Africa: *What's new? ..or rather: What deserves attention?*

Recommendations UNAIDS applicable to Sub-Saharan Africa:

-  *Better understanding of populations at higher risk*
-  *Address contextual factors: power differentials, cultural expectations, gender, etc*
-  *Address high-burden areas as a priority: e.g. urban focused programmes*
-  *HIV prevention programmes need to be reshaped: based on findings of modes of transmission*