World AIDS Day 2022: *Equalize*

Gender-based challenges to HIV prevention

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EQUALIZE

World AIDS Day. 1 December, 2022

Mount Saint Vincent University

WORLD AIDS DAY 2022 THEME: EQUALIZE

BY THE NUMBERS

Regional HIV and AIDS statistics and features | 2021

	Adults and children living with HIV	Adults and children newly infected with HIV	Adult and child deaths due to AIDS
Eastern and southern Africa	20.6 million [18.9 million–23.0 million]	670 000 [530 000–900 000]	280 000 [230 000–360 000]
Western and central Africa	5.0 million [4.5 million–5.6 million]	190 000 [140 000–270 000]	140 000 [99 000–210 000]
Middle East and North Africa	180 000 [150 000–210 000]	14 000 [11 000–38 000]	5100 [3900–6900]
Asia and the Pacific	6.0 million [4.9 million–7.2 million]	260 000 [190 000–360 000]	140 000 [99 000–210 000]
Latin America	2.2 million [1.5 million–2.8 million]	110 000 [68 000–150 000]	29 000 [18 000–42 000]
Caribbean	330 000 [290 000–380 000]	14 000 [9500–18 000]	5700 [4200– 7600]
Eastern Europe and central Asia	1.8 million [1.7 million–2.0 million]	160 000 [130 000–180 000]	44 000 [36 000–53 000]
Western and central Europe and North America	2.3 million [1.9 million–2.6 million]	63 000 [51 000–76 000]	13 000 [9400–16 000]
GLOBAL	38.4 million [33.9 million–43.8 million]	1.5 million [1.1 million–2.0 million]	650 000 [510 000–860 000]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

UNAIDS

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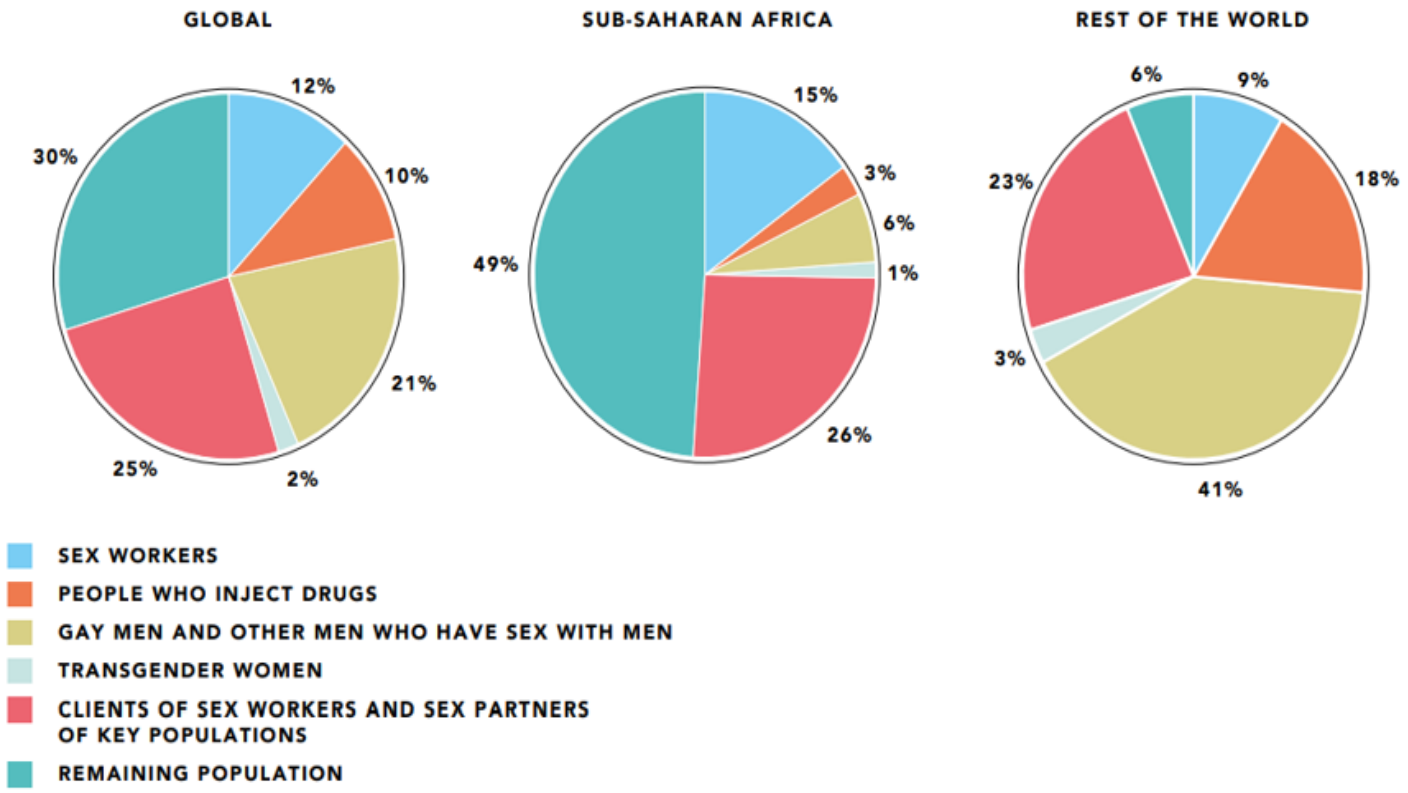
Distribution of acquisition of new HIV infections by population, global, sub-Saharan Africa and rest of the world, 2021



Source: UNAIDS special analysis, 2022 (see Annex on Methods).

Note: Due to variations in the availability of data from one year to the next, we do not provide trends in this distribution. See Annex on Methods for a description of the calculation.

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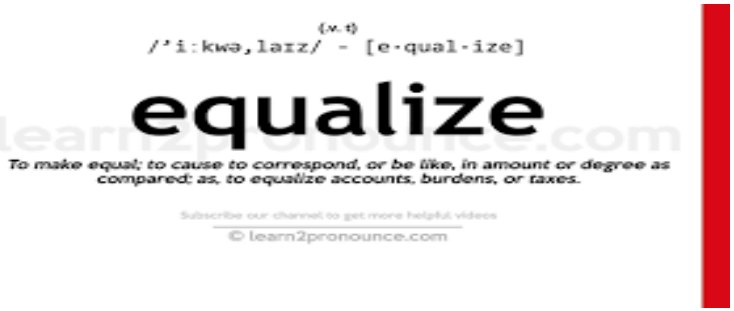
NEW HIV INFECTIONS WORLDWIDE

WHAT DOES EQUALIZE MEAN?



Increase availability, quality and suitability of services, for HIV treatment, testing and prevention, so that everyone is well-served.

Reform laws, policies and practices to tackle the stigma and exclusion faced by people living with HIV and by key and marginalized populations, so that everyone is shown respect and is welcomed.

Ensure the sharing of technology to enable equal access to the best HIV science, between communities and between the Global South and North.

Communities will be able to make use of and adapt the “Equalize” message to highlight the particular inequalities they face and to press for the actions needed to address them.

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Goal 5: achieve gender equality

Gender inequalities, discrimination, violence and harmful practices negatively affect women, girls, men and boys and increase the risk of HIV infection and its impact.

HIV is the leading cause of death among women of reproductive age (15–44 years old).

Women living with HIV often face increased violence. Stigma and discrimination against women who inject drugs, as well as gender-based violence and abuse, increases their risk of contracting HIV, tuberculosis, viral hepatitis and sexually transmitted infections.

Gender-transformative HIV programs that engage men can reduce violence and empower women, while integration of rights-based services for HIV and sexual and reproductive health increases service uptake and impact.

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Gender-based violence is a global epidemic and one in three women worldwide has experienced physical and/or sexual violence by an intimate partner, or non-partner sexual violence, in her life.

Studies have shown that, in some regions, women who experienced physical or sexual intimate partner violence were 1.5 times more likely to acquire HIV.

Among women living with HIV, intimate partner violence can lead to lower antiretroviral therapy use and adherence to HIV treatment, and higher viral loads.

UNAIDS

PRESS STATEMENT

New global pledge to end all inequalities faced by communities and people affected by HIV towards ending AIDS

World leaders agree to reduce the annual number of new HIV infections to under 370 000 and AIDS-related deaths to 250 000, eliminate new HIV infections among children, end paediatric AIDS and eliminate all forms of HIV-related discrimination by 2025. They also committed to providing life-saving HIV treatment to 34 million people by 2025.

The revised UNAIDS political declaration calls on countries to:

1.provide effective HIV combination prevention options to 95% of all people at risk of acquiring HIV;
2. get 95% of people living with HIV aware of their HIV status; get 95% of people who know their status to be on HIV treatment;
3. and for 95% of people on HIV treatment to be virally suppressed.

If the global community works together and reaches theses targets, 3.6 million new HIV-infections and 1.7 million AIDS-related deaths will be prevented by 2030.

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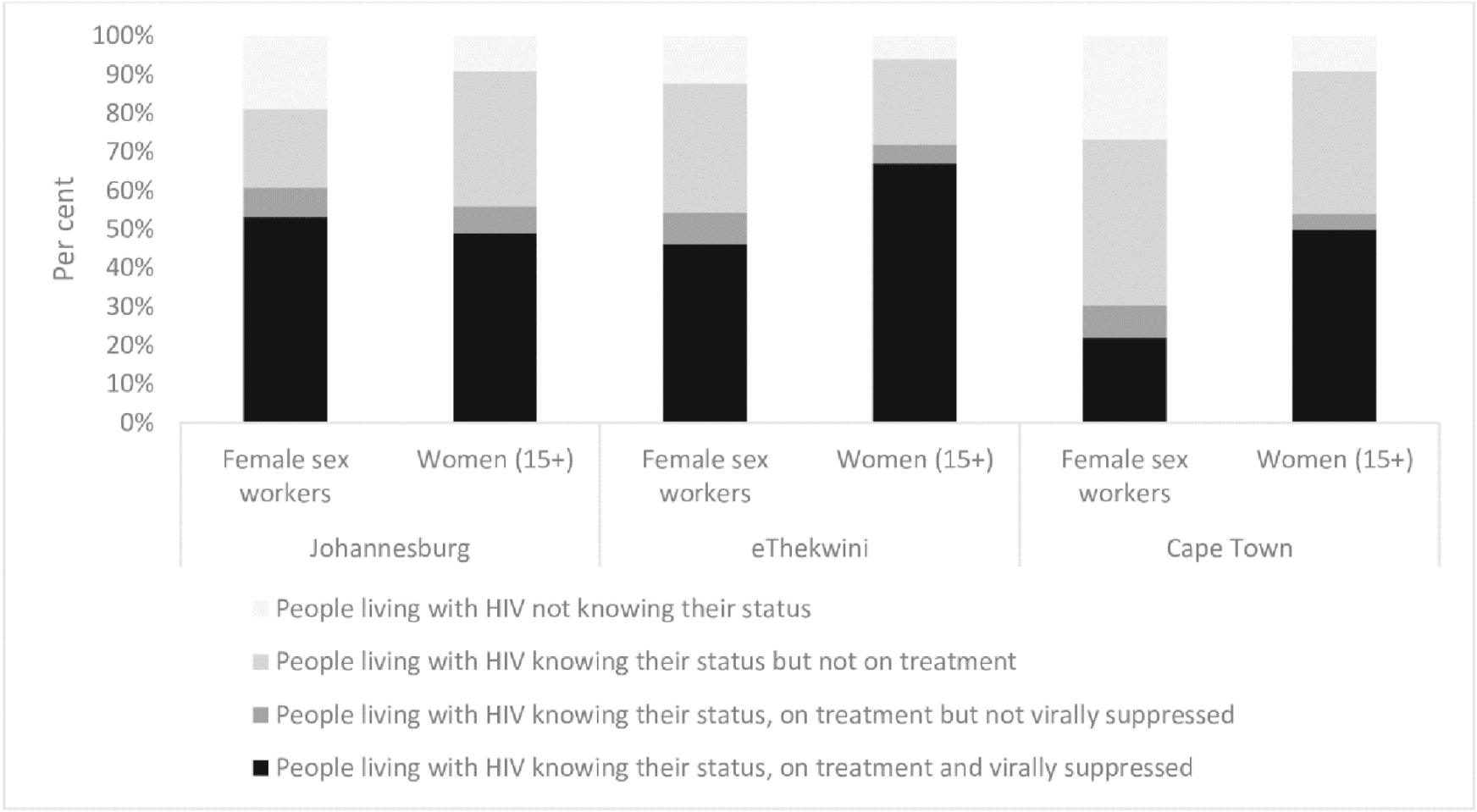
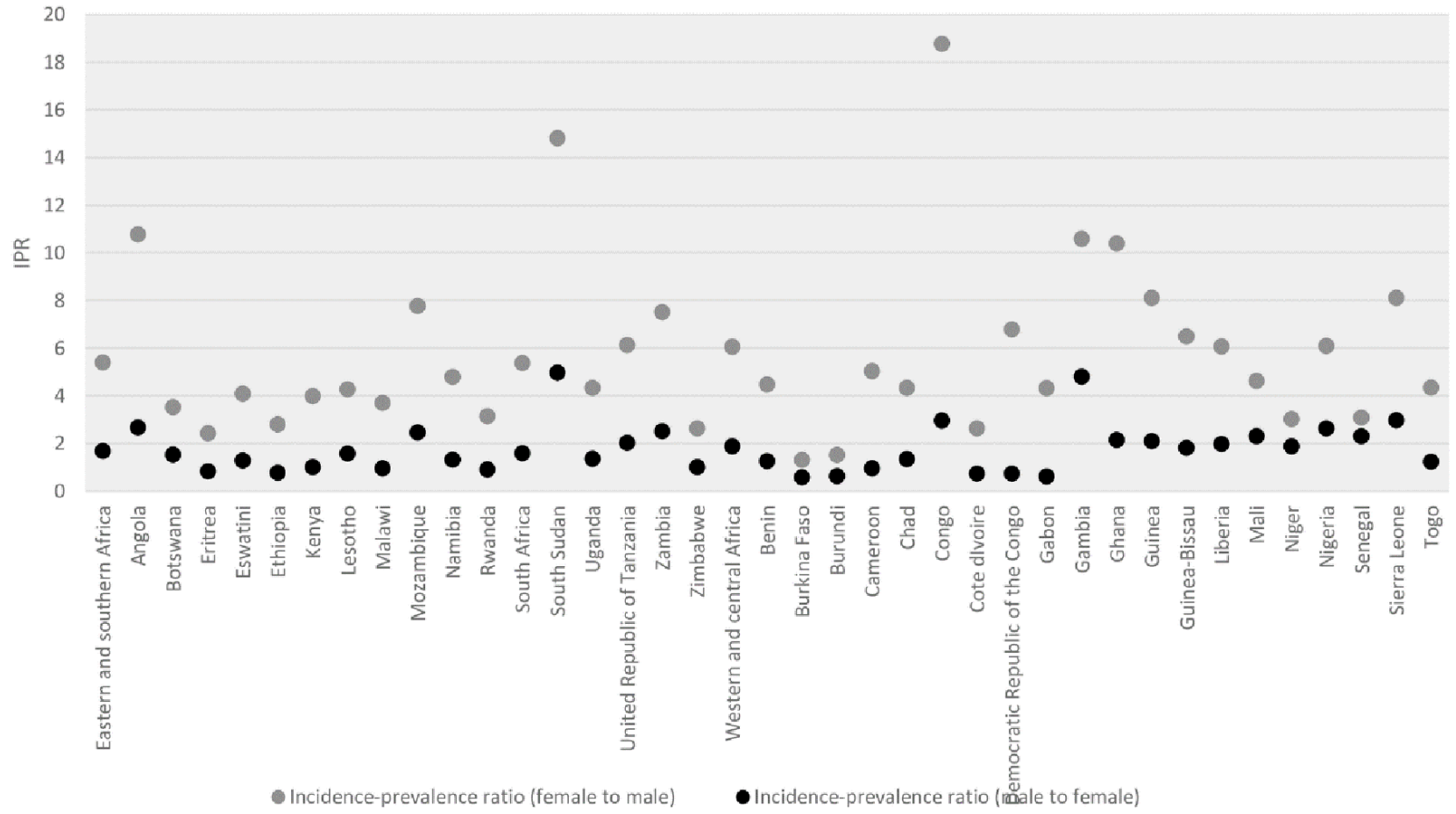
Other gender-based key determinants of health impact on prevention efforts



Cross-sex incidence-prevalence ratios in countries in sub-Saharan Africa, 2020.



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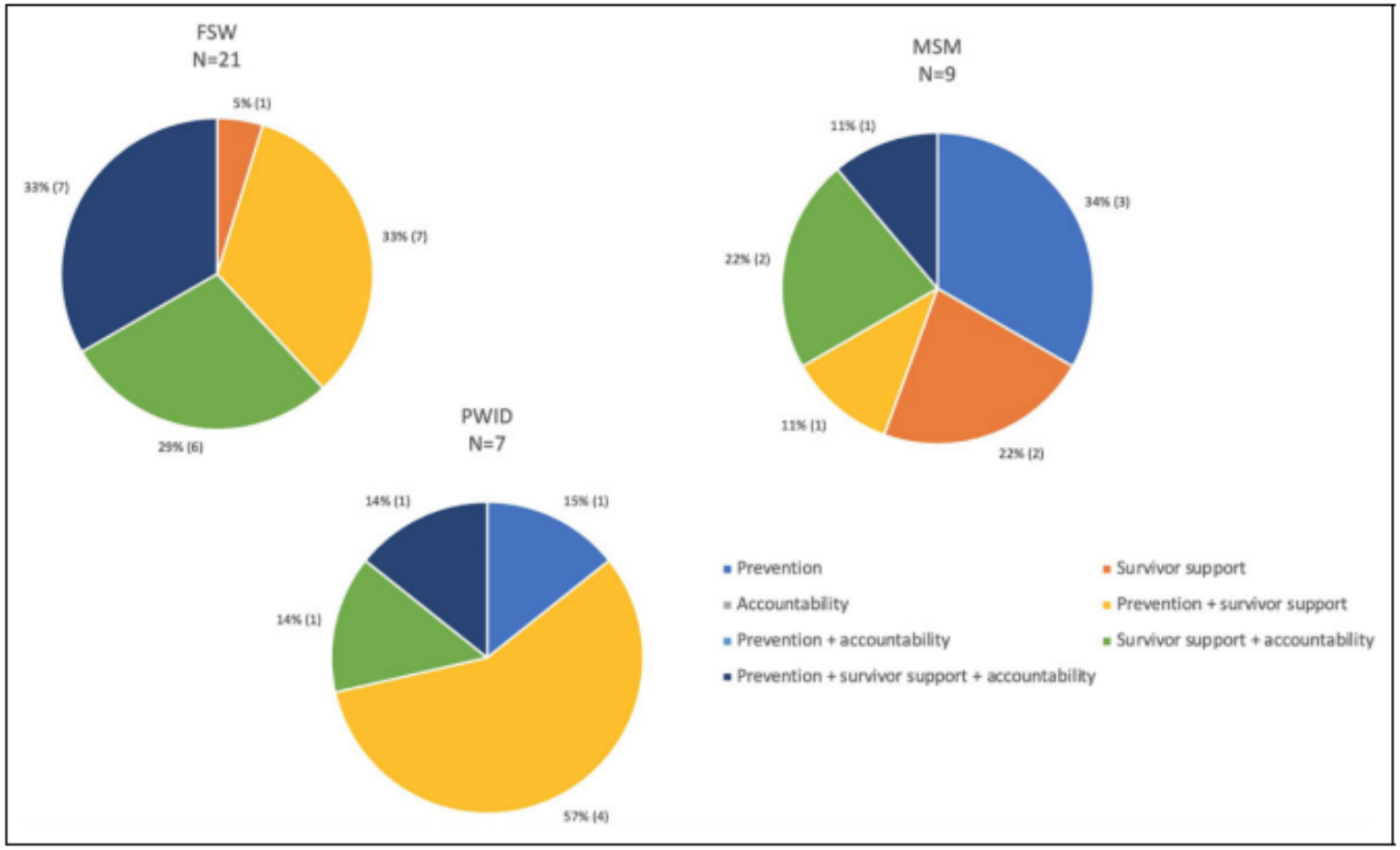

Figure 2. Violence-related interventions for key populations: Extent of focus on violence prevention, survivor support and accountability.

Table 4. Evidence Quality Assessment [a] by Type of Intervention for Key Populations.

Intervention Type	FSW	PWID	MSM
GBV prevention in the context of health promotion (substance use and STI/HIV harm reduction)			
Safety skills integrated with STI/HIV risk reduction	Strong evidence	Strong evidence	Promising practices
Brief alcohol intervention	Strong evidence		
Supervised injection facilities		Promising practice	
GBV prevention, response, and accountability through community mobilization, rights promotion, and social norms change			
Multisectoral programming blending peer education/outreach, antiviolence advocacy, and community mobilization	Emerging evidence		Promising practice
School-based antibullying/harassment programs			Emerging evidence
GBV prevention, response, and accountability through victim identification, care, support, and harm reduction			
GBV screening and referral	Promising practice		Promising practice
Rapid, crisis response and violence-related support	Promising practice		Promising practice
Mobile, street-based safe space and harm reduction	Promising practice	Promising practice	

Note. FSW = Female sex workers; PWID = people who inject drugs; MSM = men who have sex with men; GVB = gender-based violence; STI = sexually transmitted infection; RCT = randomized clinical trial.

[a] Evidence classification adapted from World Health Organization: Strong evidence (≥1 RCT); emerging evidence (quasi-experimental evidence with baseline or control group); promising practice (noninferiority results of trials, case reports, and other nonexperimental designs).

IMPLICATIONS

Table 5. Implications of Findings for Practice, Policy, and Research..

Finding	Implication
Practice	
• Interventions to prevent and respond to GBV are rapidly developing for the key populations most affected by violence. • Evidence was strongest for approaches that integrated violence prevention within health promotion. • The interventions reviewed were rooted in a rights promotion lens as well as approaches to addressing GBV in general populations. • Peer educators are an important point of contact for survivors of violence accessing interventions and seeking to disclose or report experiences of violence. • Norms change, reduction of stigma, and empowerment were important mechanisms for change across interventions.	• Violence prevention and response is a high priority for HIV key populations. • Efforts to integrate violence prevention and response are valuable; recent policy tools, for example, the WHO guidelines on addressing violence in the health sector, can guide implementation. • The human rights lens can work synergistically with core concepts in violence prevention and response to meet the unique needs of key populations. • Efforts should continue to integrate and center collaboration with embedded community partnerships and build on peer educator infrastructure to improve reach and promote trust among key populations.
Policy	
• Few interventions were identified that address access to justice.	• Meaningful access to justice following GBV is an unmet intervention area and a highly relevant one for key populations who suffer marginalization and exclusion and harassment from justice systems.
Research	
• The evidence base on effective interventions can be characterized as emergent. Few RCTs were identified and outcomes varied widely across studies.	• High-quality, rigorous research is needed to advance the evidence base on what works to prevent and respond to violence within and across key populations.

Note. GVB = Gender-based violence; WHO = World Health Organization; RCT = randomized clinical trial.

- Violence prevention and response interventions for FSW, PWID, and MSM span individual, community, and multisectoral levels with the evidence of promising practices at each level.
- Peer educators played an important role in both outreach and the delivery of interventions among all three key populations.
- GBV interventions for HIV key populations were rooted in the rights promotion that is a hallmark of HIV key population advocacy efforts as well as core concepts in violence prevention and response.
- The strongest evidence supported addressing violence in the context of STI/HIV risk reduction.
- The evidence base on effective violence prevention and response interventions for FSW, PWID, and MSM is limited.
- The next wave of intervention innovation and evaluation wave must clarify intervention impact on GBV prevention and response outcomes as well as health goals including HIV prevention and treatment.

Note. FSW = Female sex workers; PWID = people who inject drugs; MSM = men who have sex with men; GBV = gender-based violence; STI = sexually transmitted infection.

WOMEN AND HIV PREVENTION IN CANADA

Implications for Research, Policy, and Practice

Edited by Jacqueline Gahagan

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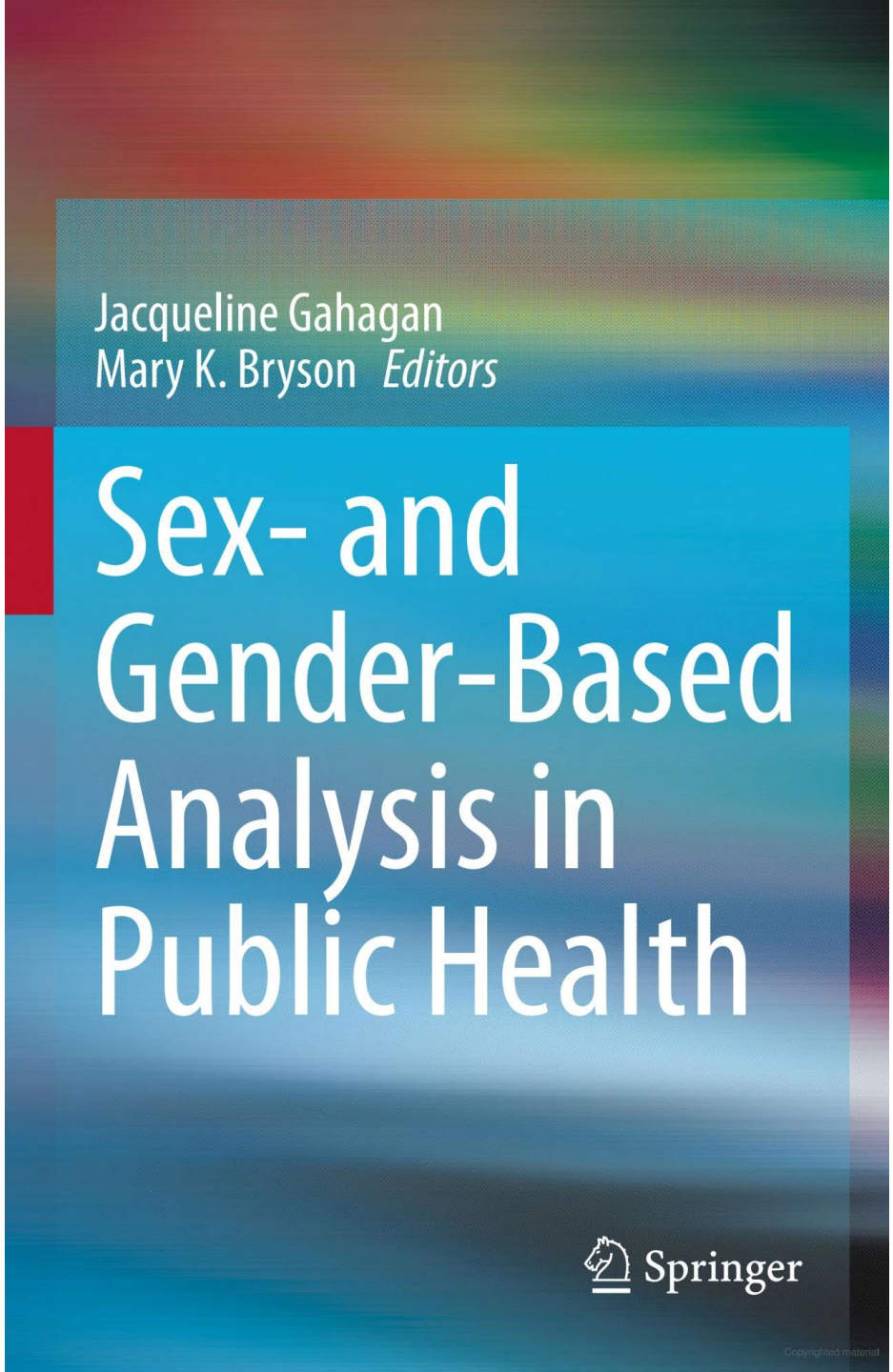
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Thank you!

FOR MORE INFORMATION:

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