

7. HIV PREVENTION



Getting HIV prevention right is critical, yet the current focus on the ABC (abstinence, be faithful and condom use) approach has significantly limited access to effective interventions. A more comprehensive range of interventions is needed, including targeted messaging and the development of women-friendly responses, such as microbicides.

WHY IS IT IMPORTANT?

Unless HIV-prevention interventions effectively reduce prevalence, it will not be possible to treat the sheer numbers of people requiring medical care. Yet putting effective prevention interventions in place is extremely challenging. Inequalities between men and women drive the pandemic, and HIV-prevention programmes are unlikely to be successful without tackling inequalities. Effective HIV prevention requires open discussion about taboo subjects such as sex and drug use. Preventing new HIV infections requires a major change in the private behaviour of individuals, and interventions are notoriously difficult to evaluate.

HIV prevention is a critical part of the response to HIV and AIDS, and with so many competing approaches, VSO needs a clear position. HIV prevention is one of two international advocacy themes for VSO (the other is Caring for the carers – see Position 4).

KEY DEBATES

The ABC approach to HIV prevention – abstain, be faithful, and condom use – has become the most common HIV-prevention intervention. ABC has increasingly become interpreted as abstinence before marriage, faithfulness in marriage and condom use for vulnerable groups such as sex workers. However, some argue that ABC does not respond to the realities of the inequalities between men and women in developing countries. For many women, abstinence may not be an option, as a result of rape, being in a long-term relationship or having to undertake sex work. Faithfulness is not relevant in situations where a wife may be faithful but her husband not, and a woman may not be able to get her male partner(s) to use condoms.

VSO'S POSITION

The current predominance of the ABC approach has significantly limited people's access to HIV-prevention information and services. It has led to re-stigmatisation of condoms and groups associated with condom use. ABC does not provide women or vulnerable men with the full range of HIV-prevention options available and does not equip them with the skills needed to use HIV prevention effectively. In addition, ABC does not allow the space to address critical needs associated with prevention of parent-to-child transmission, injecting drug use, or prevention for people living with HIV and AIDS.

VSO calls for a comprehensive range of HIV-prevention interventions (see table). All HIV-prevention messages must embrace a comprehensive, evidence-based approach and promote a full range of HIV-prevention options so that people are able to choose the prevention method most appropriate for them.

MEDICAL AND BIOLOGICALLY BASED INTERVENTIONS	INTERVENTIONS ADDRESSING STRUCTURAL INEQUALITIES
Confidential, voluntary HIV counselling and testing and provider-initiated testing and counselling	Programmes to challenge structural gender inequalities, including behaviour change strategies
Abstinence, faithfulness, male and female condoms	Reducing gender-based violence
Clean needles and harm reduction for injecting drug users	Women's economic empowerment
Pre-exposure prophylaxis and post-exposure prophylaxis	Peer education
Prevention of parent-to-child transmission	Comprehensive sexual health and rights education for girls and for boys
Safe medical and scarification practices	HIV and AIDS mainstreaming

MEDICAL AND BIOLOGICALLY BASED INTERVENTIONS <i>continued</i>	INTERVENTIONS ADDRESSING STRUCTURAL INEQUALITIES <i>continued</i>
Sexually transmitted infection control, prevention and treatment	Addressing unsafe practices that make women vulnerable
Screening blood products and clean medical equipment	Reduction of HIV- and AIDS-related stigma and discrimination through awareness-raising and other programmes
Access to treatment	
New prevention technologies including cervical barrier methods, microbicides and vaccines as they become available. Male circumcision	

KEY PRINCIPLES

- HIV prevention must be mainstreamed in all development interventions and looked at through a gender lens.
- While abstinence, faithfulness and condoms are part of a comprehensive approach to HIV prevention and may be appropriate for some, they must not be promoted as the only HIV-prevention options available.
- Structural inequalities between women and men must be addressed in order to ensure women have the power to access and to use HIV-prevention interventions.
- There must be HIV-prevention messages that target everyone. However, particular emphasis must be placed on delivering messages specific to vulnerable women and men, such as: married women, people living with HIV and AIDS, persons with disabilities, males who have sex with males, injecting drug users and sex workers.
- HIV-prevention information must be tailored to audience and context in terms of the message, method and setting/place of communication, and must be participatory.
- People living with HIV and AIDS must be involved in the design and delivery of HIV-prevention programmes.

RESOURCES

- UNAIDS (2007) *Practical Guidelines for Intensifying HIV Prevention*
- UNAIDS (2006) *Intensifying HIV Prevention*
- VSO (2007) *Policy brief: Gender, power and HIV prevention*

LANGUAGE

- **'HIV prevention'** – it is HIV that we are preventing; AIDS prevention confuses two distinct phases of being infected with HIV, and having AIDS.
- **'Comprehensive, evidence-based HIV prevention'** involves delivering the full range of HIV-prevention interventions.
- **'Vulnerable groups'** is a more appropriate term to use than 'high risk groups' as the latter exacerbates stigma.
- **'Harm reduction'** is a set of interventions to reduce the negative consequences of drug use through needle and syringe access, safe injecting sites, drug substitution therapy and information on sexual and reproductive health.
- **'Mainstreaming'** is a process whereby organisations strengthen the way in which they address the causes and consequences of HIV and AIDS, through adapting their work, programmes and workplace practices.
- **'Post-exposure prophylaxis'** (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure.
- **'Pre-exposure prophylaxis'** (PrEP) is the long-term use of prophylactic antiretroviral treatment for HIV and AIDS prior to exposure in order to prevent transmission.
- **'Prevention of parent-to-child transmission'** (PPTCT) refers to transmission of HIV from the mother to the child that can occur during the last weeks of pregnancy, at childbirth or through breastfeeding. VSO uses 'parent-to-child' as programmes should involve the father, where feasible, in joint testing, provision of treatment, care and support.
- **'Microbicides'** are a product (not yet developed) used vaginally to prevent HIV transmission.



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