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# **HIV/AIDS prevention strategies**

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## Objectives of this Lesson

At the end of this lesson, you should have an understanding of:

- Principles of prevention and **how prevention works**
- HIV/AIDS **prevention strategies** and some **approaches** for their implementation
- ~~Models and theories of behaviour change~~

# Principles of prevention

Primary goal of prevention is to *reduce risk behaviours* and *address vulnerability*.

## Effective prevention programs:

- must understand and address people's *behaviours*
- address not only *risk*, but also *vulnerability*.
- involve and *grow out of the community* whose behaviours they seek to change
- ~~must *involve multiple partners* and *multiple prevention components* to address the~~

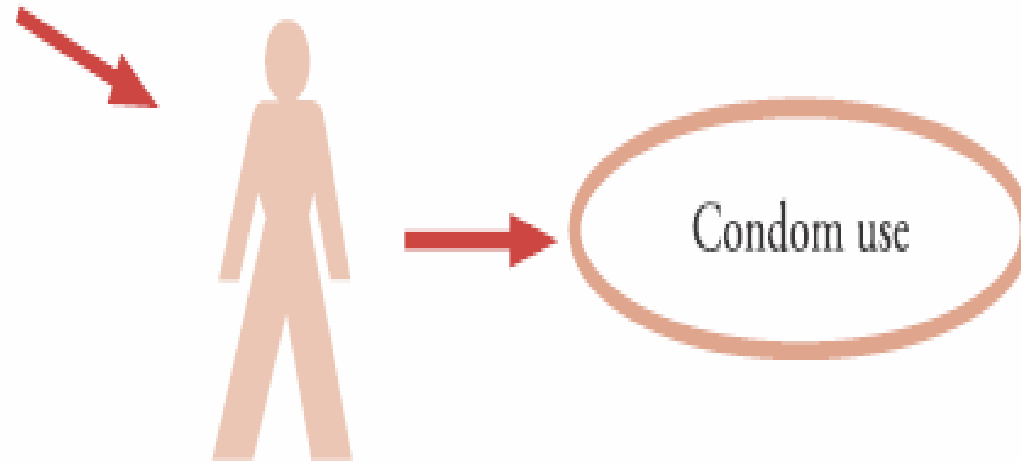
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# Effective HIV prevention

- Effective prevention works at multiple levels:
    - Individual level e.g. perception of risk
    - Group level e.g. dealing with peer and group factors
    - Community level e.g. dealing with structural and cultural factors
    - Societal level e.g. AIDS leadership or communication campaigns
  - Real prevention is complex - there is no “magic bullet”.
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- Effective prevention takes time.

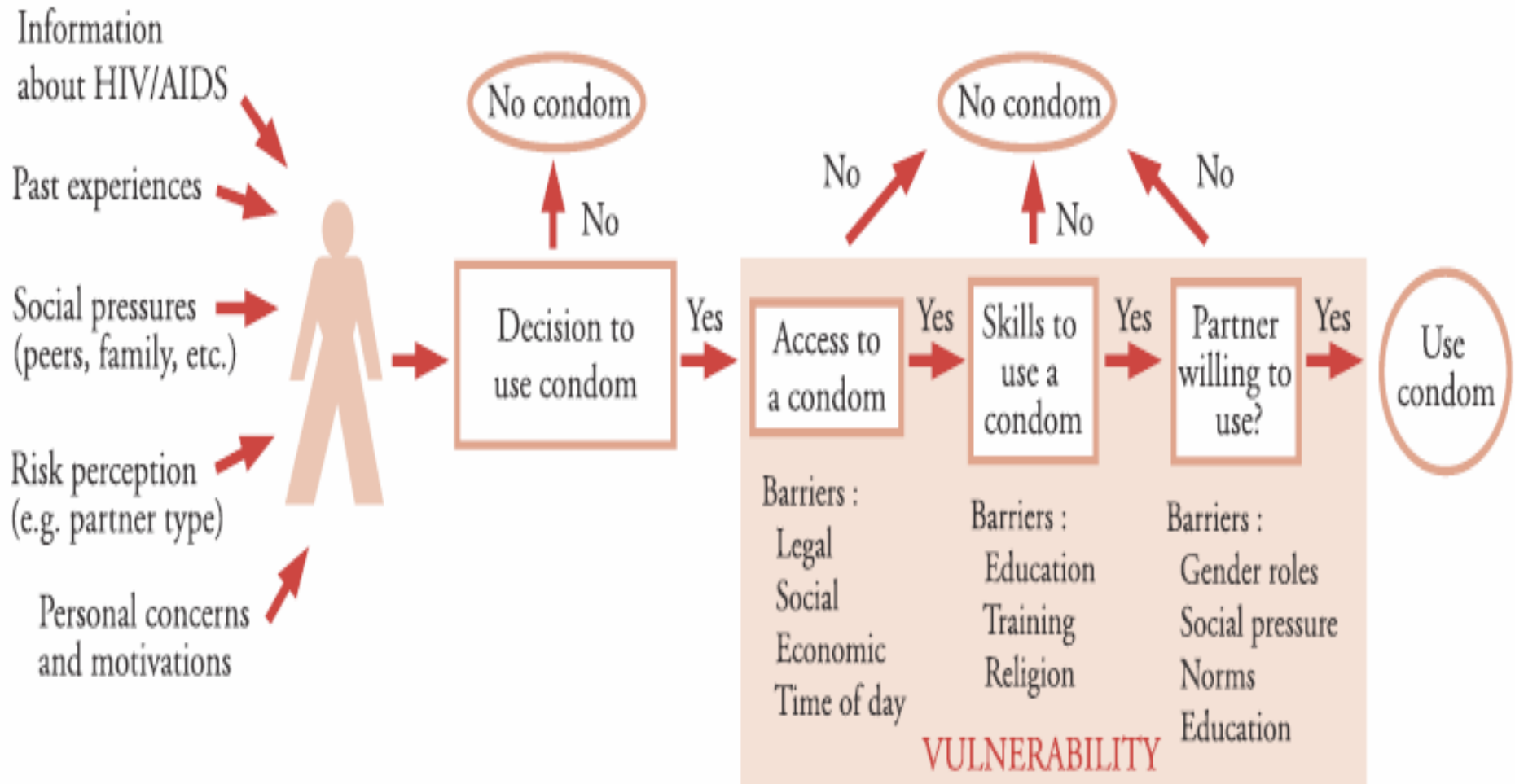
# Early model of how prevention works

Information  
about HIV/AIDS



Unsuccessful. Does not address risk and vulnerability

# A model of behavior change – Addressing risk and vulnerability



# Assumptions on the KABP model

**Awareness** of HIV/AIDS



Increased **Knowledge** of HIV/AIDS



Positive **Attitudes** towards prevention tools  
e.g. condoms



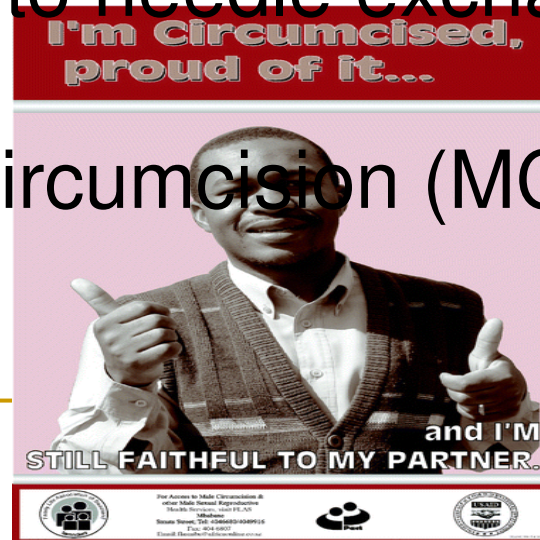
Positive **Behaviours** e.g. ABC/DRC



~~Positive **Practices** e.g. delayed sex, “zero-grazing”~~

# HIV/AIDS prevention strategies

- Promoting safer sex through delayed intercourse [D]
- Reducing multiple concurrent partners (MCP) [R]
- Use of condoms (male and female) [C]
- Decreasing drug and substances abuse
- Providing access to needle exchange programs
- Promoting male circumcision (MC).





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## MC as HIV prevention strategy

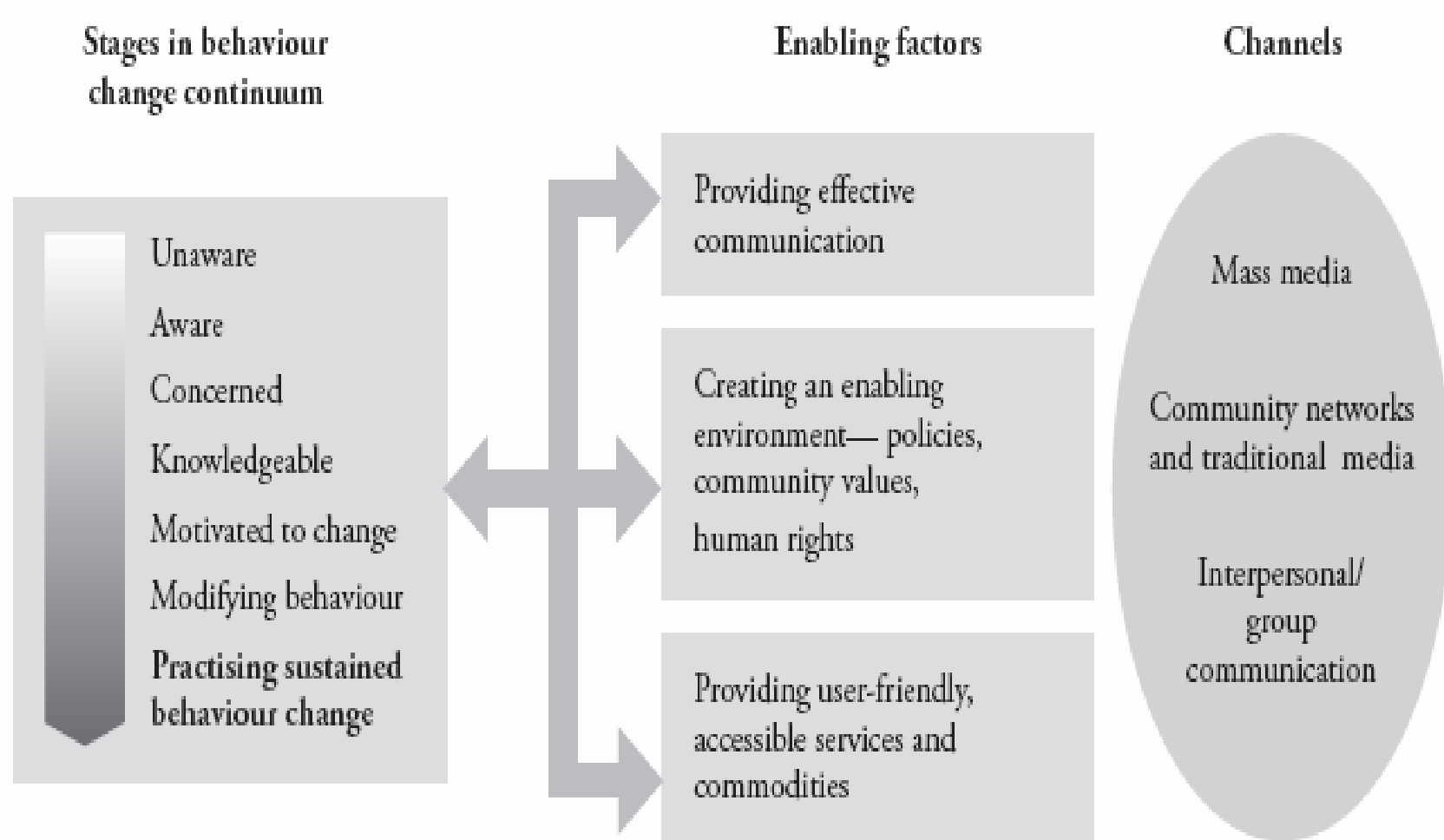
- **South African study:** The RCT enrolled more than 3,000 HIV-negative, uncircumcised men aged 18 to 24 in Orange Farm. MC might reduce by about **60%** the risk of men contracting HIV through sexual intercourse with women.
- **Ugandan study:** RCT monitored 4,996 men aged 15 to 49 living in Uganda and found 43 cases of HIV among the uncircumcised men, compared with 22 among the circumcised men -- a **48%** reduction of HIV transmission.
- **Kenyan study:** RCT monitored 2,784 men aged 18 to 24 living in Kenya and found 47 cases of HIV among uncircumcised men, compared with 22 among the circumcised men -- a **53%** reduction.
- MC eliminates the cells most vulnerable to HIV. In addition, a circumcised penis develops thicker skin that is resistant to HIV infection.
- The results of the MC studies might be "**the most important development in AIDS research since the debut of antiretroviral drugs**"

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# Some approaches to implementation of prevention strategies

- *Bio-medical approach* – assessment, diagnosis & prescription.  
VCT → CD4 → ART
- *Public health approach* – information; choices and options.  
HE → ABC/DRC → VCT → Treatment literacy and support
- *Human rights approach* – informed choices; right to decide is protected by law.  
HE → Right to choose D, R or C → Voluntary CT → Treatment literacy and support → Right to take ARVs or not
- *Religious approach* – OT = “thou shall not...”  
NT = “flee from sexual immorality...” = Abstinence-only and Zero-grazing as only options, no space for immorality and condoms.

# Framework for effective BCC design



Source: ILO/FHI: HIV/AIDS behaviour change communication - a toolkit for the workplace

# Combination prevention or Highly Active HIV Prevention

**Combination prevention:** Successful HIV behavior-change programs deliver a combination of scientifically proven risk-reduction strategies – such as one-on-one counseling, small-group programs, and community education to encourage people to adopt safer sexual behaviors and avoid risky drug use.

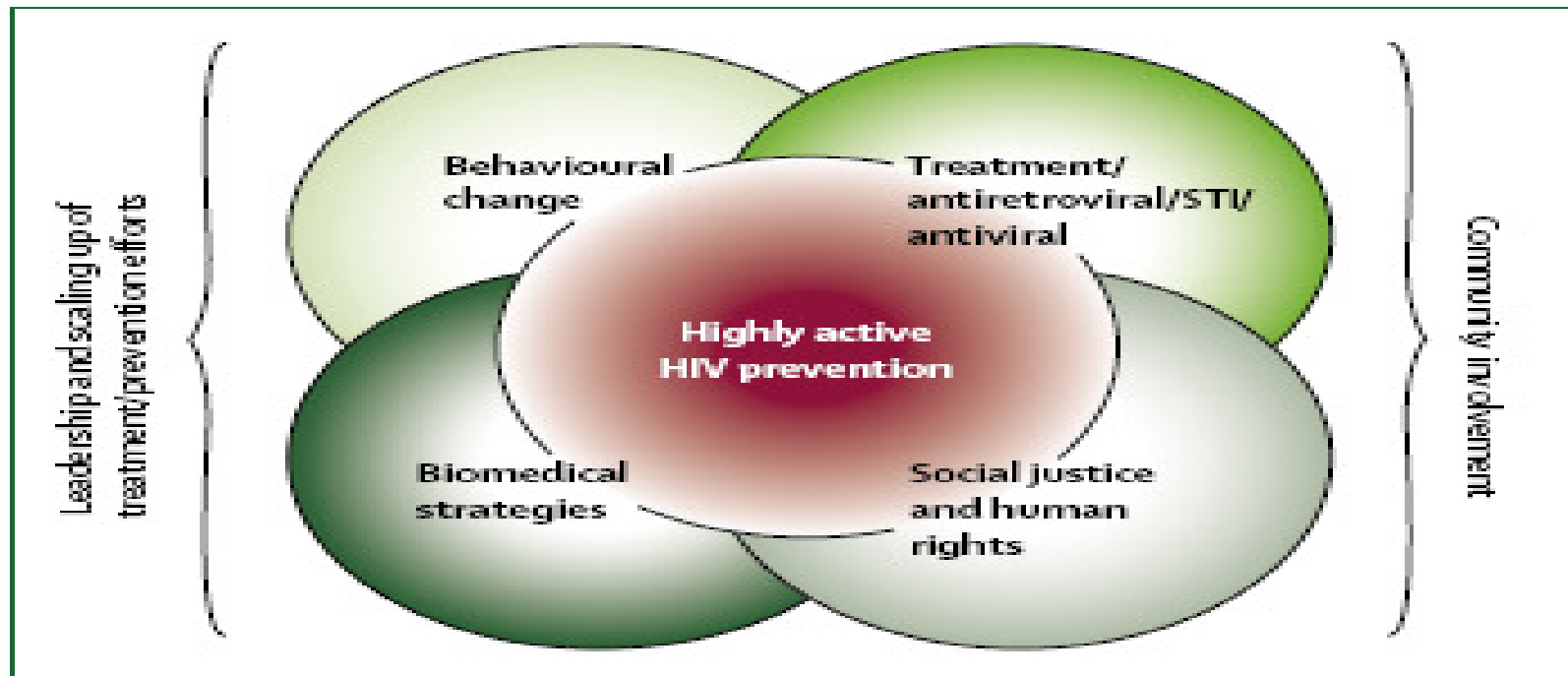


Figure 1: Highly active HIV prevention

This term was coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA.<sup>5</sup> STI=sexually transmitted infections.

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# Challenges facing behavioural change for HIV prevention

- **HIV testing**: Many people with HIV do not know they are infected - thus one of the major tasks for HIV prevention must involve increasing the number of people who know they are infected.
- **Risk compensation** - where advances in HIV prevention are undone by increases in risky behaviour. HIV prevention counseling and services must be a regular part of treatment for persons with HIV.
- Young people have a shockingly **low knowledge of HIV**, and it is unlikely that we will meet the goal of having 90% of young people with comprehensive HIV knowledge by 2010

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## Discussion questions on HIV prevention strategies

Discuss the pros and cons of either using ABC versus DRC as HIV prevention strategies at your workplace.

What is the value of HCT as an HIV/AIDS prevention strategy at your workplace?

Botswana has introduced routine/provider-initiated HIV testing at health services. Will this HIV prevention strategy work in your workplace? If not, why not?

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## Recommended Readings

Brown T, Franklin B, MacNeil J & Mills S. (2001) *Effective Prevention Strategies in Low HIV Prevalence Settings*. UNAIDS Best Practice Key Materials.

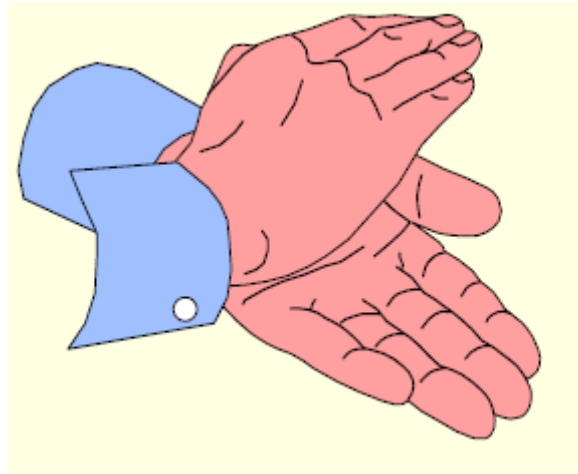
Green ED. (2003) *Rethinking AIDS Prevention*. Harvard University Press

CHAMP (2007) *Research Advocacy for HIV prevention: Skills and Challenges*

Global HIV Prevention Working Group. *Behavior Change and HIV Prevention: (Re)Considerations for the 21st Century*. August 2008

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Thank You  
Enkosi  
Kea leboga



Baaie dankie  
Obrigado  
Asante sana

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