



2. Translating Research into Policy and Practice - The Way Forward

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Strategies that try to ensure that knowledge gained from the best evidence is actually used in practice.

- Enhance the utility of research that involves making research evidence more usable and improving the capacity of management, policy, and clinical decision makers to use it.

HPTN 052

- Participants – 1763 sero-discordant couples.
- HIV infected partner: 890 males, 873 female
- HIV transmissions
 - 39 infections, 28 linked
 - 1 transmission in immediate ART group
 - 27 transmissions in deferred ART group
 - 96% protection in immediate ART group

E-MTCT Targets

Towards the Elimination of New Paediatric HIV Infection among Children by 2015 and Keeping Their Mothers Alive, Global Plan 2011-2015

Launched June 2011

2015 Targets in the Global Plan:

- 90% reduction in new child HIV infections
- 50% reduction in HIV-related maternal deaths
- <5% MTCT (final transmission)
- Other targets for all 4 prongs of PMTCT



THE 4 KNOWS

Know Your Epidemic

- Analysis of data on prevalence and incidence to prioritize populations and geographic areas that is most at risk for HIV.

Know Your Context

- Data to contextualize the epidemic. Ensure cultural relevance.

Know Your Response

- Tracking the epidemiological alignment, scope, coverage and effectiveness of prevention efforts.

Know Your Costs

- Knowing what is spent, and what the output for investment is; prioritizing interventions based on cost-effectiveness.

Malaysian HIV Epidemic 1986-2010

Cumulative no of reported cases	91362
Cumulative no of deaths	12943
Cumulative no of females with HIV	8759
Children < 12 with HIV	909
New HIV infections reported in 2010	3652
HIV/AIDS related deaths 2010	904
No. of PLHIV receiving ARV	12000
Estimated adult HIV prevalence	0.5%

Integrated Biobehavioural Surveillance: Kuala Lumpur 2009

Period of data collection: 2009

Respondent Driven Sampling, VDTS



	FSW	TS	IDU	MSM
N	552	541	630	517
HIV Prevalence	59 (10.5%)	50(9.2%)	139(22.1%)	20(3.9%)

BIOMEDICAL

- ART treatment for eligible patients and PreP
- Safe Male circumcision
- PMTCT
- HIV testing (routine/opt-out) linked to ART and Behavioral change programs TLC
- STI-screening and treatment of MARPs & PLHIV
- Harm reduction programs

BEHAVIORAL

- Condom Use Promotion Programs
- Peer education HIV prevention programs addressing condom use, transactional sex targeting high risk groups
- Couple counseling
- Disclosure promotion programs
- Delay sexual onset
- Adherence to ART support programs
- Positives Counseling Programs
- Positives Health Dignity and Prevention (PHDP)
- Abstinence and Faithfulness programs

SOCIAL/STRUCTURAL

- Woman empowerment Programs
PLHIV programs addressing stigma
- Human Right and Empowerment Interventions for Sex Workers, IDU's



- Easing access to care for Sex Workers, IDU's
- Creating enabling environments through law and policy changes

WHY NEW HIV INFECTIONS REMAIN HIGH

Current HIV Prevention not always aligned to epidemic drives	<ul style="list-style-type: none"> • Low coverage of programs for sex workers and their clients • Low coverage of harm reduction programs • Socio-cultural and gender norm often neglected
Coverage of key HIV prevention services still sub-optimal to make public health impact	<ul style="list-style-type: none"> • HIV testing not linked to care and services • Over 50% of IDUs have no access to ART • Over half of risky sex not protected with condoms • Quality of HIV prevention devices not optimal.

Implementation Strategy

- Combination HIV Prevention
 - Referral linkages, Integration of services, Health Systems Strengthening
- Realignment of funding priorities
 - Increased domestic and external resources
- Improved Coordination
 - Multisectoral reponse, Health sector
- Monitoring and Evaluation
 - Results-based, Strengthening of M&E systems, Alignment of M&E Systems, Improved reporting and surveillance systems
 - Impact evaluation, Resources tracking, Improved information management and sharing

Challenges for Providing HIV Prevention to MARPS

- Enabling environment
 - Legal barriers
 - Policy barriers
 - Stigma and discrimination
 - Community support
 - Hard to reach
- Access to medical services



- Stigma and discrimination
- Lack of professional training
- Lack of MARP friendly services
- Drug and alcohol abuse treatment
- Access to targeted prevention services
 - Understanding the community
 - Providing appropriate prevention services
- Data
 - Identification of country specific MARPs
 - HIV Prevalence
 - Behavioral risk data
 - Size estimation

MARP: Structural Prevention Approaches

- Laws
 - Decriminalization of behaviors
 - Inheritance laws
- Policy
 - 100% condom use
 - Care settings
 - HIV testing protocols
 - Allocation of resources
 - Task shifting
- Community
 - Addressing stigma and discrimination
 - Empowering MARP groups
- Economic
 - Income generation activities

Scaling Up



- Estimate population (s) size
- Tailor prevention package for defined populations
- Plan services
- Monitor progress and refine activities

Wish list

- Political Will
 - Funding
 - Legal and policy reviews
- Multisectoral
- Community Engagement
- Capacity Building
- Integration of Health Systems
- Task Shifting
- Addressing Stigma & Discrimination