CHAPTER 8

Summary of Recommendations

South Asia is facing an HIV epidemic that is severe in magnitude and scope, with an estimated 5.5 to 6 million people currently infected. At least 60 percent of HIV-positive people in Asia live in India alone. The epidemic is heterogeneous and diverse, requiring well informed, prioritized, and effective responses. On the basis of the evidence presented in this report, a number of recommendations are made for improving the quality and scope of HIV prevention programming and building the necessary capacity to do so. Expanding surveillance, mapping, and research to better understand the socioeconomic factors contributing to the epidemic is also important in developing more effective responses. The recommendations draw attention to the importance of rural HIV epidemics and the need to better understand risk and vulnerability in rural contexts in order to effectively respond. Reducing stigma and discrimination directed against people engaging in high-risk behaviors and people living with HIV and AIDS will be critical to support scale up of HIV prevention programs across the countries of the region.

Recommendation 1: Build Capacity

Building capacity to respond to the HIV/AIDS epidemic is a top priority in all South Asia Region countries. This priority component of national AIDS programs includes the following actions:

- building management capacity within government programs at national, state, and local levels
- building nongovernmental organization capacity to work with vulnerable populations and to support and involve community-based organizations in the design and delivery of HIV prevention and care programs
- building capacity at all levels to map vulnerable populations, conduct situation assessments, and analyze and use data generated from these activities.

Recommendation 2: Expand Prevention Programs

All countries in the region must expand prevention programs to saturation level among key subpopulations: female sex workers (SWs) and their clients, injecting drug users (IDUs), men having sex with men (MSM), and male SWs and their clients. These programs must include the following:

- outreach
- peer education
- condom promotion
- provision of sexually transmitted infection treatment and related services
- comprehensive harm reduction for IDUs
- structural interventions at the community level and at higher levels where feasible.

National and external sources must provide the financial, human, and technical resources to support such expansion.

Recommendation 3: Devote Resources to Condom Use and Needle Exchange

Prevention programs need to devote more attention and resources to promoting increased condom use among sex workers, and with both

their regular partners as well as their commercial clients. Prevention programs among IDU subpopulations need to devote more attention and resources to comprehensive harm reduction approaches, including needle exchange and drug substitution.

Recommendation 4: Increase and Expand Baseline and Continued Surveillance

HIV surveillance and second-generation integrated bio-behavioral surveillance need to be expanded and further supported in all countries in the region to provide a better understanding of the heterogeneity of the HIV epidemic. Surveillance efforts should in particular be expanded with respect to high-risk groups, such as female and male SWs, IDUs, and MSM, with information collected at the subdistrict level in many areas.

Recommendation 5: Conduct Additional Studies

More information from studies of HIV prevalence and correlates in samples from the general population are needed, both to allow for a better understanding of HIV transmission dynamics and to corroborate data obtained from surveys of prenatal clinic populations. With greater use of antiretroviral therapy in the region, HIV prevalence will increasingly become a less accurate marker for HIV risk, requiring other ways of estimating risk, such as incidence studies or prevalence estimates involving young populations (15 to 19 years). Socioeconomic and behavioral studies to gain a better understanding of the structural dynamics of local networks and how to intervene within them effectively are a priority; more knowledge and understanding of stigma and how to reduce it is also critical.

Recommendation 6: Expand Mapping of High-Risk Populations

Expanded and more comprehensive mapping is required at the district and subdistrict levels for high-risk groups, such as female SWs and their clients, IDUs, MSM, and male SWs. Mapping data will indicate

the reach required for prevention programs to boost coverage. Additional focused research is needed to delineate the role of MSM and male SWs in the HIV epidemic and to inform the design of appropriate interventions involving these groups.

Recommendation 7: Improve Understanding of Rural Epidemics

Much more knowledge is needed regarding the course of the HIV epidemic and HIV transmission dynamics in rural areas, particularly in India. These areas particularly need study:

- whether and under what circumstances substantial rural epidemics can be maintained on their own
- the extent to which rural epidemics reflect urban epidemics
- the role of local female SWs and other local risk networks in maintaining rural epidemics.

The importance of rural-based intervention and community-driven programs needs to be better understood. Practical approaches to reducing risk and vulnerability among rural populations also need to be developed, particularly in areas experiencing generalizing epidemics.

Recommendation 8: Reduce Stigma

Stigma reduction through multisectoral approaches is essential to provide a supportive environment for risk reduction and to increase access and use of prevention and care services. This includes analysis, policy development and advocacy to reform legal frameworks, increasing awareness among youth through the education sector, development of work place policies for transport and road workers and other labor forces at risk, and information and communications efforts aimed at the general pubic and policy makers at all levels. Increasing the reach of prevention and care programs to vulnerable and often marginalized populations requires the involvement of social sectors, and should be integral to social development and social protection efforts.

Recommendation 9: Improve Coordination by Expanding Cooperation

Some of the major challenges in South Asia require regional and cross-border programmatic cooperation. For example, harm reduction programs in Afghanistan and Pakistan benefit from coordination with similar initiatives in Iran and Central Asia. Coordinated efforts with India, with a focus on migration and SW trafficking, especially to Mumbai, could enhance HIV prevention among SWs in Nepal. The cross-border drug trade and sexual networks between the highest prevalence districts in northeastern India, parts of Bangladesh, and Myanmar underscore the role of migration and call for transregional and intersectoral cooperation. Cooperation and coordination within countries, and across sectors are also important—not only for stigma reduction as discussed above—but to increase access to prevention programs and care programs. It is also important to scale up some of the successful private sector programs for HIV and AIDS prevention and care in the region.