

WHY IS INTIMATE PARTNER TRANSMISSION OF HIV A CRITICAL ISSUE FOR KEY AFFECTED WOMEN AND GIRLS?

What is intimate partner transmission of HIV?

The term intimate partner transmission (also known by its full name, HIV transmission in intimate partner relationships) describes the transmission of HIV to individuals from their regular partners who inject drugs, who have sex with other people, including with sex workers, people who inject drugs, or gay men and other men who have sex with men. [Source: UNAIDS Terminology Guidelines 2015]

Why is intimate partner transmission an issue for women and girls in Asia?

High levels of intimate partner transmission of HIV are characteristic of long-running, concentrated epidemics in Asia. According to surveillance data, intimate partner transmission accounts for a significant proportion of new adult HIV infections in the region's long running epidemics. Data also indicates that the majority of men living with HIV belong, or once belonged, to a key population group. Consequently, a substantial number of women become infected as a result of their sexual relationships with men who are, or once were, engaged in high-risk behaviours. As of 2015:

- 27% of new HIV infections in **Thailand** were attributed to spousal transmission.
- Nearly half (48%) of new HIV infections in **Cambodia** were estimated to occur as a result of spousal transmission.
- The second highest proportion (accounting for 27%) of new HIV infections in **Myanmar** were estimated to occur among low-risk women, principally as a result of intimate partner transmission.

Sources: http://www.aidsdatahub.org/sites/default/files/publication/Projection_for_HIV_AIDS_in_Thailand_2010-2030.pdf;
http://www.unaids.org/sites/default/files/country/documents/KHM_narrative_report_2015.pdf;
http://www.unaids.org/sites/default/files/country/documents/MMR_narrative_report_2015.pdf

Prevention of intimate partner transmission of HIV should be viewed as an essential component of comprehensive national HIV prevention strategies. Greater attention and investment is needed in prevention programmes for men from key populations and their intimate partners as well as in programmes that empower women and girls so that they can better protect themselves from HIV. Prevention interventions with serodiscordant couples also require scaling up.

Preventing intimate partner transmission of HIV through a 'combination prevention' approach

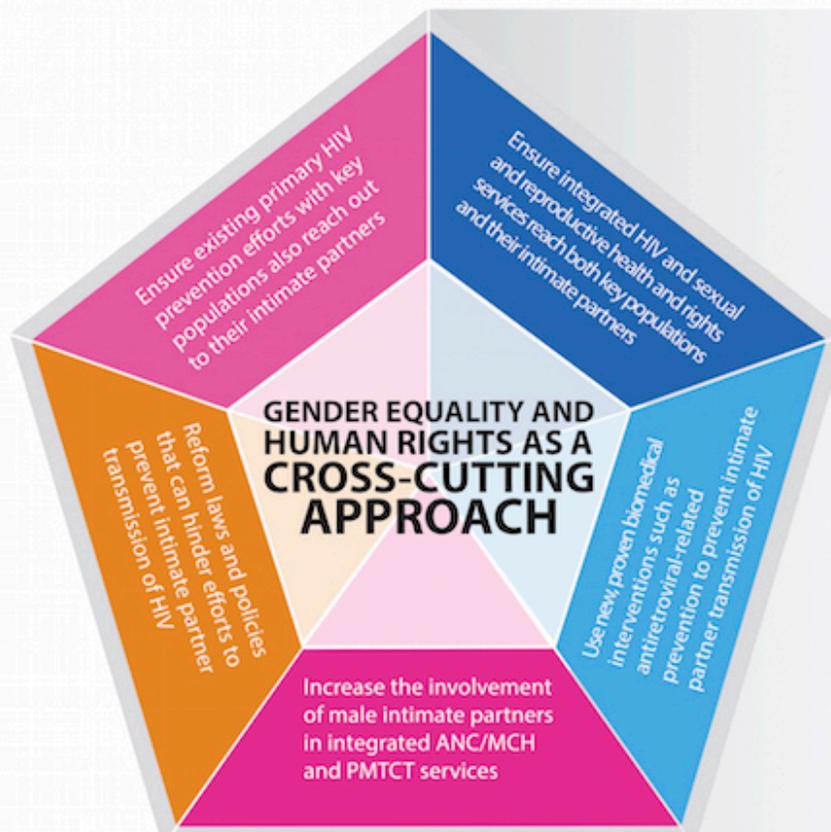
Evidence suggests that the most effective way to prevent intimate partner transmission of HIV in Asia is to adopt a 'combination prevention' approach. This involves the coordinated use of different types of HIV prevention activities that operate on many levels (i.e. behavioural, social, structural) to address HIV risk and vulnerability among men *and* women in their intimate partner relationships.

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

A report jointly released by UNDP, UNICEF and UNAIDS in 2015 identifies five strategies to reduce and prevent intimate partner transmission of HIV in the region 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. *This approach includes supporting interventions, within each of the 5 strategies, that empower women and girls to better protect themselves against HIV. In concentrated epidemic settings these empowerment programmes need to prioritise women and girls in serodiscordant relationships, those living with HIV (in all their diversities) as well as those from key populations who may be HIV-negative, HIV-positive and/or part of a serodiscordant couple.*

COMBINATION PREVENTION: 5 HIGH-IMPACT STRATEGIES FOR PREVENTING HIV TRANSMISSION IN INTIMATE PARTNER RELATIONSHIPS



Preventing intimate partner transmission of HIV: Good practices from Asia and the Pacific

STRATEGY 1: PRIMARY PREVENTION WITH KEY POPULATIONS

Reaching female spouses of married MSM with information and services: Within its programmes, local CBO the **Humsafar Trust in Mumbai, India**, adopts a comprehensive approach to sexuality that includes specific initiatives to address the needs of married MSM and their female partners. Interventions include comprehensive and skills-building information about condom use and negotiation. In addition, the CSO has established linkages with MCH clinics and organizations providing SRHR services for women, including the **Family Planning Association of India**. These referral mechanisms facilitate service provision to intimate partners/wives of MSM even if the partner/spouse is unaware of the sexual identity and behaviours of their MSM partner. Training and sensitization of MCH staff has helped ensure these referral mechanisms protect the health and human rights of both the MSM client and their intimate partners.

Reaching female partners of male injecting drug users with information and services: In **Pakistan**, NGO-led and government-supported initiatives with married, street-based men who inject drugs are successfully incorporating issues of male responsibility towards their wives and families within HIV and harm reduction programming. In addition to condom distribution, these outreach programmes provide information on sexual health and STI testing, as well as addressing other aspects of male sexual and reproductive health, such as sexual counselling, to provide men who inject drugs with the information and negotiation skills to adopt safer sex practices with their intimate partners/spouses.

Reaching regular/intimate partners of female sex workers: In **Myanmar**, community peer outreach workers from the Targeted Outreach Program (TOP), initiated by **Population Services International (PSI)** use examples from their own intimate partner relationships to engage in targeted counselling with sex workers around the need to protect oneself in these types of relationships. In doing so, these peer outreach workers have developed communication methods to effectively discuss negotiation of condom use with intimate partners, without intruding on a sex worker's private life.

STRATEGY 2: DELIVERING INTEGRATED HIV AND SRHR SERVICES

In **Bangladesh**, the **HIV/AIDS and STD Alliance Bangladesh (HASAB)** is mobilizing young key populations to reach out to their peers with integrated SRHR and HIV information, education and communications materials, including the use of hotlines and social media. Peer education sessions are held within the railway grounds at Dhaka's largest railway station. The sessions focus on human rights, SRHR, gender, safer sex, HIV and STI prevention, and drug use. If participants require a service or would like to find out more about any health issue, they are referred to **Marie Stopes Bangladesh** mobile clinical services.

STRATEGY 3: ARV-RELATED PREVENTION FOR SERODISCORDANT COUPLES

India, China and Viet Nam are already planning PrEP demonstration projects with male and female key populations and/or serodiscordant couples. **China** is undertaking a rapid roll-out of its national policy to provide ART for people living with HIV who have a serodiscordant regular partner, irrespective of CD4 count. The **Government of Viet Nam** has been pro-active in implementing WHO guidelines by ensuring any HIV-positive person in a serodiscordant relationship can access ARV treatment, regardless of their CD4 count. This includes MSM and transgender people in serodiscordant relationships irrespective of the sex of their partner (male or female) or whether the couple is married, living together or living separately.

STRATEGY 4: MALE INVOLVEMENT IN INTEGRATED ANC/MCH AND PMTCT SERVICES

In Thailand, the Ministry of Public Health (MOPH) has implemented a successful pilot couples HIV testing and counselling (CHTC) program in ANC settings. Uptake of CHTC services among male partners of pregnant women in ANC settings was high, as was acceptability among hospital staff. Most hospitals participating in the pilot program were able to successfully implement CHTC services. Following implementation of this pilot CHTC program, Thailand revised its PMTCT guidelines to recommend routine couples counseling and testing in ANC clinics. By 2013, CHTC programs in ANC settings were available in more than 70% of MOPH hospitals in all provinces in Thailand. A further eight countries in Asia have national policies relating to CHTC. As part of efforts to support family-centred approaches to preventing intimate partner transmission and mother-to-child transmission, all of these countries include a specific indicator within the national HIV M&E framework to monitor male participation in ANC: the 'Percentage of Pregnant Women attending ANC whose male partner was tested for HIV in the last 12 months.'

STRATEGY 5: REVIEWING LAWS AND POLICIES IN SUPPORT OF IPT PREVENTION

In May 2015, the Ministry of Health in Viet Nam issued an updated ARV treatment guideline which strengthened efforts to prevent HIV transmission between key populations and their intimate partners. As mentioned above, earlier PMTCT guidelines were revised and updated by the Ministry of Public Health in Thailand to promote CHTC and to increase male partner involvement in integrated ANC/MCH and PMTCT services. As a result of recent policy changes in Bangladesh and judicial decisions in India, Nepal, and Pakistan, these countries now legally recognize a third gender. Legal recognition of a third gender and transgender people helps reduce stigma and discrimination, making it easier to implement primary prevention programs with these communities and more likely that their intimate partners can also be reached with information and services.

For more information about intimate partner transmission of HIV in Asia, including good practices and recommendations to policymakers and programmers visit:

http://www.asiapacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/preventing-hiv-transmission-in-intimate-partner-relationships--e.html