



**CALL FOR  
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A SPECIAL ISSUE  
OF AFRICAN  
JOURNAL OF  
AIDS RESEARCH**

**FAST TRACKING  
THE HIV  
PREVENTION  
RESPONSE IN THE NEW  
HEALTH AND DEVELOPMENT  
AGENDA**

AFRICAN JOURNAL OF AIDS RESEARCH ON HIV PREVENTION SPECIAL ISSUE

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# FAST TRACKING THE HIV PREVENTION RESPONSE IN THE NEW HEALTH AND DEVELOPMENT AGENDA

**After more than a decade of the global response to AIDS, we have reached a decisive juncture in the AIDS response, both in terms of its immediate path and the sustainability of the response. The moment is further amplified by a substantial shift on globalized discourses on health and development within the ambit of the post- 2015 framework.<sup>1</sup>**

While new HIV infections have fallen by 35% since 2000; worldwide, 2 million [1.9 million–2.2 million] people became newly infected with HIV in 2014. In 2014,<sup>2</sup> The Joint United Nations Programme on HIV/AIDS (UNAIDS) released the GAP report that estimated HIV prevalence to be 28 times higher among people who inject drugs, 12 times higher among sex workers, 19 times higher among gay men and other men who have sex with men and up to 49 times higher among transgender women than among the rest of the adult population.<sup>3</sup> Adolescent girls and young women account for one in four new HIV infections in sub-Saharan Africa.<sup>4</sup> The need to change the pace of our response is contained in the UNAIDS Fast-Track Strategy to end the epidemic by 2030.

The strategy sets out to achieve zero discrimination, minimize the number of new infections and to have more people on life-prolonging treatment. The Fast-Track Targets for recommended HIV prevention include very high levels of coverage for programmes

that promote correct and consistent condom use that will be needed in all types of epidemics. In high-prevalence settings, more people will need to be reached by mass media and face-to-face meetings that encourage sexual risk reduction.

In settings with very high HIV prevalence, such as Eastern and Southern Africa (ESA), new evidence suggests that programming cash transfers for girls need to be introduced and substantially scaled up. To achieve ambitious targets set in the Fast-Track Strategy, preventing new HIV infections is important because key successes in the prevention response will broader on universal health coverage.

The unfolding of the post 2015 framework comes at a time when we have seen rapid advances in the scientific response on HIV prevention. The response has expanded from bio-medical discovery to include implementation, effectiveness and, more recently, the efficacy of combination prevention (biomedical, structural and behavioral) methods. In this regard, there are a growing number of behavioural and biomedical HIV prevention strategies which appear promising in providing some protection against infection, and the efficacy of several is supported by randomized controlled trials (RCTs). This means that no single, stand-alone prevention intervention can be effective, especially since combinations packages need to be suitable for specific populations and environmental conditions. However, the 'proof of

1 Piot P et al (2015). UNAIDS Commission on HIV/AIDS. The UNAIDS-Lancet Commission: Defeating AIDS—Nadvancing global health. *Lancet* 386: 171–218.

2 <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet>

3 <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/july/20140716prgareport>

4 [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf)

5 [http://www.unaids.org/sites/default/files/media\\_asset/JC2686\\_WAD2014report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf)

6 Karim QA, Karim SS, Frohlich JA, et al. (2010). Effectiveness and safety of tenofovir gel, an antiretroviral microbicide, for the prevention of HIV infection in women. *Science*. 329(5996):1168–74

7 Ho et al (Eds). (2013). State of the art HIV prevention. *J Acquir Immune Defic Syndr* 2013;63:S115–S116

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concept' studies need to be supported by more programmatic implementations in the 'real world' context. In addition, the concept of expanding ART coverage and access as a HIV prevention intervention at population level (based on HIV Prevention Trials Network, HPTN 052 study)<sup>8</sup> has provided enormous potential in reducing HIV transmission and morbidity and mortality associated with HIV/AIDS. However TasP requires large financial investments and poses significant implementation challenges.<sup>9</sup> More problematic, is the fact that such a response is driven by a classical bio-medical perspective that HIV treatment is a panacea for the disease.

Basic HIV prevention programme activities cannot stand alone. Complementary strategies are needed to increase the effect of basic programme activities. Social stigma, poor health literacy, and a punitive legal environment hinder implementation of basic HIV/AIDS interventions and adversely affect programme priorities by stifling the adoption of evidence based policies and best practices.<sup>10</sup> These social/critical enablers tend to be complex interventions and are highly context specific and poorly defined globally.

Social enablers that make environments conducive for HIV/AIDS responses possible and programme enablers are meant to create demand for and, more generally, improved the performance of interventions. These include the translation of programmes and policies to protect the human rights of populations most affected by the HIV epidemic. Most importantly, HIV has

highlighted the importance of the right to participation of those most affected by the epidemic, that is key and vulnerable populations.<sup>11,12</sup> In addition, social enablers include the outreach for HIV/AIDS testing and HIV/AIDS treatment literacy, stigma reduction, advocacy to protect human rights, and monitoring of the equity and quality of programme access and mass communication designed to raise awareness and support change in social norms. Programme level enablers include incentives for programme participation, methods to improve retention of patients on ART, capacity building for development of community-based organisations, strategic planning, communications infrastructure, information dissemination and efforts to improve service integration and linkages from testing to care.

Given the heterogeneity of HIV epidemics in Africa and the contextualized nature of critical enablers, the challenge remains to define social enablers more fully and deepen our understanding of what combinations of strategies work with what groups of people and in what settings for HIV prevention. An equally important issue, is how do we scale-up effective prevention strategies in ways that are seen to be sustainable (i.e. shifting from a short term response to a programmatic and long term response). These issues are central to post-2015 development framework discourse, where HIV prevention has to articulate with broader issues such as sexual and reproductive health and rights, gender, political and social justice issues and the provision of universal health coverage. Further, the HIV prevention agenda will only be successful if it ensures

8 Cohen et al., (2012). HIV treatment as prevention and HPTN 052. *Curr Opin HIV AIDS*. 2012 March ; 7(2): 99-105. doi:10.1097/COH.0b013e32834f5cf2.

9 Wilson et al., (2014). The economics, financing and implementation of HIV treatment as prevention: What will it take to get there? *African Journal of AIDS Research*, 13:2, 109-119, DOI: 10.2989/16085906.2014.943254

10 Bernhard Schwartländer, et al., (2011) Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet* 2011; 377: 2031-41

11 WHO 2014. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations

12 [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf)

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that young women and marginalized populations are central to the configuration of the response. As regards the latter, the emphasis is in articulating interventions through a human rights-based approach: ensuring that those reached are involved in designing and delivering services which will benefit them. That is, interventions are context sensitive and adopt a reflexive type approach to implementation and scale-up (see Giddens, 1994).<sup>13</sup>

## CALL FOR PAPERS FOR A SPECIAL ISSUE OF AFRICAN JOURNAL OF AIDS RESEARCH ON HIV PREVENTION

In 2016, it is envisaged that the new post-2015 development framework will be in its first year of implementation. Given the clarion call for a strong narrative on issues of social transformation to be embedded in the framework, the International AIDS Conference in 2016 presents all stakeholders with a strategic opportunity to debate how the HIV prevention response in the East and Southern African region should be shaped going forward. HEARD, UKZN will seek to partner with UNAIDS, World Bank, Sida/Norad and other relevant multi-laterals to produce a special issue on HIV prevention: **Fast Tracking the HIV Prevention Response in the New Health and Development Agenda in the African Journal of AIDS Research** – co-published by NISC (Pty) Ltd and Routledge, Taylor & Francis Group.

**This initiative aims to bring together leading scientists, public health experts, policy-makers to contribute to specific position papers that will address the following questions:**

- What will be the nature and form of the HIV/AIDS response in the post 2015 SDGs framework?
- How will the AIDS response articulate with issues on SRHR and universal health coverage in the new health agenda?
- What constitutes strategic combinations of HIV prevention interventions to effectively impact on HIV incidence in different populations and geographical locations?
- How can these combination prevention packages interventions be scaled up for broader reach and impact in a manner that is cost effective and sustainable in the long term?
- What the potential effectiveness of financing and implementing Treatment as Prevention (TasP), given its enormous potential for reducing HIV transmission
- What level of health system and community system strengthening responses are required to make prevention interventions effective and scalable?
- How can we ensure effective rights based response to the HIV epidemic that involves appropriate governmental institutional responsibilities and civil society commitments to advancing law reform and support services for populations at increased risk for HIV infection and groups of people made vulnerable to HIV infection?

More generally, the special issue will seek contributions from specialists in their field on the above issues in the form of empirical and conceptual papers that translate recent developments in the HIV/AIDS arena into guiding action that will advance the HIV prevention in the new development framework.

# PRACTICAL ARRANGEMENTS

Authors interested in contributing to this special issue should email a provisional title and 250 word abstract to the guest editors at [ajar.editor@nisc.co.za](mailto:ajar.editor@nisc.co.za) by 7 December 2015

The guest editors will confirm the journal's interest in the receiving a contribution to the special issue by 12 December 2015

Authors will need to submit their complete manuscript via the online submission system at <https://mc.manuscriptcentral.com/raar> by 1 February 2016.

Manuscripts should be 5000 to 7500 words (including references) and prepared in the journals style.

Detailed instructions to authors can be found at the journals website <http://www.nisc.co.za/products/1/journals/african-journal-of-aids-research>

Note that the journal uses APA (version 6) author-date reference style.

All contributions will be subjected to the journals standard peer reviewing protocols and accepted articles will published online and in print in by the start of AIDS 2016 on 17 July 2016.

AJAR Guest Editors: Dr Kaymarlin Govender and Professor Nana Poku

# KEY DATES

## **7 December 2015**

Submit title and 250 word abstract to guest editors ([ajar.editor@nisc.co.za](mailto:ajar.editor@nisc.co.za))

## **12 December 2015**

Guest editors indicate provisional acceptance of title

## **1 February 2016**

Submit complete manuscript (<https://mc.manuscriptcentral.com/raar>)

## **30 May 2016**

Cutoff date for acceptance of revised manuscripts

## **17 July 2016**

Publication online and in print

