Social Aspects of HIV/AIDS and Health

HIV Prevention sessions at the XVII International AIDS Conference

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Report back session at the HSRC,

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In this presentation

- Key sessions on HIV prevention…
- Reports and publications on HIV prevention
- Behavioural strategies for HIV prevention
- Five key points on behavioural interventions
- Challenges facing behavioural change for HIV prevention
- Conclusions

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Key sessions on HIV prevention at the XVIIth International AIDS Conference

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Plenary sessions

- **Monday**: State of the epidemic
- **Tuesday**: Prevention of the sexual transmission of HIV-1; Substance use and harm reduction and Jonathan Mann Memorial Lecture: Sex between men
- **Wednesday**: The virus and the immune system; HIV and children; Sex work
- **Thursday**: Advances in ART; GIPA; ART scale-up
- **Friday**: HIV & TB; HIV prevention: What we have learned from community experiences…; Criminal statutes; Women and Girls

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Skills building sessions on HIV prevention

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- UNAIDS Skills Building session on "*Youth Pop Culture, Media and HIV/AIDS: How to work and meaningfully involve celebrities in HIV/AIDS Prevention*"
- UNAIDS session on "*Intensify HIV Prevention: Meeting the Challenges of Scale, Demand and Drivers*"
- UNESCO Skills Building session on "*Education Matters: The Role of the Sector in Promoting Universal Access to Prevention, Treatment, Care and Support*"
- UNFPA session on "*Talking Condoms: Setting a Global Agenda*"
- WHO Skills Building session on "*Update on key messages and guidance for HIV testing and counseling*"

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Oral sessions on HIV prevention

- MOAC02 *HIV prevention for women and girls: Changing gender norms*
- MOAC03 *Meeting the prevention needs of PLWHA*
- MOAD01 *Rethinking structure: Prevention in challenging settings*
- MOAX05 *Pursuing desire: Sexual and reproductive health and HIV prevention integration*
- TUSY08 New frontiers in HIV prevention sciences
- TUAC01 *Prevention programs with female sex workers*
- TUAC03 *MC: Addressing implementation challenges…*
- WEAC02 *Implementing novel prevention programs*

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Poster sessions on HIV prevention

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Poster Track C: Behavioural surveillance

- Capacity building for HIV prevention research
- Determinants of HIV risk and protective behaviours
- Evaluation of behavioural interventions for PLWHA
- Harm reduction strategies and HIV prevention programs for drug users
- HIV counseling and testing
- Male and female condoms and other physical barriers
- Male circumcision
- Prevention programmes: gender inequalities; immigrants, mobile and displaced populations; indigenous populations, CSWs, MSM, PLWHA, infants, general population

Poster late breaker D: Prevention among adolescents and youth

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Reports and publications on HIV prevention at the XVIIth International AIDS Conference

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Two reports on male circumcision as HIV prevention strategy

- Robert Bailey extended follow-up from 24 months to 42 months in the circumcision trial conducted in Kisumu, Kenya (1). Among 1491 men who continued follow-up that long, circumcision lowered the risk of HIV acquisition by 65%, compared with the 60% rate found at 24 months.

- Ongoing research among men enrolled in the circumcision trial in Orange Farm, South Africa (2), found that foreskin removal protected men against *human papillomavirus (HPV)* infection and, to a lesser extent, *Trichomonas vaginalis* acquired from female partners. Circumcision did not help men avoid gonorrhea.

(1) Bailey RC, et al. The protective effect of MC… XVII International AIDS Conference. Abstract THAC0501
(2) Auvert B, et al. Effect of MC on HPV… XVII International AIDS Conference. Abstract THAC0502

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Stepping Stones counseling intervention: Impact on HIV-1, HSV-2 & Behavior

- *Stepping Stones*, a 50-hour "participatory learning" counseling program, lowered the risk of herpes simplex virus type 2 (HSV-2) infection in a randomized study of 70 South African villages. Compared with a shorter program, Stepping Stones did not lower incidence of HIV-1 infection and had variable impacts on risk behavior in the young adults studied.

- Men who completed the *Stepping Stones* program reported less intimate partner violence over 2 years, less transactional sex over 12 months, and less problem drinking over 12 months. But Stepping Stones women reported *more* transactional sex than women in the control program.

Jewkes, Nduna, Levin, Jama, Dunkle, Puren, Duvvury. Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomised controlled trial. *BMJ.* 2008;337:a506

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Priority interventions for HIV/AIDS prevention…

- WHO launched a package of priority interventions for HIV prevention at the conference.
- These are designed to help low- and middle-income countries move towards universal access to HIV/AIDS prevention, treatment, care and support.
- It includes everything from how to expand condom programming to the latest in treatment recommendations

WHO (2008) A package of priority interventions for HIV prevention…
http://www.who.int/hiv/pub/priority_interventions_web.pdf

Perception problems with HIV prevention efforts

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"Behavioral HIV prevention works. Some have been pessimistic that it's possible to reduce HIV risk behaviors on a large scale, but this concern is misplaced"

Dr. Helene Gayle, co-chair of the Working Group

"Unanswered questions shouldn't stop us from supporting proven programs,"

Dr. David Serwadda, co-chair of the Working Group

"When it comes to reducing HIV risk behaviors, a 'one-size-fits-all' approach doesn't work,"

Dr. Salim Abdool Karim, member of the Working Group

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

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Key elements of successful behavior-change programs

- **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.

Access: Successful behavior-change programs achieve sufficient coverage, intensity, and duration to have a long-term impact.

Tailored strategies: Thee most effective behavior-change strategies address the main drivers of HIV transmission, and are tailored to specific needs and circumstances of groups at high risk.

- **Community support:** Successful behavior-change programs have strong community involvement and support.

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

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Strategies to strengthen behaviour change efforts

- **International funders** – should meet UNAIDS's call for at least $11.9 billion to be spent annually by 2010 to expand HIV prevention efforts, including behavior-change programs targeted to groups at high risk.
- **Leaders in developing countries** seriously affected by AIDS should work closely with UNAIDS and WHO to develop aggressive national HIV prevention plans that are based on the latest scientific evidence, tailored to local needs, and well integrated with HIV/AIDS treatment programs.
- **Researchers** should undertake additional studies to address limitations in knowledge about how to best implement HIV behavior-change programs.

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

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Behavioural strategies for HIV prevention

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Behavioural strategies that prevent HIV

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

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Five Key Points: Behavioural strategies

1. HIV prevention requires radical, not subtle, behavioural change
2. Combination prevention is essential!
3. Prevention programs can do better!
4. Prevention science needs to do better!
5. Get the simple things right!

Coates T, Richter L, Caceres, (2008) ***Behavioural strategies to reduce HIV transmission: How to make them work better***.

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1. HIV prevention requires radical, not subtle, behavioral change

- Political support and institutional participation
- Planning, surveillance, and laboratory support
- VCT, IEC,
- Need behavioral options — DRC, reduce needle and syringe sharing
- Access VCT, male circumcision, PMTCT, treatment
- Mobilization and community buy-in
- Support inspirational leaders and community-grown strategies
- Support for persons with HIV
- Access to technological advances

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2. Combination prevention is essential

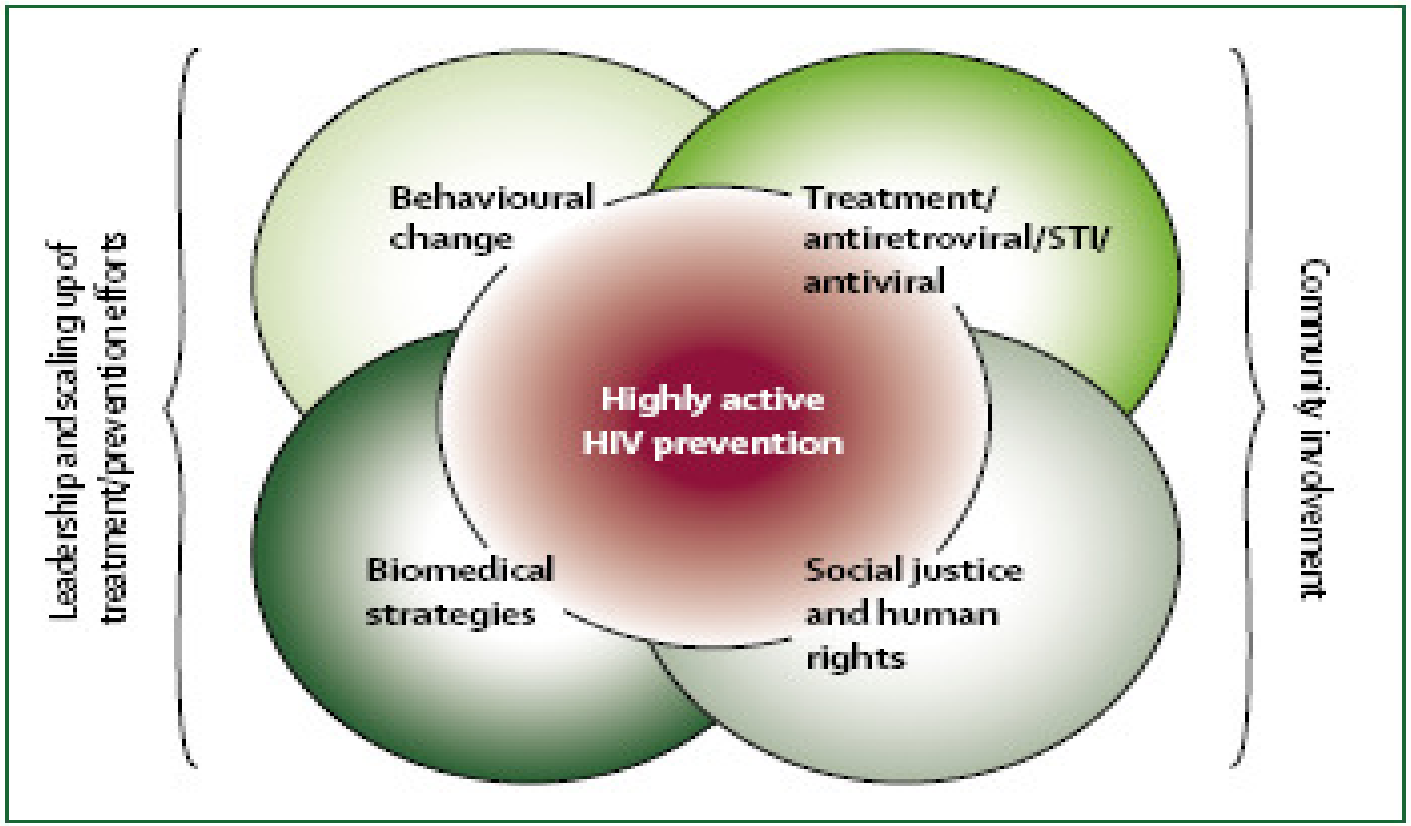

Figure 1: Highly active HIV prevention
This term was coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA.[5] STI=sexually transmitted infections.

3. Prevention Programs Can Do Better

"It is time to scrap the ABCs and elevate the debate on HIV prevention beyond the incessant controversies over individual interventions. Small scale, isolated HIV prevention programs, however effective, will not bring the AIDS epidemic under control…Policy makers, donors and advocates need to demand national prevention efforts…ABC infantalizes prevention, oversimplifying what should be an ongoing, strategic approach to reducing incidence."

Collins et al, *AIDS*

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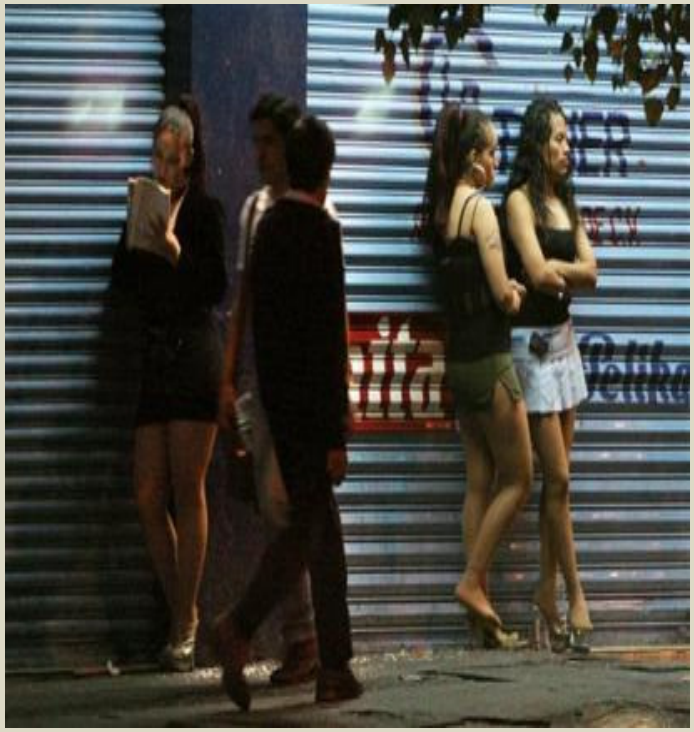
4. Prevention science needs to do better

- Prevention science needs to align with programmatic needs

5. Get the Simple Things Right



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Get the Simple Things Right

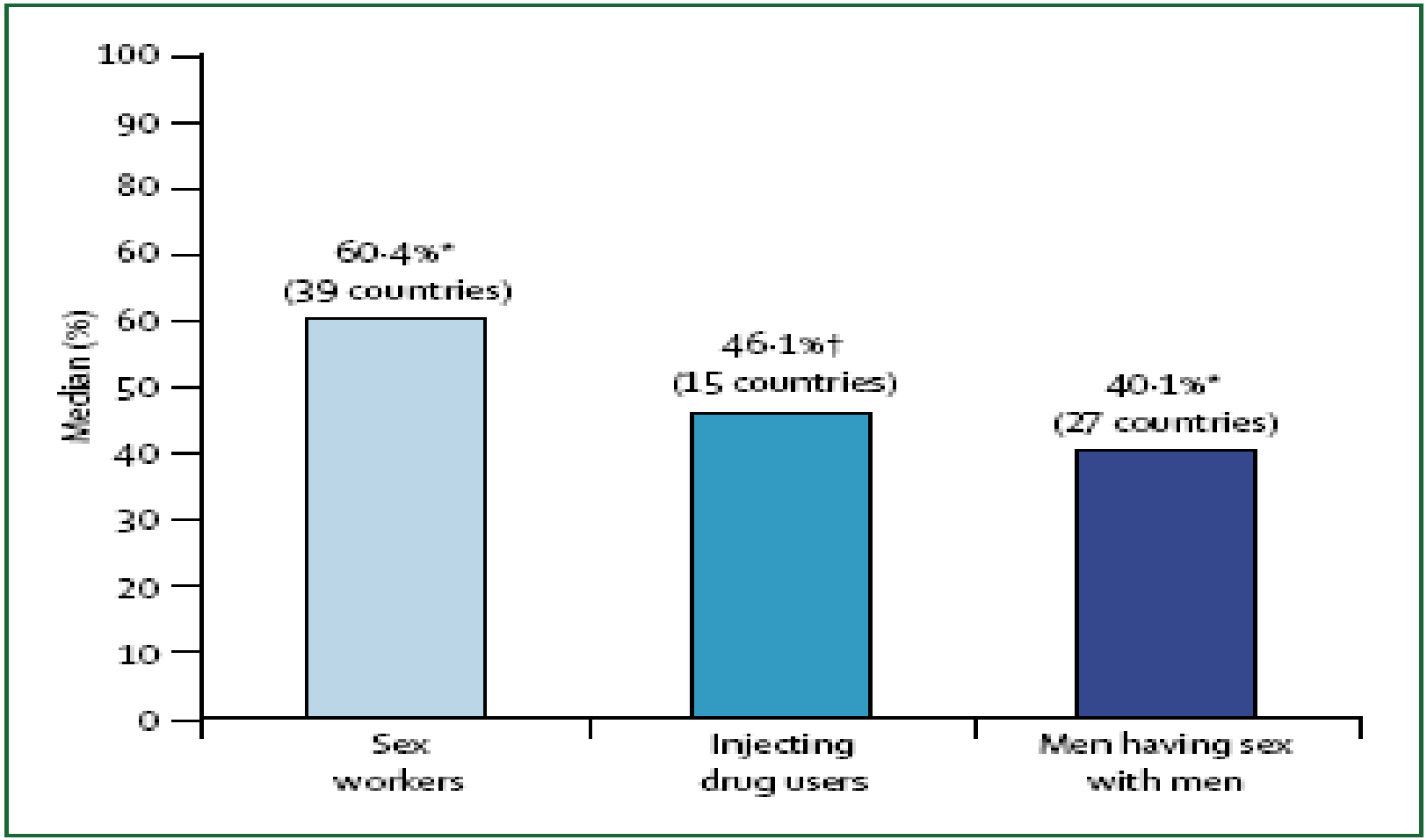

Figure 3: Percentage of sex workers, injecting drug users, and men having sex with men who are reached by HIV prevention programmes

Get the Simple Things Right

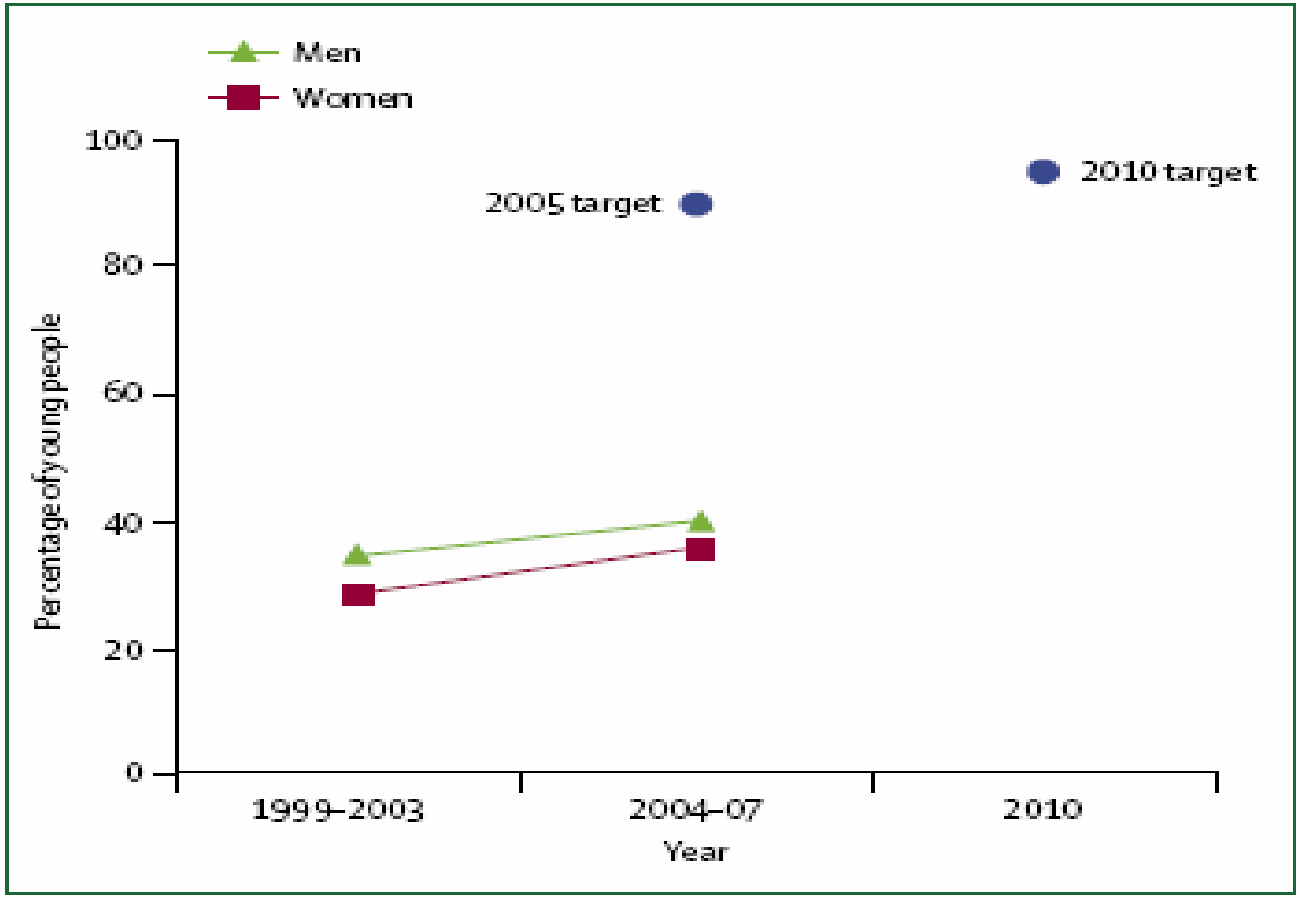

Figure 4: Percentage of young people aged 15–24 years who have comprehensive knowledge of HIV
Adapted from references 22 and 110 with permission from author and publisher.

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Challenges facing behavioural change for HIV prevention

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Challenges facing behavioural change for HIV prevention

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- Many people with HIV do not know they are infected - thus one of the major tasks for HIV prevention in the developing world 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 - must also be addressed. 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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Conclusions

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HIV Prevention [is]…

- Possible
- Neither simple nor simplistic
- Hampered by unparalleled impediments
- Not being implemented
- Cannot be reduced to formulas
- Requires radical commitment

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Conclusions

- Characteristics of the global epidemic varies greatly among and within countries, most of which are not focusing prevention resources where their epidemics are concentrated.
- Combining HIV prevention measures and delivering them on a wider scale is crucial to reversing the global HIV epidemic
- The radical behavioural change that is needed to reduce HIV transmission requires radical commitment.
- Prevention strategies will never work if they are not implemented completely, with appropriate resources and benchmarks, and with a view toward sustainability.
- The fundamentals of HIV prevention need to be agreed upon, funded, implemented, measured, and achieved