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Preventing HIV Transmission in Intimate Partner Relationships

Evidence, strategies and approaches for
addressing concentrated HIV epidemics in Asia

Executive Summary



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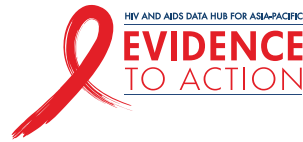
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Cover photo: Husband and wife both living with HIV, Thái Nguyên Province, Viet Nam, 2010.
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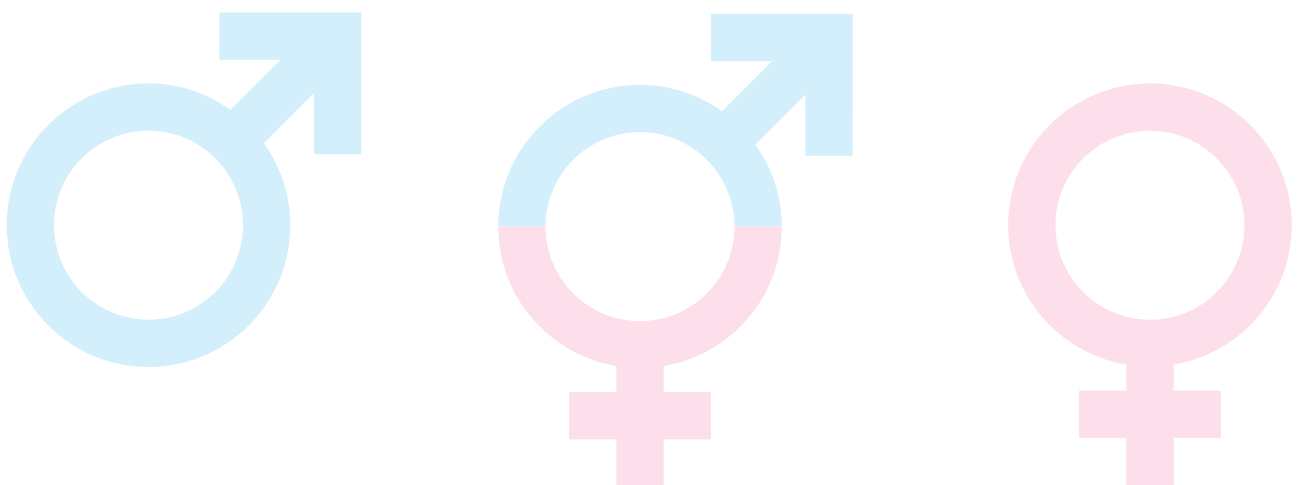


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Why prevention of intimate partner transmission of HIV matters in Asia

High levels of intimate partner transmission of HIV are characteristic of long-running, concentrated epidemics in Asia. Although data shows substantial male-to-female intimate partner transmission rates in Asian countries with mature epidemics, there is also some evidence of HIV transmission from women to their intimate male partners. Yet few HIV prevention programmes with key populations (people who inject drugs, sex workers and their clients, men who have sex with men, and transgender people) integrate or include components to address this issue; fewer still have an explicit focus on intimate partner transmission. Prevention programmes that focus on serodiscordant couples (intimate relationships in which one partner is living with HIV and the other is not) also remain significantly underdeveloped in several countries.

This report provides policymakers and programmers with a framework of five strategies and associated recommendations for preventing intimate partner transmission of HIV in Asian settings, where new infections are concentrated in key populations and their intimate sexual partners.

The evidence base for intimate partner transmission of HIV

Surveillance data shows that in several of Asia's concentrated epidemics, the contribution of intimate partner transmission to the number of new adult HIV infections is significant. This includes Cambodia, China, India, Indonesia, Myanmar, Thailand and Viet Nam. Data also indicates that the majority of men living with HIV belong, or once belonged, to a key population group. Consequently, a significant number of women become infected as a result of their sexual relationships with men who are, or once were, engaged in high-risk behaviours. This calls for greater attention and investment in prevention programmes regarding men from key populations and their intimate partners. It also underscores the need for prevention interventions with serodiscordant couples.

HIV risk and vulnerability in intimate partner relationships in Asia

Key populations and people living with HIV can experience different types of intimate relationships – both same-sex and heterosexual – including but not limited to marriage, casual dating, and monogamous and non-monogamous intimacy. To date, regional efforts to address intimate partner transmission of HIV have focused on the vulnerabilities of female partners of men with high-risk behaviours. This review gives greater attention to the interplay of factors that affect sexual behaviour and decision-making among key populations and people living with HIV who know their status, including how they negotiate safer sex and contraceptive choices with their intimate partners. The result is a more comprehensive understanding of HIV risk and vulnerability in intimate partner relationships, providing the basis for more effective rights-based programming.

Why a combination prevention approach is needed

Based on the evidence reviewed, the most effective way to prevent intimate partner transmission of HIV in Asia is to adopt a 'combination prevention' approach. This involves the coordinated use of different types of HIV prevention activities that operate on many levels (i.e. behavioural, social, structural) to address HIV risk and vulnerability among men and women in their intimate partner relationships. Adopting this framework does not require a significant reorientation of existing approaches and resources. Nor does it require large-scale changes to national HIV programmes. UNDP and UNICEF instead encourage policymakers and programmers to reach out to the intimate partners of key populations and people living with HIV within their existing HIV prevention and treatment efforts.

Five high-impact strategies for reducing and preventing intimate partner transmission of HIV

HIV prevention efforts need to target investments in the right places. Based on the regional context, this review identifies five strategies to reduce and prevent intimate partner transmission of HIV that could have the greatest impact with limited resources.

STRATEGY 1: Ensure existing primary HIV prevention efforts with key populations also reach out to their intimate partners with information, referrals and services.

STRATEGY 2: Ensure that services that integrate HIV and sexual and reproductive health and rights (SRHR) reach both key populations and their intimate partners, building on existing HIV and SRHR programming.

STRATEGY 3: Use new, proven biomedical interventions (such as antiretroviral-related prevention) to prevent HIV transmission from HIV-positive individuals to their intimate partners.

STRATEGY 4: Increase the involvement of male intimate partners in integrated antenatal care (ANC), maternal and child health (MCH), and prevention of mother-to-child transmission of HIV (PMTCT) services.

STRATEGY 5: Reform laws and policies that hinder efforts to reach the intimate partners of key populations and people living with HIV with information and services.

GENDER EQUALITY AND HUMAN RIGHTS AS A CROSS-CUTTING APPROACH:

A gender equality and rights-based approach requires that interventions to prevent intimate partner transmission of HIV are implemented in a way that fosters human rights protection, reduces stigma and discrimination, and encourages the engagement of adult and adolescent key populations and people living with HIV.

Recommendations to policymakers, programmers and practitioners

For policymakers:



1 Provide the policy mandate and steer the national programme towards systems to strengthen data collection, triangulation and synthesis related to intimate partner transmission of HIV. These efforts can be supported by adopting a consistent national definition of intimate partner relationships which is integrated in data collection tools, by strengthening age and gender disaggregation of data on key populations, and through operational research on sexual risk behaviour and sexual decision-making among key populations and serodiscordant couples.



2 Include strategies to prevent intimate partner transmission of HIV in national HIV plans and funding applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria. This includes greater allocation of resources in national action plans and sectoral budgets and Global Fund programmes to interventions that reach out to the intimate partners of key populations and people living with HIV.



3 Harmonize national sexual and reproductive health (SRH) and HIV/sexually transmitted infection strategies and related health institutions, in order to expand outreach and coverage of services to key populations, people living with HIV, and their intimate partners.



4 Use national gender equality policies and plans of action to address the factors that increase HIV risk and vulnerability in intimate partner relationships. National gender equality action plans and policies can be entry points for identifying specific measures and resources to eliminate gender inequalities and gender-based abuse/violence experienced by male, female and transgender populations and by men, women, girls and boys living with HIV.



5 Review and reform laws and policies that hinder efforts to reach the intimate partners of key populations and people living with HIV with information and services. This includes reforming laws that criminalize the conduct of key populations and people living with HIV, and that require marriage or spousal consent to access HIV, SRHR and other related services. It can also mean the review and revision of consent policies to reduce age-related barriers to HIV and SRHR services and to empower providers to act in the best interest of adolescents.

For programmers and practitioners:



1 Strengthen data collection and strategic information as it relates to HIV risk and vulnerability in the context of intimate partner relationships, and use this to develop evidence-based interventions to prevent intimate partner transmission of HIV.

This is relevant for those developing and implementing programmes at national, sub-national and community levels and may require additional data collection, further analysis of pre-existing data, operational research, or triangulation of information from studies and programmes with key populations and people living with HIV. This recommendation is also relevant to policymakers.



2 Expand HIV prevention strategies with key populations to include components to reach their intimate partners with information, referrals and services. This includes greater attention and allocation of resources to programmes that promote male responsibility for HIV prevention, empower women from key populations to protect themselves and their sexual partners, and extend service outreach to intimate partners.



3 Create demand as well as flexible delivery and supply for HIV/SRHR integrated services among adult and adolescent key populations and serodiscordant couples.

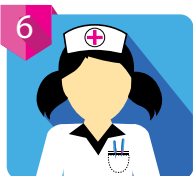
Efforts should start with the integration of services (e.g. access to contraception, safe abortion and family planning) that are priorities for the community and relatively easy to implement, building on what already exists in terms of HIV and SRHR programming.



4 Train and sensitize health care workers to ensure that they have the skills and understanding to provide age and gender-appropriate services to key populations and people living with HIV as well as to their intimate partners, based on all persons' right to health, confidentiality and non-discrimination.



5 Work with communities and service providers to identify and overcome barriers to the access and utilization of ANC/MCH and PMTCT services among women from key populations and their intimate partners.



Expand access to couples HIV testing and counselling and to antiretroviral treatment for women and their intimate partners in ANC and MCH clinics.



Scale-up initiatives that increase male involvement in HIV testing during ANC and improve male participation in couples HIV testing and counselling.



Implement biomedical interventions, including ARV-related prevention, to prevent HIV transmission from HIV-positive individuals to their intimate partners.

Countries should refer to the most recent technical guidance from the World Health Organization. At the time of publication, this includes recommendations on ARV-related prevention contained in WHO's *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* (August 2014). Such approaches must be underpinned by the principles of Positive Health, Dignity and Prevention. Accordingly, national protocols on ARV-related prevention should uphold principles related to the dignity and agency of people living with HIV to participate in the design and implementation of programmes and to make informed decisions about their health and lives.



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