HIV Prevention Now

Programme Briefs

No. 8 - Programming for Prevention in Various Stages of an HIV/AIDS Epidemic

It is internationally recognized that HIV prevention is the mainstay of any response to HIV/AIDS. And, there is good evidence globally that well designed and sustained policies and prevention programmes can reduce the rates of transmission of HIV in any setting regardless of whether the prevalence rates are high or low. It is not to say that care, treatment and support are not also important; they are, and are considered inextricably linked with prevention. Yet with no cure available for HIV or AIDS, HIV prevention is the best and most feasible approach to reverse and ultimately halt the pandemic. However, the nature of a particular epidemic and the dynamic environment in which it thrives must be understood and incorporated into programming to ensure effectiveness. Understanding the epidemic in specific countries and communities – its patterns and trends, and the driving forces behind it from an economic, social, cultural and behavioral perspective will help define the population groups at risk of infection and the issues that preventive actions need to address in a more focused manner. There is a caveat, however, in interpreting and using prevalence or incidence rates. For example, it is not so much national prevalence rates that should influence preventive actions but rather the rates within different settings and population groups in any given community, country or region and the tell-tale trends behind them. Together they provide better indicators for the course of the epidemic and the type of preventive interventions required to quell its progression.

The HIV/AIDS Branch

Why are the dynamics of the local epidemic important for prevention programming?

The evolution of the HIV/AIDS pandemic shows stark differential by region, sub-region, countries and communities. STI and HIV prevalence rates along with the underlying trends provide markers for the stage and direction of the epidemic in any given community or country. Taken alone, national (or average) prevalence rates can be deceiving. Nascent[1], or concentrated, epidemics may show low prevalence rates on a national scale, yet can have hidden pockets of high HIV rates (either geographic or among groups with high-risk behaviours) suggesting a potential for more explosive rates of HIV infection. Unchecked, these countries will transition into more mature (or generalized) epidemics which are often characterized by high or higher prevalence rates within the general population. Low prevalence rates can also mask the sheer numbers of persons HIV+ in highly populated countries. Trends in infection rates can provide important information to help anticipate the progression of the epidemic. When quality data is available, the number of new infections (incidence rates) is a more useful indicator for planning. Understanding the "hidden realities" of the epidemic is essential to making sound strategic decisions and for setting priorities which will ultimately guide programming.

Leaders and populations in low prevalence countries are often less aware of the dangers HIV/AIDS present. Frequently, denial of the HIV/AIDS situation is based on objective issues affecting these countries including having to reallocate limited resources, possible loss of image disturbing tourist income, or resistance to deal with sensitive issues including reviewing legislation and

[1] A nascent epidemic is one that is just emerging and often localized within a specific geographic location or within a particular segment of the population that is highly vulnerable or at risk of infection. As rates increase within these pockets of the population, the epidemic may also be referred to as concentrated. Mature or generalized epidemics are characterized by higher or increasing rates within the general public with the main mode of transmission being heterosexual.

policies relating to stigma and discrimination, and access to sexuality education and reproductive health services for young people. Yet, dismissing small pockets of population groups infected and affected and devoting few or no resources to ensure an organized national response could be a recipe for disaster. In nascent epidemics it is not uncommon to see the concentration of HIV infection among population groups that are often marginalized from mainstream society such as injecting drug users (IDU) and sex workers (SW). As well, in developing countries, the health infrastructure may be weak or inaccessible especially for these marginalized groups. Health workers may also lack the training or have the right values and attitudes for dealing with issues surrounding STIs and HIV/AIDS.

In high prevalence countries, the main mode of transmission is heterosexual and HIV/AIDS is firmly entrenched in the general population as well as in the various groups with high risk behaviours. In these countries, attention is usually directed towards care and support. Securing resources for prevention is extremely necessary to establish comprehensive and intensified measures for prevention and care. In high prevalence countries the social infrastructure (health, education, labour, etc.) and basic social services are often overstretched. Development is also strained and the trends may show a loss; such is often the case in life expectancy and in gross national product. Financial strain can become untenable. Many social services and the infrastructure on which they rely may find themselves on the verge of collapse. Only effective preventive measures can alleviate social and economic disruption.

What have we learned so far?

- Prevention is always relevant regardless of 1) the stage of the epidemic (nascent or emerging to mature), 2) the prevalence rates (low or high) or 3) the environment or setting including situations of social turmoil or economic hardship. Experience has shown that the earlier prevention efforts are started the more effective they are in abating the spread of HIV and that regardless of the stage of the epidemic that political leadership and community mobilization are essential.
- While it is important to maintain action along the continuum of prevention, care, treatment and support, adequately addressing HIV prevention in general and in high risk situations in particular presents an important challenge especially given the environment that is increasingly focused on access to treatment and care.
- Vulnerability, risk and focused interventions as strategic entry points for prevention interventions are more effective when defined by situation rather than solely by group. This includes consideration of high or increasing rates of other STIs which can be a precursor to increasing incidence of HIV infection.
- Low prevalence countries and communities often have a low level of awareness, understanding, and political commitment around HIV/AIDS and HIV prevention. The more invisible nature of epidemics in low prevalence settings can fuel denial, which, compounded with stigma and discrimination, greatly impedes the response including prevention efforts.
- In high prevalence settings and for mature epidemics a multi-sectoral response to HIV/AIDS is critical. Prevention, care, treatment and support programmes need to work hand in hand to prevent new infections, provide services for those infected and also deal with the impact of the epidemic in terms of development including the issues of orphans and access to treatment.
- In high prevalence settings public awareness creation has to be strongly complemented with behaviour change interventions. The aim of awareness and education efforts should be to change behaviours which increase risk of infection and to instill and/or maintain safe(r) behaviours, especially among young people.
- Resource needs to mount an effective response in high prevalence countries are great. Mobilization must come from diverse sectors to support the response. Partnerships, albeit important in any response to HIV/AIDS, are increasingly so to support an adequate scale-up of interventions to meet the needs of epidemics in these countries.

What should be our guiding principles?

- As is expressed in the UNGASS Declaration of Commitment on HIV/AIDS (see next page), the dynamics of the local epidemic (epidemiological patterns, economic, social, cultural and behavioural factors) and the needs of the country should drive

Declaration of Commitment on HIV/AIDS

- By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk of new infection; (paragraph 48)
- By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise; (paragraph 64)

United Nations General Assembly Special Session (UNGASS) on HIV/AIDS

planning and action in the response to the local epidemic. Therefore, to be effective, the characteristics of HIV prevention efforts will most likely need to vary among countries and among communities.

- Evidence suggests that an estimated two thirds of the new infections projected to occur in the next eight years could be averted by using already tested and proven prevention strategies.
- Building of partnerships to respond to HIV/AIDS should begin regardless of prevalence rates or stage of the epidemic. Such partnerships, especially in high prevalence countries, are essential to mount an effective response. It is only through partnership, that an effective broad-scale and scaled-up response is possible.

What can UNFPA do?

HIV prevention remains the major priority for UNFPA's response to the epidemic[2]. As stated, the types, methods and manner of prevention interventions will vary in emphasis, and content based upon the specific characteristics and environment of the local epidemic. For guidance on UNFPA action in several thematic areas of action, the preceding issues of the *Prevention Now* programme brief series should be consulted.

Regardless of HIV prevalence, there are certain actions that are appropriate **in all countries** to support strategic prevention programming. In all countries UNFPA should:

1. Together with partners, **utilize or undertake in-depth analysis of the demographic, social, economic, cultural, behavioural and epidemiological factors and mapping exercises** create a more accurate picture of the nature of any given epidemic and provide a basis for effective prevention planning. The analysis should strive to provide understanding on:

   ⇒ the underlying factors of vulnerability including cultural and intergenerational perspectives,

   ⇒ the political and social environment,

   ⇒ overall prevalence and trends in STI/HIV infection rates,

   ⇒ identify pockets of high prevalence or high-risk taking behaviours (especially for low prevalence settings), and

   ⇒ estimate the socio-demographic impact of the epidemic including, when sufficient capacity is available in a country, the number of infections averted/would have been averted as one demonstration of the benefits of prevention.

[2] Interventions in the area of treatment are, by their nature, further removed from UNFPA's mandate and fall more within the scope of partner agencies and organizations.

2. Work with the UN Country Team/Theme Group to support the development, refinement and implementation of a **national strategic plan** to respond to the HIV/AIDS epidemic including support in the design and implementation of monitoring and evaluation.
3. Support integration of HIV/AIDS into major development policies and agendas such as PRSPs, and SWAps[3] .
4. Support bringing to scale effective prevention interventions.
5. Support prevention and management of STIs.
6. Strengthen partnerships and capacities within a country and its communities to fully realize a multi-sectoral and comprehensive response including support to:

   ⇒ Build/establish partnerships and networks where they do not exist and link to those that do.

   ⇒ Evaluate existing joint programming and partnerships; scale up where effective and advantageous; and build new partnerships as appropriate to more effectively "go to scale".

   ⇒ Build up capacities of existing services and infrastructure to implement HIV/AIDS National Strategic Plan and target scale up of effective interventions.

   ⇒ Include more distinct and visible HIV/AIDS components in training programmes.

   ⇒ Institutional capacity building in both public and private sectors including teachers and health related service providers.

   ⇒ Integrate HIV/AIDS into regular training programmes for health and community workers.

In low prevalence countries UNFPA action should focus more on:

- Sensitizing policy and opinion leaders through advocacy for early action and creating awareness among the general public on HIV/AIDS.
- Identification of factors that increase vulnerability to infection and of identifiable groups that have high or increasing rates of infection. Ensuing interventions should be targeted based upon the results. Groups identified will often fall within those known to be more at-risk such as IDUs, CSW and clients, men in the military, and or mobile/migrant workers.
- Globally, almost half of new infections occur among young people. Early prevention programmes – including BCC - targeting young people both in and out-of-school should be considered. Providing opportunities to gain knowledge and skills prior to sexual debut can be particularly effective in preventing sexual transmission of HIV.

In high prevalence countries UNFPA action should focus more on:

- Advocacy to national and local leaders for immediate and multi-sectoral action
- Deepening the wider public's knowledge and understanding of the determinants and impact of the epidemic and further promote attitudinal and behavioural change including through the use of mass media.
- Greater focus on policy and legislation to ensure rights and deter discrimination against PLWHAs and those affected by HIV/AIDS including to address issues related to stigma, discrimination, treatment, care and support.
- Focus on strengthening, maintaining and expanding infrastructures (e.g., health, education) to meet needs in prevention as well as strengthening referral mechanisms for care and treatment.
- Build and strengthen partnerships - particularly with community structure – and community/social mobilization to participate in the response.

In high prevalence countries, a combined focus on preventing infection in young people through the establishment and/or up scaling of comprehensive and sustained adolescent and youth reproductive and sexual health programmes complemented by broader and more encompassing HIV prevention efforts would be the best strategic approach for UNFPA.

[3] Through the Transition exercise initiated by the UNFPA Executive Director in June 2001 and ending in December 2002, the Strategic Directions Working Group, proposed and the Executive Committee approved, developing the capacity of UNFPA to be an effective and proactive member of all national dialogues, especially SWAps, PRSPs and Health Sector Reform.

[4] For detail on UNFPA action on young people, condom programming, prevention in pregnant women and gender aspects of prevention refer to Prevention Now Programme Briefs Nos. 2, 3, 4 and 6.

For action in specific thematic[4], partnership or capacity building areas, the following might be considered when formulating interventions whether integrating into existing sub-programme activities or as stand-alone targeted interventions:

High prevalence settings	Low prevalence settings
Core area - Young People	
• Special focus on BCC and life skills for both in and out-of-school young people • Youth-friendly SRH information, education and services including access to VCT and to condoms • Access and availability to condoms • Ensure address young people in particularly vulnerable situations	• Special focus on early prevention interventions including for those not sexually active - clear and accurate information on HIV/AIDS as early as possible • Targeted interventions to those most vulnerable (young people living in poverty situations, in early marriages, involved in sex work or intravenous drug use)
Core area - Pregnant Women	
• Integration of HIV/STI prevention interventions into maternal health programmes • VCT for all and referral to specialized services for those HIV+ • Support for selective cesarean section when procedure and post-operative care can be safely provided	• Integration of HIV/STI prevention interventions into maternal health programmes; selective VCT for those at high risk of infection and referral to specialized services for those HIV+
Core area - Condom Programming	
• Increase supplies of quality condoms • Increase types and number of channels of distribution of condoms • Address attitudinal barriers to condom use • Promote both male and female condoms	Work to ensure adequate supplies of quality condoms as well as support national efforts to promote individual knowledge and skills to protect against STIs/ HIV and unintended pregnancy with: • Special targeting to persons with high-risk behaviours • Promotion of dual protection

High prevalence settings	Low prevalence settings
Advocacy	
• Targeted to leaders for immediate action; development and implementation of a national plan; nondiscriminatory and rights legislation • For the meaningful involvement of PLWHAs • Community mobilization to compassion for and to help support those infected or affected • Creation of awareness of momentum and projections of epidemic including cultural and social conditions leading to discriminatory practices and fuelling the epidemic • To sharpen policies, plans and programmes to cope with the social and health demands	• Targeted to leaders to create awareness, overcome denial, and for early preventive action especially to those identified as most vulnerable to infection
Data collection and analysis related to sexuality, STIs including HIV	
Same as low prevalence In Addition: • Build on existing/previous on infrastructure and methodologies • Analysis of socio-demographic impact of the epidemic	Use both qualitative and quantitative analysis to • Sensitize general population, opinion leaders and policy makers the magnitude of the danger of HIV/AIDS • To eliminate stereotypes and misperceptions • Develop appropriated policies and programmes • Project potential course of epidemic
Gender	
Same as low prevalence	• Ensure that gender concerns and power dynamics are addressed including promoting the rights of women and male participation • Advocacy to support positive cultural norms and to change harmful cultural norms

Comments or questions on this Programme Brief should be addressed to Dr. Suman Mehta, HIV/AIDS Coordinator, Technical Support Division, UNFPA (hiv@unfpa.org)

Published Programme Briefs available on the UNFPA Website (http://www.unfpa.org/aids/index.htm):

No. 1 - Overview
No. 2 - Prevention of HIV Infection in Pregnant Women
No. 3 - Preventing HIV Infections in Young People
No. 4 - Addressing Gender Perspectives in HIV Prevention
No. 5 - Voluntary Counselling and Testing (VCT) for HIV Prevention
No. 6 - Condom Programming for HIV Prevention
No. 7 - HIV Prevention in Humanitarian Settings