

CALL TO ACTION!

Answer the following questions and join us in advocating for a scale up in structural interventions for combination HIV prevention!

- Has your country set national HIV prevention targets? Do they include structural interventions?
- Is your government paying for structural interventions from the domestic health budget? If not, why not?
- How is your country doing in enacting and enforcing protective laws for people living with HIV, women, youth and key populations?
- Do law enforcement officials and healthcare service providers make it easy for people to claim their rights and access HIV prevention services?
- What are traditional and faith structures doing to reduce stigma and discrimination?
- What is preventing youth from accessing HIV prevention services without restriction?
- How many organisations in your country are implementing structural interventions?
- How are civil society organisations paying for their structural interventions?
- What are you doing to support community systems?

Visit www.arasa.info to join us in advocating for a scale up of structural interventions for combination HIV prevention!

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AIDS & Rights
Alliance
for Southern Africa

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**RIGHTS+EQUITY+JUSTICE
4 HIV PREVENTION**

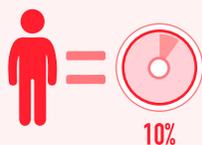
The Missing Piece of The Puzzle



#rights4HIVprevention

New HIV infections still on the rise:

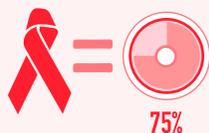
Between 2010 and 2016, there was a 29% decline in new HIV infections in Southern and East Africa. Sadly, the region, which makes up only 10% of the world's population, still accounts for one quarter of all new HIV infections. Young women (aged 15–24 years) accounting for 26% of new HIV infections in 2016. Key populations such as sex workers, men who have sex with men and people who use drug also have disproportionately high infection rates compared to the general public and access to services does not meet the demand.



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In 2016, United Nations Member States committed to ending AIDS as a public health threat by 2030 and:

1. reducing new HIV infections in young people and adults (aged 15 and older) in Southern and East Africa by 75 %, with a focus on preventing and addressing the devastating effects of this epidemic on women and adolescent girls;



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2. ensuring that 90 % of those at risk of HIV infection are reached by comprehensive HIV prevention services; and



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RIGHTS+EQUITY+JUSTICE 4 HIV PREVENTION

What are structural interventions and why do we need human rights for HIV prevention?

HIV prevention is back in the spotlight through the launch of a Global Coalition on HIV Prevention, several meetings on revitalising HIV prevention in Southern and East Africa and national target setting for HIV prevention.

Sadly, much of the recent momentum has centred on scaling up biomedical interventions. Yet it is clear that the missing piece of the puzzle in fast-tracking combination HIV prevention in Africa is addressing the structural barriers to service uptake such as social exclusion, stigma, discrimination and inequity.

Key structural interventions include:

- addressing legal, social, economic, cultural and other barriers by reducing HIV stigma and discrimination;
- addressing problematic laws, policies and practices and enforcing laws that protect the right of people living with HIV and key populations;
- addressing gender inequality and violence; and
- decriminalising sex work, homosexuality and personal drug use.

Why are structural interventions for combination HIV prevention lagging behind?

UNAIDS estimates that only 0.13% of all HIV spending reported by low- and middle-income countries is allocated for human rights-related programming. Further, civil society organisations surveyed by UNAIDS reported reductions in funding for organisations implementing work to strengthen critical enablers.



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Reasons investments in programmes to remove human rights barriers to health services are low include:

- lack of awareness of the existence of such programmes among planners and programmers and/or lack of understanding of their programmatic elements and costs;
- lack of awareness of the evidence of the impact of these programs and of their cost-effectiveness; unwillingness to spend limited funds on them; and,
- in some places, political or cultural opposition to the programs or the populations that benefit from them.

To address these barriers and fast track HIV prevention, advocate for investment in the following key structural interventions:¹

- Strengthen legislation, law enforcement and programmes to end intimate partner violence;
- Increase girls' access to secondary education;
- Use cash transfers to empower women economically, to keep them in school and to enable them to make healthy partner choices;
- Remove third-party authorisation requirements and other barriers to women and young people's access to HIV and sexual and reproductive health services;
- Decriminalise same-sex relationships, sex work and drug possession and use for personal consumption; and
- Bring to scale community empowerment and other programmes that have been proven to reduce stigma, discrimination and marginalisation, including in health care settings.

To learn more about key human rights-based programmes for the HIV response download the ARASA and International HIV/AIDS Alliance HIV and Human Rights Good Practise Guide at

http://www.arasa.info/files/1714/1215/9968/Alliance_GPG-HIV_and_human_rights.pdf

¹UNAIDS, Prevention Gap Report, 2016