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U.S. President's Emergency Plan for AIDS Relief



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Strengthening High Impact Interventions
for an AIDS-free Generation

AIDSFree Prevention Update

February 2015



The AIDSFree Prevention Update is your monthly snapshot of current peer-reviewed literature and state-of-the-art program resources, tools, and curricula on HIV prevention. You are receiving this email because you previously subscribed to the AIDSTAR-One HIV Prevention Update.

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The United States President’s Emergency Plan for AIDS Relief (PEPFAR) 3.0 – Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation

The Office of the U.S. Global AIDS Coordinator (December 2014).

The third phase of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR 3.0) (2014–2018) focuses on epidemic control, defined as the point at which the number of new HIV infections falls below the number of AIDS-related deaths. This report provides details and benchmarks for the five action agendas that will guide this phase:

- (1) The *Impact Action Agenda* focuses resources and leverages funding to address the most vulnerable populations by strengthening program quality and scaling up core interventions.
- (2) The *Efficiency Action Agenda* works to achieve transparency, adequate oversight, and accountability for PEPFAR and its partners, to ensure optimal use of all funds.
- (3) The *Sustainability Action Agenda* focuses on putting in place the necessary services, systems, financial mechanisms, and policies to ensure that partner countries can maintain control of their epidemics.
- (4) The *Partnership Action Agenda* emphasizes establishing deeper collaboration with partners by building relationships and sharing responsibilities with a broad range of stakeholders.
- (5) The *Human Rights Action Agenda* addresses cultural and structural obstacles to care, seeking to ensure that all people, including those populations facing the greatest risk for HIV infection, have access to prevention, care, and treatment.

Implementing these five action agendas, the report states, will build the foundation for achieving an AIDS-free generation.

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Accuracy of Unsupervised Versus Provider-Supervised Self-Administered HIV Testing in Uganda: A Randomized Implementation Trial

Asiimwe, S., Oloya, J., Song, X., et al. *AIDS and Behavior* (December 2014), Volume 18, Issue 12, pp. 2477–2484.

The authors of this article described a trial to determine whether unsupervised HIV self-testing (HST) was non-inferior (clinically accurate within acceptable parameters) compared to provider-supervised HST. The study was implemented in three fishing communities with high HIV prevalence (21 percent) in Western Uganda. The 246 study participants were randomly assigned to one of two testing arms: unsupervised oral HST followed by rapid HIV testing, or provider-supervised oral HST followed by rapid HIV testing. Participants received pre-test HIV counseling and instruction on using the oral HIV self-test kit. In the provider-supervised HST arm, research staff supervised the participants performing the test in the research clinic. In the unsupervised arm, participants performed the test without supervision, recorded their results, and returned to the clinic for a confirmatory rapid HIV test. The

overall analysis showed that the HST sensitivity (the proportion of self-tests with clinically accurate results) was 90 percent in the unsupervised arm and 100 percent in the provider-supervised arm; non-inferiority between the two arms was not shown. However, an analysis focused on findings from participants who had complied fully with the study protocol showed a lower difference in sensitivity (-5.6 percent), while also showing non-inferiority. The authors concluded that unsupervised HST is feasible in rural African settings and may be non-inferior to provider-supervised HST.

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Initial Programmatic Implementation of WHO Option B in Botswana Associated with Increased Projected Mother-to-Child Transmission (MTCT)

Dryden-Peterson, S., Lockman, S., Zash, R., et al. *Journal of Acquired Immune Deficiency Syndromes* (December 2014), E-publication ahead of print.

This observational study in Botswana, the first African country to transition from Option A to Options B and B+, evaluated the initial impact of this transition through a review of 10,681 obstetric records of HIV-infected women delivering after 20 weeks' gestation at six maternity wards. Option B was rolled out nationally in phases, from early 2011 to early 2012, to enable a comparison of clinical performance under the two strategies for preventing vertical transmission of HIV. The authors divided the women into two exposure groups: the Option A group (women attending antenatal clinics that had not yet implemented Option B) and the Option B group (women registering after their clinic had implemented Option B). The analysis showed that women in the Option B group were less likely to receive antenatal care compared to the women in Option A group, resulting in a 24 percent increase in projected mother-to-child transmission (from 3.79 percent to 4.69 percent). However, those women in the Option B group who did receive antenatal care were more likely to receive antiretroviral therapy (ART). The authors suggested that initiating ART within antenatal clinics (rather than referring eligible women, as presently practiced), and removing barriers to rapid ART initiation, will facilitate successful implementation of Options B and B+ in Botswana.

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Behavioral Interventions

Effects of HIV Status Notification on Reducing the Risk of Sexual Transmission of HIV in China

Bao, Y., Jing, J., Zhang, Y., et al. *Chinese Medical Journal* (English), (December 2014), Vol. 127, Issue 24, pp. 4177–4183.

This cohort study examined differences in the risk of sexual HIV transmission between people who knew their HIV status and those who did not. The study comprised two surveys of newly diagnosed HIV-positive participants in Shanghai, Chongqing, and Kunming, China. The first survey of 823 HIV-positive participants took place before participants learned their status. The second study, with 650 participants, was conducted six months after HIV status notification. Both surveys asked questions about sexual behaviors in the past six months, including unsafe sex practices (unprotected anal and

vaginal sex with partners of positive or unknown HIV status), number of unsafe sexual partners, and frequency of unsafe sexual behaviors. Comparison of the behavior of participants with known versus unknown HIV status showed a large reduction (84.65 percent) in reports of unsafe sex (from 58.25 percent before HIV status notification to 8.94 percent after notification). Moreover, the average number of partners in unsafe sex practices dropped by over 35 percent (from 2.33 partners to 1.51 partners pre- and post-notification, respectively). The average frequency of unsafe sex dropped from 9.02 percent of all encounters before HIV status notification to 7.85 percent after notification. The authors concluded that HIV status notification can reduce the incidence of unsafe sexual practices, leading to reduced sexual transmission of HIV.

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Biomedical Interventions

Scaling-up Voluntary Medical Male Circumcision—What Have We Learned?

Ledikwe, J. H., Nyanga, R. O., Hagon, J., et al. *HIV/AIDS – Research and Palliative Care* (October 2014), Vol. 6, pp.139–146.

The authors of this review article analyzed key findings from peer-reviewed publications and reports to identify factors that supported the scale-up of national voluntary medical male circumcision (VMMC) programs in 14 priority countries in eastern and southern Africa between 2008 and 2013. They examined national health systems by assessing the six system building blocks described by the World Health Organization: 1) leadership and governance; 2) health workforce; 3) health service delivery; 4) medical products, vaccines, and technologies; 5) health financing; and 6) health information. The review identified several key factors that supported effective scale-up of programs: sustained support at all levels of government throughout the scale-up; innovative service delivery strategies to improve human resource use (such as task-sharing and -shifting) creative outreach initiatives (using tents, mobile trucks, and prefabricated clinics); timely provision of equipment and supplies to facilities; and creative strategies to fund HIV programs, such as an AIDS levy on income and an HIV trust fund. The authors stressed that each of the six building blocks should be analyzed on a country-by-country basis to better understand steps needed to scale up VMMC in specific settings. They also encouraged the countries that implement VMMC programs to share their experience so as to identify and facilitate wider adoption of best practices.

[View Full Study](#)

Hormonal Contraceptive Use and Women's Risk of HIV Acquisition: A Meta-Analysis of Observational Studies

Ralph, L. J., McCoy, S. I., Shiu, K., & Padian, N. S. *The Lancet Infectious Diseases* (January 2015), DOI: [http://dx.doi.org/10.1016/S1473-3099\(14\)71052-7](http://dx.doi.org/10.1016/S1473-3099(14)71052-7).

The authors of this meta-analysis reviewed observational studies from sub-Saharan Africa to provide summary estimates of women's risk of HIV acquisition according to the type of hormonal contraceptive method used. They selected 12 eligible studies from peer-reviewed journals published after December 2011. Included in the review were studies that assessed the link between hormonal contraception and HIV; secondary analyses of randomized trials of HIV and cervical cancer prevention interventions; studies that consisted of women at high risk of HIV, commercial sex workers, or women in serodiscordant partnerships; and studies on women in the general population. The results showed that in observational studies of women in the general population, there was no risk for users of oral contraceptive pills or combined oral contraceptives, but a small risk of HIV acquisition associated with use of depot medroxyprogesterone acetate. However, examination of findings according to risk factor showed that hormonal contraceptive users in high-risk situations, such as commercial sex workers and women in serodiscordant partnerships, had a high likelihood of HIV exposure as an effect of hormonal contraception. This distinction, the authors concluded, had significant, global implications for low-risk users of hormonal contraception (women who are not in serodiscordant or in other high-risk partnerships). These findings, they added, should be balanced with the known benefits of highly effective hormonal contraceptives such as depot medroxyprogesterone acetate.

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Combination Interventions

Pilot Study of Home-Based Delivery of HIV Testing and Counseling and Contraceptive Services to Couples in Malawi

Becker, S., Taulo, F. O., Hindin, M. J., et al. *BMC Public Health* (December 2014), E-publication ahead of print.

This pilot study examined the uptake of couple HIV counseling and testing (CHCT) and couple family planning (CFP) services during a single home visit. The authors enrolled 180 couples from the three villages in Mpemba, a peri-urban area of Blantyre, Malawi. A pair of counselors (male and female) visited each couple and conducted a baseline interview assessing reproductive and health risks within the partnership, along with attitudinal questions about the partners' emotional closeness and likeliness to discuss pregnancy. The counselors then privately asked the female partner about her consent to CHCT + CFP, CHCT only, or CFP only. The man was offered whichever service(s) the woman had accepted. The authors reported that 89 percent of the couples accepted at least one of the services offered. Among untested participants, 78 percent of women and 91 percent of men accepted HIV testing. Additionally, reported condom use increased from 6 percent to 25 percent. Moreover, each couple's acceptance of services was positively and significantly associated with several factors

specific to the female partner: the woman's number of live births, reported emotional closeness to her partner, and prior HIV testing. The authors concluded that home-based CHCT and CFP can increase access to HIV testing and contraceptive services to couples and prevent unplanned pregnancies and sexually transmitted infections.

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The HOPE Social Media Intervention for Global HIV Prevention in Peru: A Cluster Randomised Controlled Trial

Young, S. D., Cumberland, W. G., Nianogo, R., et al. *The Lancet HIV* (January 2015), DOI: [http://dx.doi.org/10.1016/S2352-3018\(14\)00006-X](http://dx.doi.org/10.1016/S2352-3018(14)00006-X),

This cluster randomized controlled trial tested the efficacy of the Harnessing Online Peer Education (HOPE) social media intervention to increase HIV testing among men who have sex with men (MSM) in Peru. Participants were randomized to intervention ($n = 252$) or control groups ($n = 246$) on Facebook for 12 weeks. Thirty-four Peruvian MSM were trained as HIV mentors (peer leaders) who interacted with intervention participants on Facebook, discussing the importance of HIV prevention and testing by sending messages, chats, and wall posts. Participants in control groups received standard care, including routine care and participation in Facebook groups that provided study updates and HIV testing information. Data analysis at 12 weeks' follow-up showed that more intervention than control participants requested an HIV test, and 17 percent of intervention participants tested for HIV, compared to 7 percent of participants in the control group. In addition, participants in the intervention group remained highly engaged in group discussions throughout the duration of the study compared to the control group. The authors concluded that an almost three-fold increase in HIV testing rate between the intervention and control group participants, and a 90 percent retention rate in the intervention group, suggest that peer-mentored social media interventions can be an efficient way of increasing HIV testing among MSM in Peru.

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Structural Interventions

Population-Based Study of Food Insecurity and HIV Transmission Risk Behaviors and Symptoms of Sexually Transmitted Infections among Linked Couples in Nepal

Tsai, A. C., Weiser, S. D. *AIDS and Behavior* (November 2014), Volume 18, Issue 11, pp. 2187-2197.

The authors used nationally representative data on 2,322 linked couples (men and women in the same household) from the 2011 Demographic and Health Survey in Nepal to assess how food insecurity may affect HIV transmission risk behaviors or symptoms of sexually transmitted infections (STIs) such as recent condom use, consistent condom use, and self-reports of an abnormal genital discharge or genital sore or ulcer within the previous 12 months. Bivariate analysis showed that women in severe, mild, or moderate food insecurity categories had statistically significant associations with self-

reported abnormal vaginal discharge and vaginal sores or ulcers. However, only women in severely food-insecure households were less likely to report recent condom use and consistent condom use compared to those in mildly or moderately food-insecure households. Among men, none of the food insecurity categories had a statistically significant association with any of the outcomes under study. The study showed that women and men are differently affected by food insecurity, as evidenced by higher HIV transmission risk behaviors and symptoms of STIs among women, but not men, in food-insecure households. The authors concluded that interventions to improve food insecurity can contribute to reduced HIV and STI transmission among women in Nepal.

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Partner Age Differences and Concurrency in South Africa: Implications for HIV-Infection Risk among Young Women

Maughan-Brown, B., Kenyon, C., & Lurie, M. N. *AIDS and Behavior* (December 2014), Volume 18, Issue 12, pp. 2469-2476.

The authors collected data on age-disparate partnerships (defined as heterosexual partnerships in which the woman is five or more years younger than her male partner) and concurrent relationships (defined as any temporal overlap of one or more sexual partnerships) from 7,476 South African participants aged 16–49 years (3,530 men and 3,946 women). The authors collected data on participants' three most recent sexual partners (including dates of first sex, last sex, and anticipated future sex), distinguishing between partnerships with age disparities of ≥ 5 years and ≥ 10 years. Data analysis showed that a significant proportion (43 percent) of 16- to 49-year-old women were in partnerships with a man five or more years older. Among young women (ages 16–24), about one-third of recent sexual contact involved a man five or more years older, and 7 percent involved a man 10 or more years older. Further, among women aged 16–24 years, male partners five or more years older were more likely to have concurrent female partners. The authors concluded that younger women are more likely to be in concurrent male partnerships (that is, the male partner has another female partner) and age-disparate relationships, which increases their risk of HIV transmission by connecting them to larger and older sexual networks.

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Stepping Stones and Creating Futures Intervention: Shortened Interrupted Time Series Evaluation of a Behavioral and Structural Health Promotion and Violence Prevention Intervention for Young People in Informal Settlements in Durban, South Africa

Jewkes, R., Gibbs, A., Jama-Shai, N., et al. *BMC Public Health* (December 2014), E-publication ahead of print.

Stepping Stones was a participatory intervention designed to strengthen HIV prevention and relationship skills, conducted in rural Eastern Cape province of South Africa. The project's results indicated a 38 percent reduction in male self-reported violence against women, but women's reported experience of violence did not diminish. The authors of this study investigated whether combining Stepping Stones with Creating Futures, an intervention to enhance the livelihoods of young women and men without microfinance or cash transfers, could reduce gender-based violence against women. The authors recruited 232 out-of-school young people aged 18 to 34 from two urban settlements.

Participants attended 10 Stepping Stones learning sessions and 11 three-hour Creating Futures learning sessions, where they discussed using existing local resources to improve their livelihoods. The findings showed improvements in reported earnings among both men and women. The authors also noted that the combined intervention led to improved attitudes toward gender among men and women, and reductions in men's controlling behaviors toward female partners. In addition, women reported experiencing less sexual and/or physical intimate partner violence. The authors concluded that combining the two interventions can strengthen livelihoods, improve gender relationships, and reduce violence against women in South Africa's informal settlements.

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Factors Enhancing Utilization of and Adherence to Prevention of Mother-to-Child Transmission (PMTCT) Service in an Urban Setting in Kenya

Murithi, L. K., Masho, S. W., & Vanderbilt, A. A. *AIDS and Behavior* (November 2014), E-publication ahead of print.

This study investigated enabling social, structural, and individual factors that increased utilization of and adherence to prevention of mother-to-child transmission (PMTCT) services among HIV-positive women with HIV-negative infants, and examined the reasons for success as explained by the women themselves. Fifty-five women completed a structured interview, and a subset of 15 women participated in in-depth interviews. The findings pointed to four key factors in successful PMTCT: supportive counseling; striving for motherhood (desiring children); assurance of confidentiality; and confirmation, affirmation, and admiration. *Supportive counseling* was by far the most important factor in influencing the women's decision to test for HIV, disclose their status, initiate antiretrovirals, and discontinue breastfeeding at six months. For women who were *striving for motherhood*, adherence to PMTCT programs made it possible to ensure that their infants were born HIV-negative. *Confidentiality* of services was vital: women expressed willingness to travel long distances and endure long waiting times at a clinic offering such services. Women also emphasized *confirmation*, saying that a successful PMTCT experience by a close friend, or even a public figure, helped them with their PMTCT adherence. The authors concluded PMTCT programs should consider these enabling factors, along with attention to access, health education, and functional health care systems, to ensure that women are provided with services that meet their needs.

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Epidemiological Interventions

Trends in HIV Acquisition, Risk Factors and Prevention Policies among Youth in Uganda, 1999–2011

Santelli, J. S., Edelstein, Z. R., Wei, Y., et al. *AIDS* (January 2015), DOI: 10.1097/QAD.0000000000000533.

This study examined how changes in local conditions and risk factors affected HIV acquisition among youth (adolescents and young adults) in Rakai, Uganda. Using data from 22,164 participants collected from nine Rakai Community Cohort Study survey rounds between March 1999 and June 2011, the

authors compared trends in HIV incidence with trends in previously identified HIV risk factors, social factors, and HIV programs. Overall, the study found significant declines in sexual experience, number of multiple partners, and sexual concurrency among adolescents and young adults. Among adolescent women, HIV incidence decreased by 86 percent between 1999 and 2011; prevalence among all young women declined from 9.1 percent to 6.1 percent. The authors attributed changes in HIV incidence and risk behaviors to several social and environmental factors. These included increases in school enrollment (from 26 percent to 58.9 percent in adolescent women and from 42.6 percent to 65.9 percent in adolescent men); fewer adolescent marriages (from 46.4 percent to 23.7 percent among adolescent women); availability of antiretrovirals; and increased access to medical male circumcision. However, much of the decline in HIV incidence among adolescent women (71 percent) was attributable to reduced sexual experience, which in turn was mainly due to increased school enrollment. The authors called for efforts to increase school attendance as an important component of combination prevention in Uganda.

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Sampling Methodologies for Epidemiologic Surveillance of Men Who Have Sex with Men and Transgender Women in Latin America: An Empiric Comparison of Convenience Sampling, Time Space Sampling, and Respondent Driven Sampling

Clark, J. L., Konda, K. A., Silva-Santisteban, A., et al. *AIDS and Behavior* (December 2014), Volume 18, Issue 12, pp. 2338-2348.

This pilot evaluation compared convenience sampling (CS), time space sampling (TSS), and respondent-driven sampling (RDS) for recruiting and enrolling men who have sex with men (MSM) and transgender women (TW) for epidemiological surveillance in Lima, Peru. A total of 748 participants were recruited through CS, 233 through TSS, and 127 through RDS. The authors reported both advantages and drawbacks for each strategy. CS was effective at recruiting a large number of participants within a brief time and exacted minimal resource requirements. However, CS lacked the statistical representation necessary for population-level estimates of HIV and STI prevalence and associated risk behaviors. RDS recruitment resulted in a large number of non-productive seeds and a small number of recruitment waves, which made it inefficient and potentially not valid in population estimates. TSS was effective in recruiting a large number of participants from previously under-sampled populations over a brief time frame, but was limited by a low rate of participant enrollment. The authors concluded that researchers should take into consideration the characteristics of MSM and TW social networks and community structures when making decisions about which sampling methods to use.

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Reports, Guidelines, & Tools

A Critical Partnership: The Lifesaving Collaboration between the Global Fund and Faith-Based Organizations

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria (December 2014).

Faith-based organizations (FBOs) are strong partners and important stakeholders in the fight against HIV and AIDS. This guidance was developed to introduce FBOs such as churches, mosques, synagogues, and others to the new funding model of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The guidance also describes various ways in which participating FBOs can engage with the Global Fund to build stronger communities and expand their access to civil society groups. Specifically, the guide suggests that FBOs in countries organize as a caucus to develop a comprehensive strategy for prevention, treatment, and care as part of the overall national strategic health plan development process. Additionally, FBOs should engage with their country coordinating mechanism (CCM) to ensure that their constituents are appropriately represented. Interested FBOs can participate actively in the development of concept notes for a particular country-based initiative. Once the country receives the grant, FBOs should continue to engage with the Global Fund on the development of the grant work plan and budget. Because of their broad networks, long-standing community presence, relationships, and knowledge of the local context, FBOs can serve as primary grant recipients or sub-recipients. They can also play a key role in resource mobilization by supporting ongoing advocacy at national and global levels, thus continuing their critical global role in addressing HIV, tuberculosis, and malaria.

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