

# **Prevention Strategies for People Living with HIV/AIDS**

**(known as Positive Prevention)**

**Some basics, comments and the experience in Ecuador**

**Condoms, An International Workshop**

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People with HIV have always had an essential role to play in preventing new infections. HIV/STI prevention strategies have, however, often failed to address the distinct prevention needs of people with HIV and to acknowledge their significant efforts to avoid infecting others (Collins et al, 2000).

There is an urgent need to sharpen the focus on prevention among people living with HIV

(Global HIV Prevention Working Group).



Prev4poz in Ecuador FPP

**Strategies for positive prevention should aim to support people with HIV to protect their sexual health, to avoid new STIs, to delay HIV/AIDS disease progression and to avoid passing their infection on to others. Strategies for positive prevention are not stand alone, but work in combination with one another.**



- Positive prevention has only recently emerged as an area of interest, particularly in the USA with Centers for Disease Control and Prevention's (CDC) launch of the Sero-status Approach to Fighting the HIV Epidemic (SAFE).



- Most of the available studies are limited to descriptive studies, or use simple correlation for statistical analysis.



- A large proportion of the literature focuses on gay men in Europe, Australia and the USA. This limits the extent to which findings can be applied to other population groups and to cross-cultural contexts.



- Other relevant studies have been carried out in developing country contexts with heterosexual population groups. Many of these have been in high HIV-prevalence contexts and their effectiveness in other, lower prevalence contexts is not yet known.



# Why Prevention for PLWHA?

**One positive person is involved in each case of HIV transmission**

From an epidemiological and public health perspective, the most important group to address with HIV/STI prevention strategies are people already living with HIV. This is particularly the case in low prevalence settings where the epidemic is contained in certain key populations



# Why Prevention for PLWHA?

**People living with HIV have the right to live well with HIV**

From a human rights perspective, people with HIV have a right to know their HIV sero-status. They also have the right not to know (Temmerman et al. 1995). Whether aware of their status or not, a person living with HIV has the right to live well with HIV, which includes having a healthy sex life.



# Why Prevention for PLWHA?

**HIV prevention, treatment, care and support are inter-related**

The prevention-treatment-care continuum reinforces the rationale for supporting prevention interventions for people with HIV. For example, people living with HIV need access to medical care and psycho-social support services, and also support to build their skills for adopting and maintaining safe behavior.



# Some of the constraints for changing the behaviour:

1. Most people do not even know their HIV sero-status.
2. Even if they are willing and able to find out their status, they may well not have the knowledge or the ability to reduce the risks of onward transmission.
3. Disclosure of one's sero-status is difficult for many people with HIV, especially women, who may fear stigma, rejection or violence from their partners, and discrimination in the wider community or by health providers.
4. Practicing safer sex with all partners and always using clean needles are key prevention strategies. Many people with HIV, however, are not able to obtain condoms or clean needles.

# Most people do not even know their HIV sero-status.



VCT, Programmes and Campaign promoting access to VCT.

Good quality pre-testing counselling and proper Informed consent process at VCT centres increased the return rate of clients for results, specially for confirmation test.

More diversity of VCT centres i.e. CBOs, NGOs, Key Populations groups and organisations, SRH clinics, Red Cross, etc.

Good quality post testing counselling and reliable local referral system/network.

National advocacy for legal reforms, proper national guidelines, reduce workplace/recruitment discrimination and proper budget allocation at the national and provincial level.

# they may well not have the knowledge or the ability to reduce the risks

Focused Prevention i.e. prevention for People Living with HIV and for example specially prevention for women living with HIV, Gay males living with HIV, trans or SW living with HIV, etc.

Using message that identify and amplify the strengths of people, instead of putting the emphasis on blaming and highlighting “behaviour trends of certain groups”.

Ensure focused risk reduction counselling and prevention case management for people living with HIV.





Just like you,  
I love to Party 'n Play.

## Disclosure

I have HIV.  
It's complicated. We need to talk about it.

**FRONTIERS**  
PREVENTION PROJECT

**Alliance**

[www.aidsalliance.org](http://www.aidsalliance.org)

# Disclosure of one's sero-status is difficult for many people

Continuum between prevention, treatment/care and anti-stigma / anti-discrimination work on different levels.

Enable the environment at all levels.

Strategically link HIV programming with advocacy.

Tailored responses that contribute to address unequal gender relations, sexual violence and the dynamics related with poverty, power and marginalisation that makes women and key population vulnerable to HIV and having access to poor sexual reproductive health.



**Many people with HIV, however,  
are not able to obtain condoms**

**Target:**

**100% condoms (male &**

**Female) access**

**for People Living**

**with HIV/AIDS**

**And lubes**



# Quick glance on Ecuador



**The feminisation of HIV clearly shows that many women and girls do not necessarily have control on their sexual activity.**

**Frontiers Baseline Study:**

**Sex Workers:**

Age of the first sexual contact with intercourse 15 years old

Age of the first paid sexual contact 22 years old.

**Condom Use (with the last 3 clients) 82%**

Never use a condom: 5%

HIV/AIDS testing: 91%

**Men who have Sex with Men:**

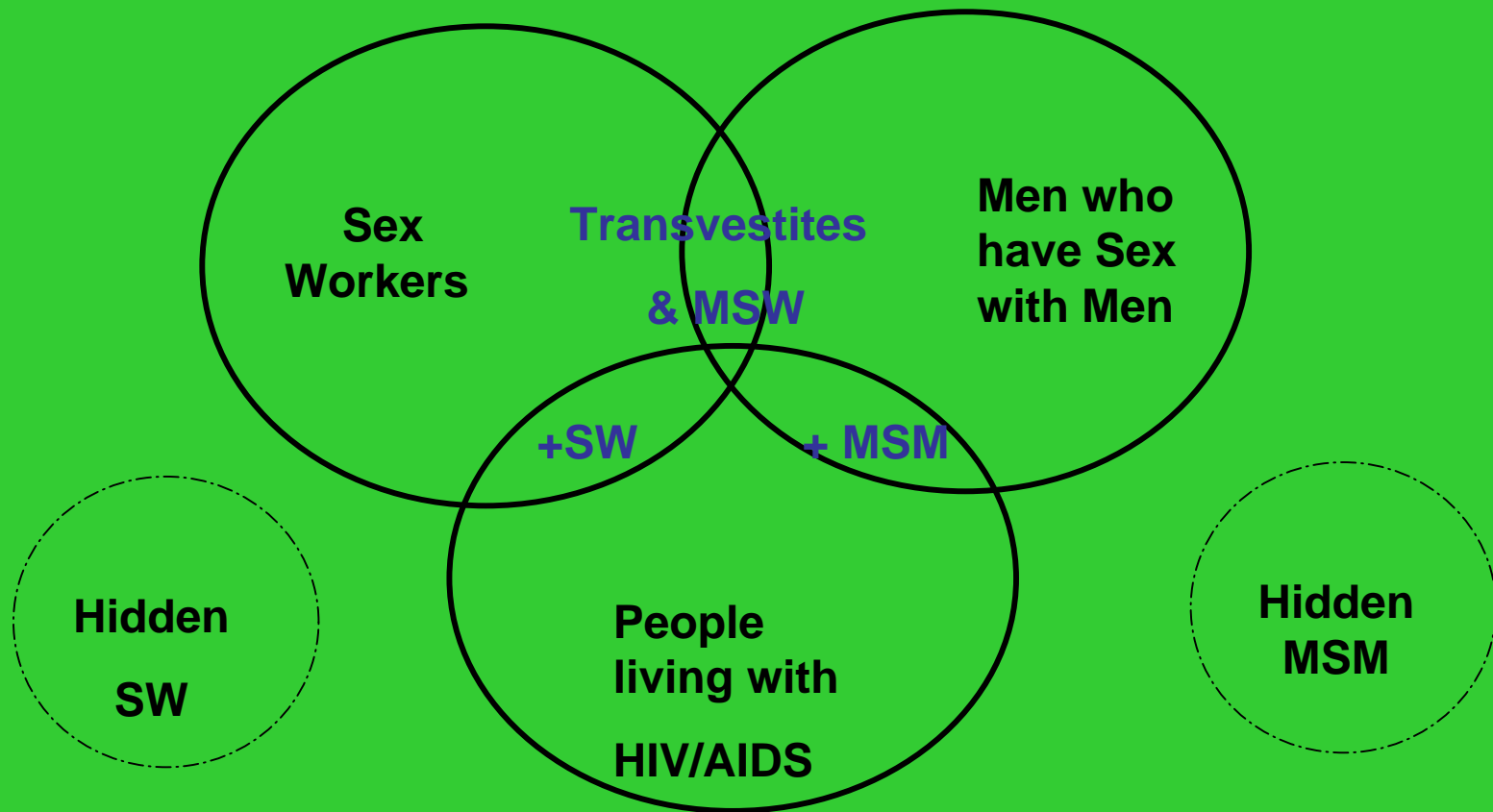
**Condom use (with the last 3 partners) 26%**

Never use a condom: 24%

HIV/AIDS testing: 45%



# Continuum in Sexual Behavior, Orientation and Identity.



# What happening at the local level in Frontiers

Santo Domingo, Esmeraldas & Quevedo





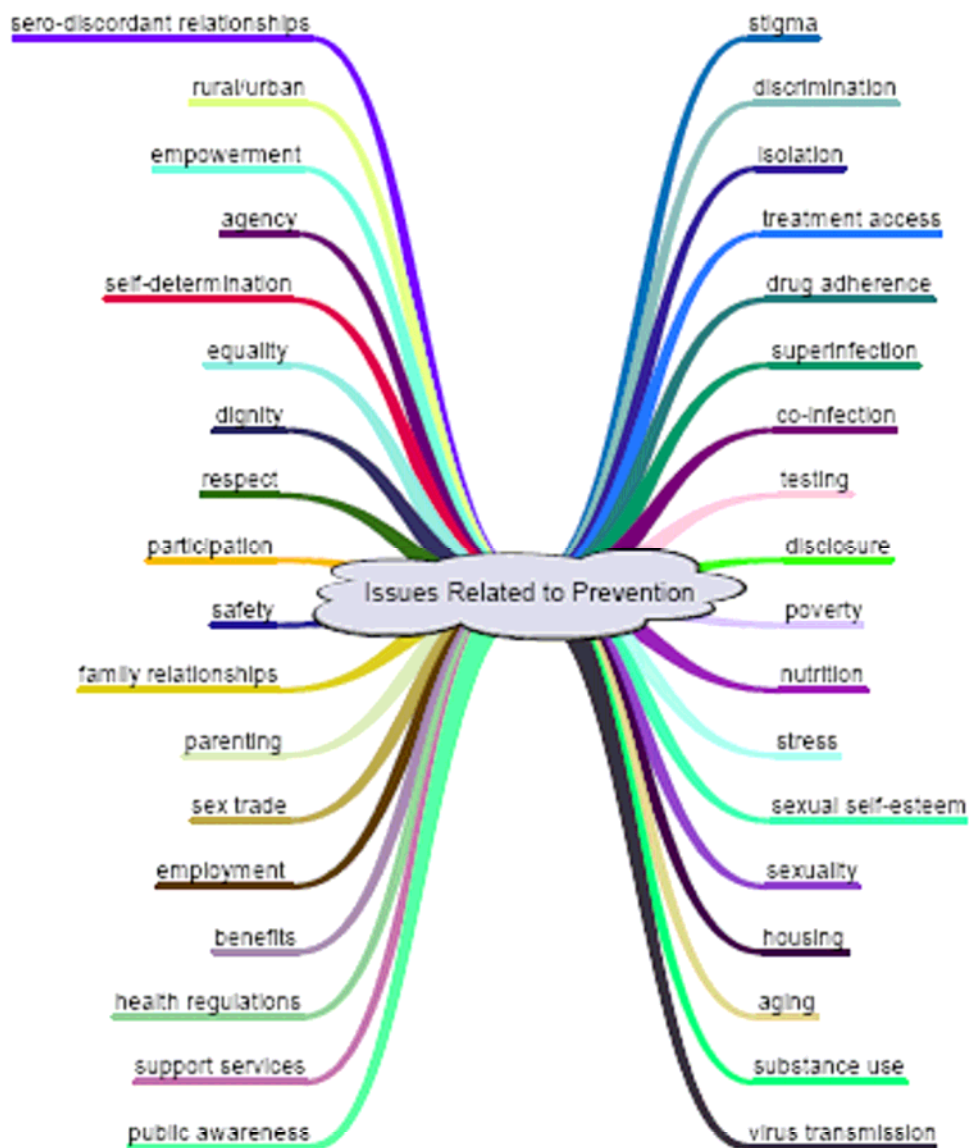
# Positive Prevention

Prevention Strategies for People with HIV/AIDS  
Draft Background Paper

International HIV/AIDS Alliance | Draft Background Paper July 2003

3.1 Individually focused health promotion	3.2 Scaling up, targeting and improving service and commodity delivery	3.3 Community mobilisation	3.4 Advocacy, policy change and community awareness
<i>Strategy 1: Promoting voluntary counselling and testing</i>	<i>Strategy 5: Ensuring availability of voluntary counselling and testing</i>	<i>Strategy 9: Facilitating post-test clubs and other peer support groups</i>	<i>Strategy 14: Involving people with HIV in decision-making for Positive Prevention</i>
<i>Strategy 2: Providing post-test and ongoing counselling for positive people</i>	<i>Strategy 6: Providing antiretroviral treatment for Positive Prevention</i>	<i>Strategy 10: Implementing focused communication campaigns</i>	<i>Strategy 15: Advocacy for Positive Prevention</i>
<i>Strategy 3: Encouraging beneficial disclosure and ethical partner notification</i>	<i>Strategy 7: Reducing stigma and integrating Positive Prevention into treatment centres</i>	<i>Strategy 11: Training people with HIV as peer outreach workers</i>	<i>Strategy 16: Legal reviews and legislative reform</i>
<i>Strategy 4: Providing counselling for sero-discordant couples</i>	<i>Strategy 8: Providing services for preventing mother-to-child transmission</i>	<i>Strategy 12: Reinforcing Positive Prevention through home-based care</i>	<i>Strategy 17: Advocacy for access to treatment</i>
		<i>Strategy 13: Addressing HIV-related gender-based violence in Positive Prevention</i>	

## Strategies for Positive Prevention

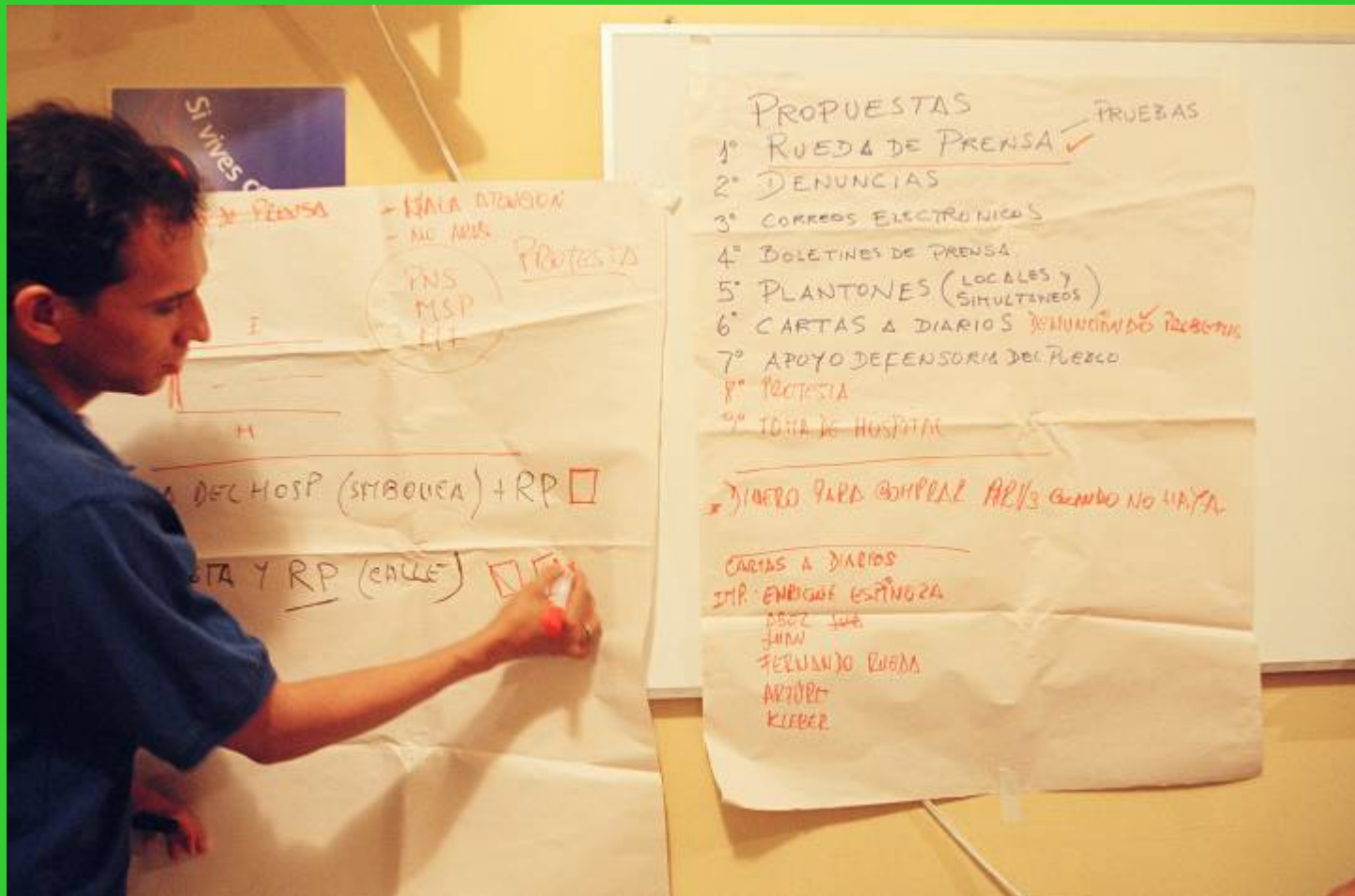


Many complex factors intervene in Human behaviour when its come to prevention...

# We need to enable the environment



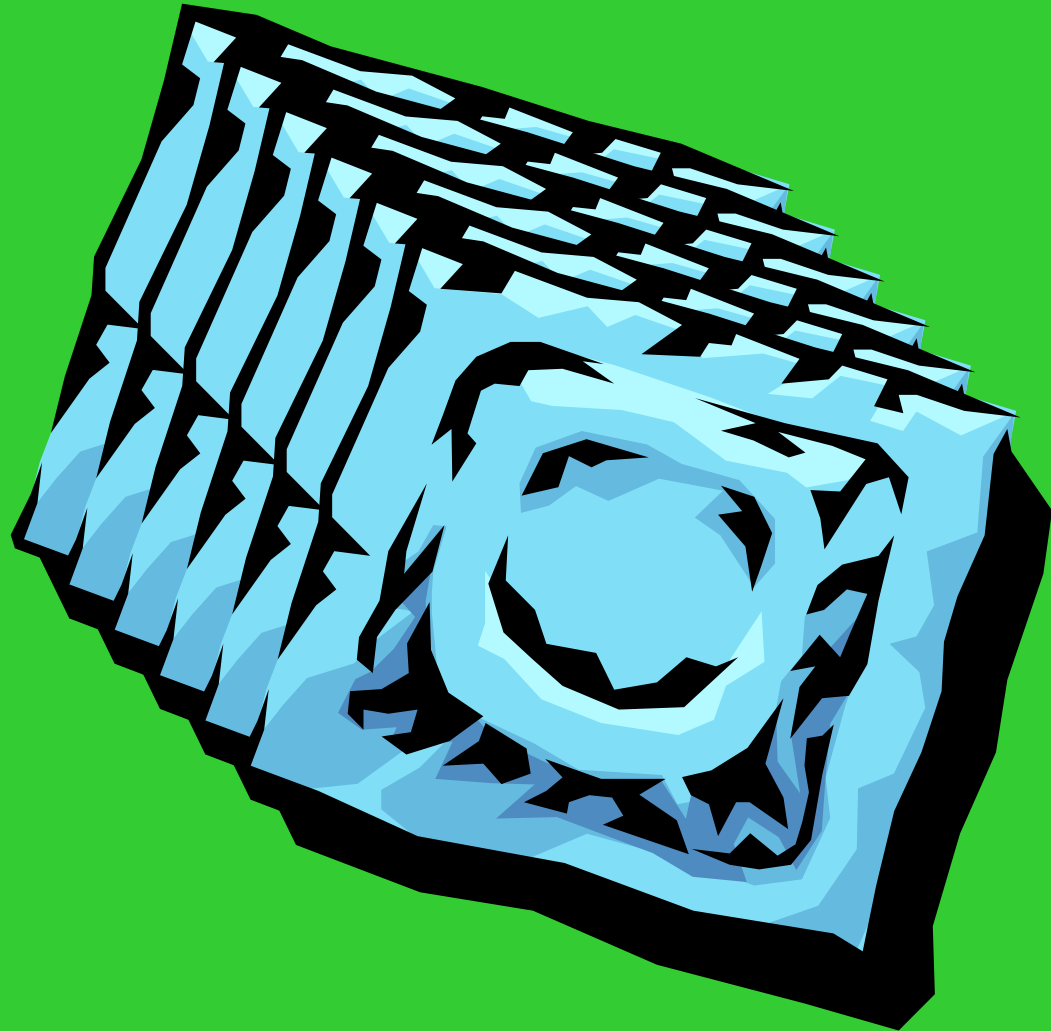
# We need to build the skills



# Coordination



# Access to commodities



But more important is to make our  
best effort to bring back SEX &  
sexuality to HIV/AIDS



That's how we understand prevention for positive people

