

HIV Prevention interventions and research



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Report back session at AIDS Consortium,

26 August 2008

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

Key sessions on HIV prevention at the XVIIth International AIDS Conference



**XVII INTERNATIONAL
AIDS CONFERENCE**
3-8 August 2008 | Mexico City

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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

- 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*”

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*

Poster sessions on HIV prevention

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



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



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Two AIDS 2008 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

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.

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

Perception problems with HIV prevention efforts

1. Misplaced pessimism about the effectiveness of HIV prevention strategies.
2. Confusing the difficulty in changing human behavior with an inability to do so.
3. A misperception that because it is inherently difficult to measure prevention success, those efforts have no impact



*“It’s widely assumed that HIV continues to spread because **prevention isn’t effective**, and **that’s simply not true**. The problem is that effective prevention isn’t reaching the people who need it.”*

David Serwadda,
Director of the Institute of Public Health at Makerere University,
Uganda



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.

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!

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

- Political support and institutional participation
- Planning, surveillance, and laboratory support
- VCT, IEC,
- Need behavioral options—delay intercourse, reduce partner number, use condoms, 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

2. Combination prevention is essential

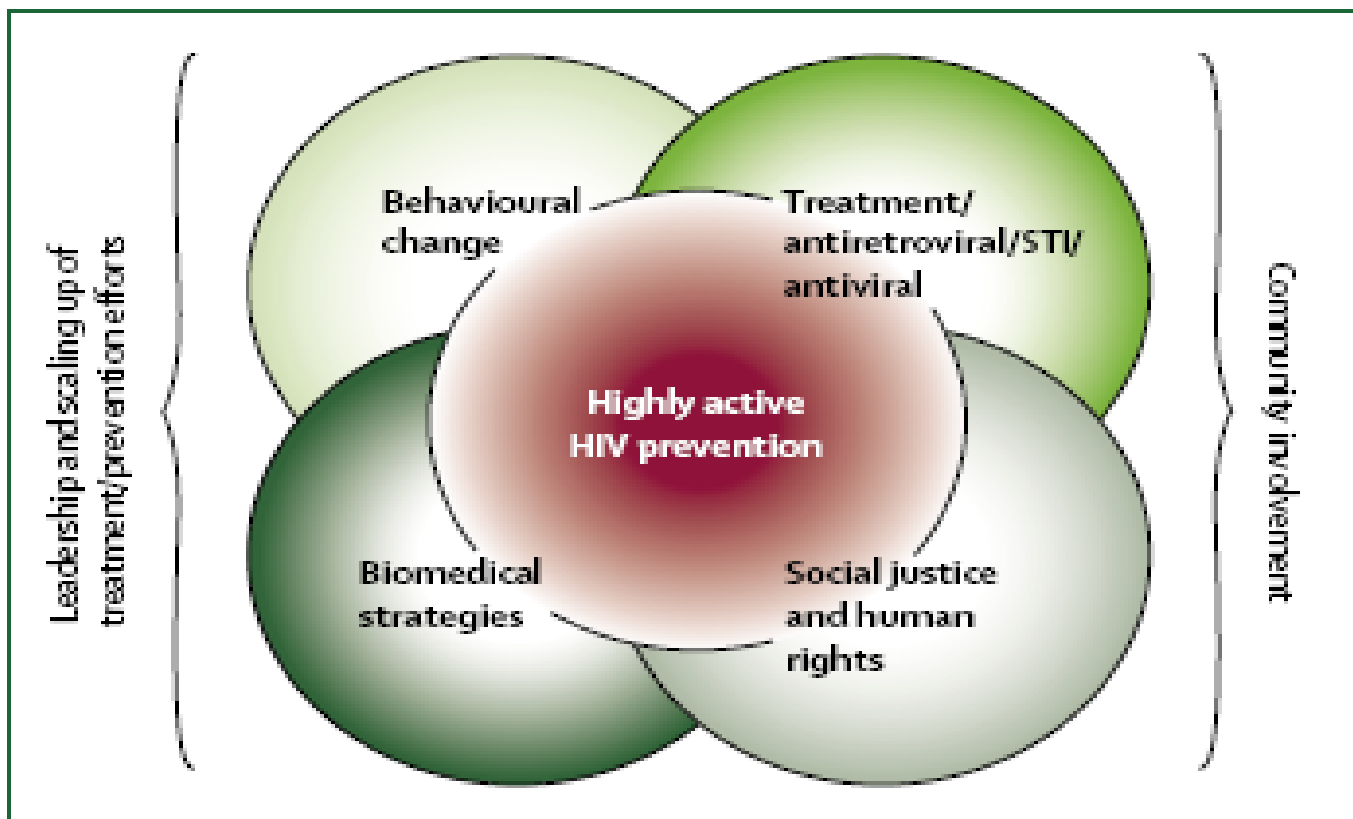


Figure 1: Highly active HIV prevention

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 infantilizes prevention, oversimplifying what should be an ongoing, strategic approach to reducing incidence.”

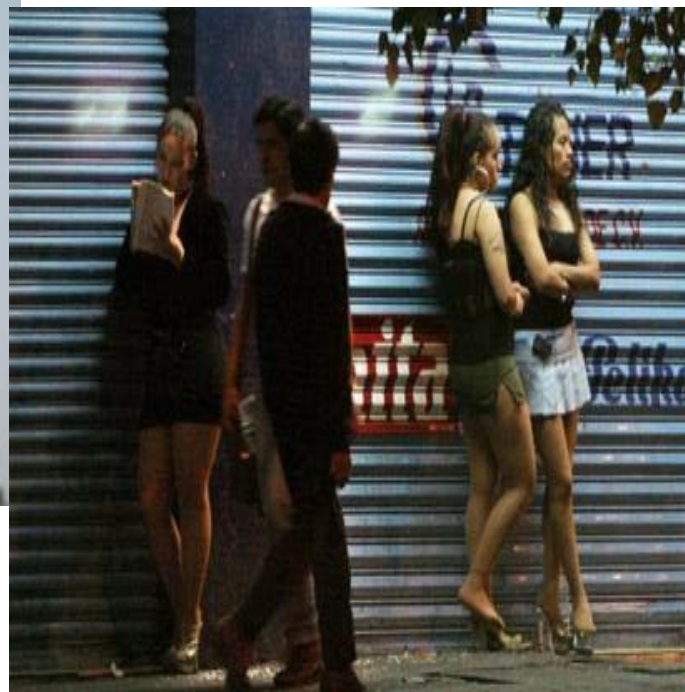
Collins et al, *AIDS*



4. Prevention science needs to do better

- Prevention science needs to align with programmatic needs

5. Get the Simple Things Right



Get the Simple Things Right

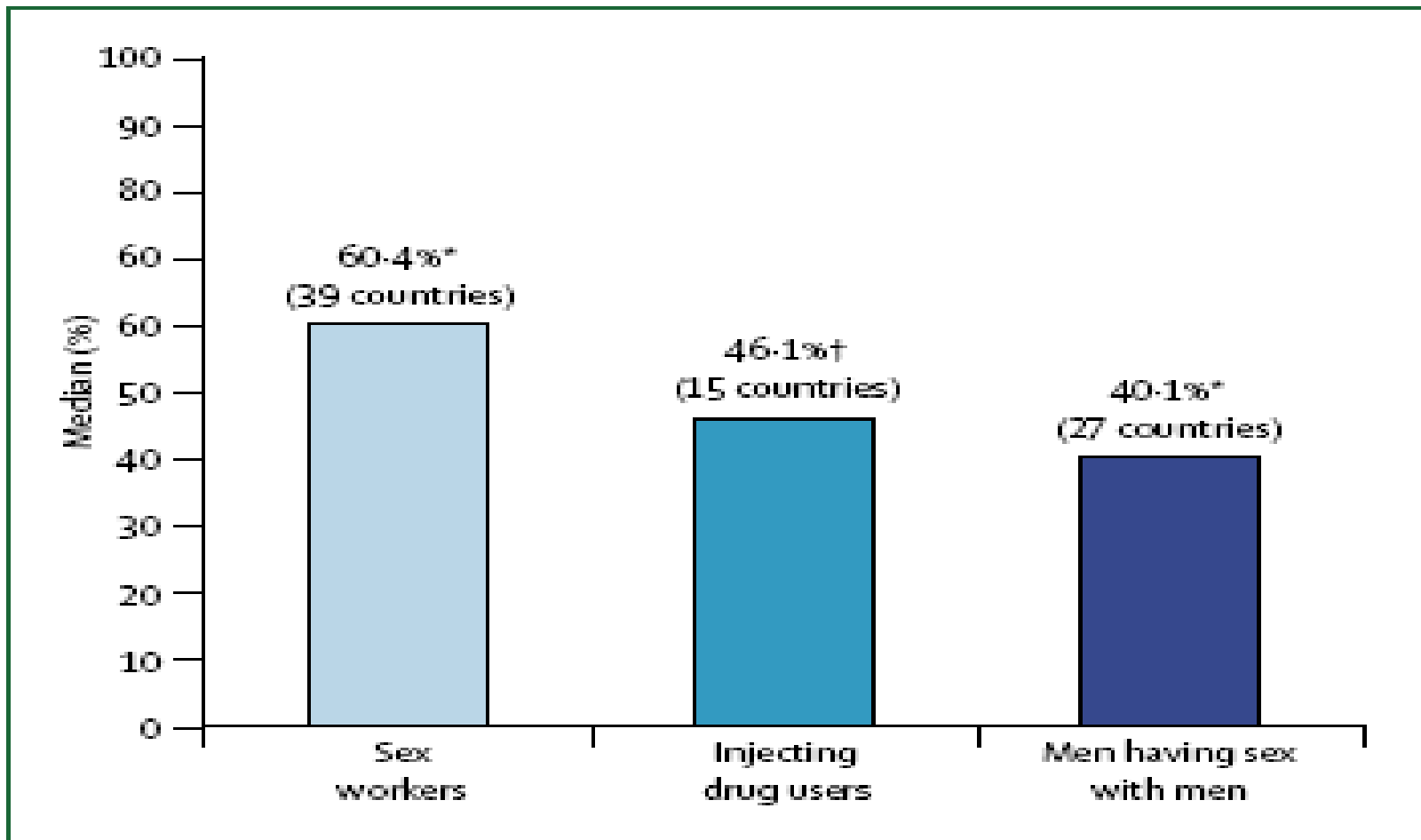


Figure 3: Percentage of sex workers, injecting drug users, and men having sex with men who are reached by HIV prevention programmes

Get the Simple Things Right

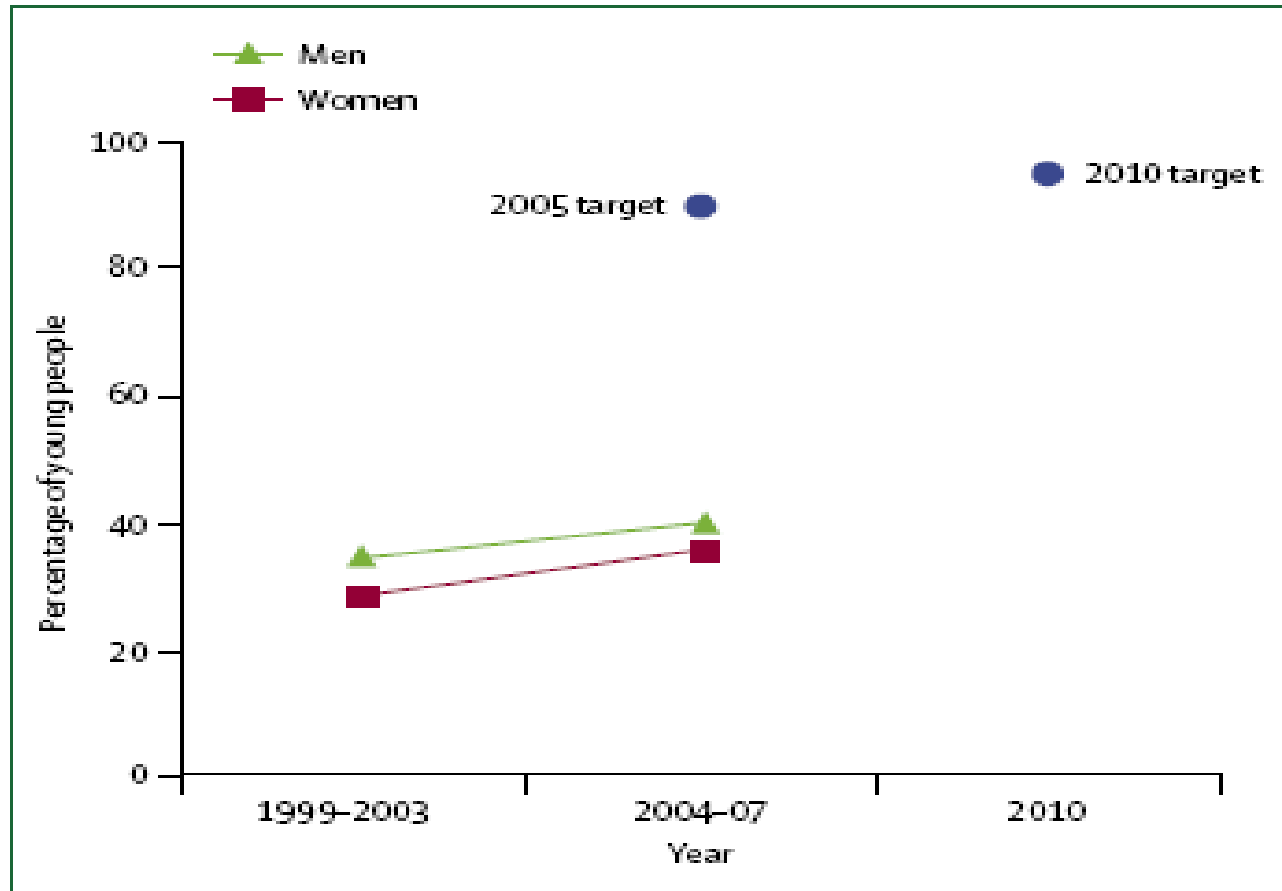


Figure 4: Percentage of young people aged 15-24 years who have comprehensive knowledge of HIV

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Challenges facing behavioural change for HIV prevention



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Challenges facing behavioural change for HIV prevention

- 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

Conclusions

HIV Prevention [is]...

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

Conclusions

- Characteristics of the global epidemic varied greatly among and within countries, most of which were **not focusing prevention resources where their epidemics were concentrated.**
- **Combining HIV prevention measures** and delivering them on a wider scale is crucial to reversing the global HIV epidemic

Conclusions

- 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