

Moving to the Next Phase of HIV Prevention and Care

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**“Not everything that is
faced can be changed, but
nothing can be changed
until it is faced”**

James Baldwin



Complex Problems with No Simple Answers...

- The numbers of HIV+ individuals around the globe keep increasing
- The numbers of people dying from AIDS related illnesses keeps increasing
- There is no preventive vaccine
- Although there are effective treatment regimens, access is lacking
- The AIDS epidemic varies by region



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HIV/AIDS is an Opportunistic Infection of Poverty and Underdevelopment

- Where poverty, famine, disease, drought, war, and social disruption are common, AIDS spreads.
- Where stigma, discrimination, gender inequity continue to drive PLWHA underground, AIDS becomes epidemic.
- In treating HIV/AIDS as an opportunistic infection of underdevelopment, it is impossible to ignore the conditions that create barriers and prevent positive behavior change.



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We Know A Lot About HIV/AIDS...

- Including:
 - A base of lessons learned and best practices,
 - Sound behavioral research, and
 - Proven interventions



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**You can't talk about
the dangers of snake
poisoning and not
mention snakes**

Dr. C. Everett Koop



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Some of the Major Issues in AIDS

- Treatment and Care are the focus
- It is unethical not to treat HIV-infected individuals
- Triple-track: it's not about Prevention vs. Treatment and Care
- We need Prevention + Treatment and Care + Research



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Some of the Major Issues in AIDS (con't)

- Prevention with Positives
 - If we are successful in our goals of keeping PLWHA alive, we increase prevalence
 - How do we keep increased prevalence from serving as a multiplier effect for transmission?
 - Prevention with Positives is about providing tools to reduce transmission and improve life outcomes



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Some of the Major Issues in AIDS (con't)

- Stigma and Discrimination
 - Prevention with Positives is not about laying blame
 - In addition to a lack of resources, stigma and discrimination are major barriers
 - As long as AIDS is considered a punishment, individuals at risk and those already infected will avoid prevention and treatment



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Some of the Major Issues in AIDS (con't)

- Conflict between Science and Policy
 - Politics have always played a role in public health
 - Since the beginning of the epidemic, politics have played a large role in HIV/AIDS
 - Access to sterile syringes
 - Access to condoms
 - Explicit messages
 - Abstinence



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**“It is not because
things are difficult that
we do not dare; it is
because we do not
dare that they
are difficult”**
Seneca



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Hard Questions that Must be Answered

1. Which key interventions should we be doing more or less of?
2. What is the correct “prevention mix” (that is, the set and dosage of interventions that maximize effect)?
3. What does a model for HIV prevention based on behavioral as well as biomedical approaches look like?



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Hard Questions that Must be Answered (con't)

4. How do we sustain HIV prevention efforts?
5. What should be the global response to mitigate and eradicate HIV-related stigma and discrimination?
6. What role should HIV-positive individuals play in HIV prevention?
7. What role should national leaders play in HIV prevention?



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Hard Questions that Must be Answered (con't)

8. Should there be different priorities for countries with “low” versus “high” incidence and/or prevalence?
9. Should funding be focused only on high-prevalence countries?
10. What roles should “science” and “politics” play in determining HIV prevention strategies?



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“Do not go where the path
may lead, go instead
where there is no path and
leave a trail”

Ralph Waldo Emerson



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Success in HIV Prevention is possible

- **U.S. and Western European White gay communities** (behavior change, serostatus knowledge, access to treatments)
- **Thailand** (condom use among sex workers, decrease in non-regular partners, behavior change)
- **Senegal** (condoms for female sex workers, STI treatment, HIV education in schools, and involvement of religious leaders)
- **Uganda** (ABC)



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Uganda: It is Possible — HIV Prevalence Declined

- High-level political support and a multi-sectoral response
- Behavior change communication for target audiences and the general population
- Interventions focus on women and youth, stigma and discrimination
- Religious leaders and faith-based organizations active on the front lines



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Uganda: It is Possible — HIV Prevalence Declined (con't)

- Confidential voluntary counseling and testing
- Condom social marketing
- Increased sexually transmitted infection control and prevention programs
- Decrease in multiple sexual partners and networks
- **Implementation of a “social vaccine”**



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**“Never give up, for that is
just the place and time
that the tide will turn”
Harriet Beecher Stowe**



Primary Prevention: Is it Passé?

- Treatment and care command the largest proportion of funds for:
 - The Global Fund to Fight AIDS, Malaria, and TB
 - The Presidential Emergency Plan for AIDS Relief
- With treatment, people are now seeing AIDS as a “chronic” disease (major implications for prevention)



The Elusiveness of Prevention...

- **Research:** Scientific breakthroughs, Nobel prizes, measurable results
 - Touch it, Count it, Feel it
- **Care/Treatment:** Improves or saves lives, dramatic recoveries, demonstrated results
 - Touch it, Count it, Feel it
- **Touching, counting, feeling...**important in fighting an epidemic



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The Elusiveness of Prevention...(con't)

- **Prevention:** Change behaviors that are difficult to measure
 - Cannot touch it
- **Prevention:** Stop transmission among people that are often not visible
 - Cannot count it
- **Prevention:** Makes a difference, but nobody ever says, “Wow, your program helped keep me negative...thanks!”
 - Cannot feel it



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Arguably, the biggest challenge to the science of HIV prevention is the need to implement, in full, what has already been learned.

Valdiserri, R.O., et al.



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AED's Lessons Learned...

- **Integrated and comprehensive HIV prevention programs:**
 - reinforce messages
 - prevent missed opportunities, and
 - provide realistic options for infected and at risk individuals.
- **Multi-sectoral approaches offer real opportunities to link prevention to treatment.**



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AED's Lessons Learned... (con't)

- **Engaging PLWHA in HIV prevention is critical to successful interventions.**
- **Community involvement is critical in all phases of HIV prevention.**
- **Diffusing proven interventions and approaches increases the likelihood that effective programs will be carried out.**



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AED's Lessons Learned... (con't)

- **HIV/AIDS prevention for women and PMTCT is most effective when integrated into pre-existing sites and services.**
- **Programs for orphans and vulnerable children (OVC) must be comprehensive.**
- **HIV prevention and care must be linked — we need a flexible but responsive mix of prevention, treatment, and care interventions.**



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“I am a person, not a client...the disease is in me, I am not the disease....”

HIV-positive individual, Los Angeles



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Principles for the Next Phase

- **Scale** — Interventions must be large, intensive, and relevant to recipients if they are to break through the clutter of competing demands on individuals, communities, and systems.
- **Clarity** — Messages must be clear and easy to understand and remember. Key messages should be rooted in sound formative research and a framework that promotes comprehension.



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Principles for the Next Phase

- **Consistency** — Too many messages or too many required changes dilutes the message, hampers absorption, and weakens positive behavior change
- **Patience** — Only time allows a critical mass of adopters to accumulate new attitudes and behaviors. Interventions must be designed as long-term investments that can help ensure continuity.
- **Persistence** — Long term interventions, stable goals and messages and a consistent emphasis on at risk populations encourages a healthy cycle of adoption.



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Principles for the Next Phase

- **Benefit** — We must remind people of what they will lose if they acquire AIDS as well as what they will gain if they do not.
- **Alternatives** — Unless a program offers attractive alternatives to high risk behaviors, it is unlikely to succeed. Unless knowledge of serostatus is linked to ensured access to services, individuals will be less likely to seek out testing services



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ning technical support, innovative
lation training, technical support
utilizing needs
each of our
participating
improving

**To win the war on
HIV/AIDS, we must
learn from the virus:
keep what works,
change or modify
our approaches as
needed, and adapt
as fast as we can....**



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