HANDS UP FOR HIV PREVENTION

MULTISECTORAL RESPONSE (MR)

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THE Prevention Gap Report 2016 by the UNAIDS shows a decline in new HIV infections among adults as an estimated 1.9 million became infected with HIV every year during the past five years and rising in some regions.

Eastern and Southern Africa has only 6.2% of the world’s populations but is home to half of the world’s total number of people who are living with HIV (PLHIV). The UNAIDS report also shows that HIV prevention efforts must be reinvigorated if the world is to stay on the Fast-Track to Ending the AIDS epidemic by 2030.

For this reason, ‘HANDS UP FOR #HIVprevention’ has been chosen as the global theme for the 2016 World AIDS Campaign / World AIDS Day campaign.

This will explore different aspects of HIV prevention and how they relate to specific groups such as adolescent girls and young women, men, key populations and PLHIV.

For Swaziland, which carries the unenviable title of having the world’s highest HIV prevalence, (now estimated to be 27.7% of those 15-49 years), the ‘HANDS UP FOR #HIVprevention’ campaign will serve to remind us all that the drive to END AIDS by 2022 cannot afford to neglect prevention issues.

Therefore, in the next couple of weeks, the Multisectoral Response will talk to the country’s prevention targets as a way to provide an update of where we are, what needs to be done, and allow each one of us to identify their role in order to contribute to the national prevention target of zero new infections. For that reason, today we strive to provide a picture of the country’s HIV prevention targets.

Prevention of new HIV infections in Swaziland

HIV prevention programmes are interventions or services that aim to halt the transmission of HIV to an uninfected person and are implemented by all sectors of government at all levels of the community. Prevention of new HIV infections is a strategy that uses multiple approaches to reduce the number of new HIV infections. It is a comprehensive approach that includes strategies to reduce transmission of HIV through sexual and other routes of transmission. Prevention of new HIV infections includes strategies to reduce the number of new HIV infections among adults as an estimated 1.9 million became infected with HIV every year during the past five years and rising in some regions.

The selection and implementation of core priorities for the Prevention Gap Report 2016 by the UNAIDS shows a decline in new HIV infections among adults as an estimated 1.9 million became infected with HIV every year during the past five years and rising in some regions.

The selection and implementation of core programmes is therefore guided by the “combination strategy” model as key approaches interact to achieve the extended National Strategic Framework (eNSF) objectives of reducing the number of new infections as well as AIDS-related mortality. In line with the combination prevention strategy, all responsibility efforts in the country rely on the concurrent use of complementary behavioural, biomedical, and structural programmes aimed at reducing the risk of HIV transmission. For the objectives of the eNSF to be achieved, structural issues have to be addressed since the country’s epidemic spreads along socio-economic development fault lines such as poverty, gender inequality, unemployment, and lack of adequate social protection among others which are both determinants and consequence of transmission in all aspects. Gender and human rights dimensions are mainstreamed as critical enablers. To support this agenda, eNSF prevention strategies have to employ community-centered approaches in which communities are actively and continuously involved in programme planning, implementation and monitoring and evaluation.

The under listed are the country’s nine priority prevention programmes:

1. HIV Testing and Counselling (HTC) also known as knowing your HIV status is a critical entry point for all core HIV services in the country. HTC enables individuals to access male circumcision (MC), post-exposure prophylaxis (PEP), prevention of mother to child transmission (PMTCT), HIV treatment (ART), TB/HIV and control and treatment of sexually transmitted infections (STIs).

2. Voluntary Medical Male Circumcision (VMMC) reduces the chances of contracting HIV for the uninfected male by as much as 60%. In 2013, the country had 45 facilities providing VMMC for HIV prevention and current services have been integrated into a majority of public hospitals and health centres. NGOs supported HIV prevention and treatment services by key populations at higher risk of HIV infections. Key populations are vital groups for HIV prevention efforts, not only because of their own heightened risk of acquisition as a result of their unique biological, behavioral and structural factors but also because of the risks of HIV transmission to members of their social networks.

3. Preventive Antiretroviral Therapy (Pre-ART) is provided as a comprehensive package of care meant to delay progression of HIV infection to AIDS stage, prevent and manage common opportunistic infections and ensure early initiation of ART. The comprehensive Pre-ART package comprises of routine monitoring of CD4 count, screening and management of opportunistic infections (OIs), provision of cotrimoxazole and isoniazid prophylaxis, health education, weight and nutrition management and psychological support in preparation for enrollment on ART, and TB infection control.

4. Antiretroviral Therapy for PLHIV (ART) aims to improve the quality of life of PLHIV through treatment and strengthen treatment as prevention. The comprehensive package is provided for free to patients includes: HIV diagnosis, prevention and treatment of opportunistic infections (including the management of TB and HIV co-infection), sexually transmitted infections, on-going counseling, palliative care, and provision of antiretroviral medicines coupled with health and nutrition education, and the promotion of health, dignity and prevention (PHDP).

5. TB/HIV Co-infection aims to prevent TB deaths amongst PLHIV. A significant proportion of PLHIV are also infected with TB and are thus at a high risk of developing TB. In 2014, the estimated incidence of HIV-positive TB cases was 1 038 per 100,000 populations in Swaziland. HTC uptake by TB patients has been increasing.