

Positive prevention: Reducing HIV transmission among

PLWHA

HSRC RESEARCH OUTPUT

53014

Prof Leickness C. Simbayi, D.Phil.

**Research Director,
Behavioural and Social Aspects of HIV/AIDS
Research Unit**
and

**Coordinator of the SAHARA Southern Africa Region,
Human Sciences Research Council, Cape Town**

**To be presented at the Emperors Palace in Ekurhuleni on
10-11 May 2007**



Outline of presentation

- **Background**
- **What is positive prevention?**
- **Rationale behind positive prevention**
- **Stigma and discrimination and its role in sexual behaviour of PLWHA**
- **The importance of disclosure of status and risk reduction**
- **Behavioural disinhibition or risk compensation among PLWHA on ART**
- **On the need for more HIV testing & awareness of HIV status**
- **Two examples of effective positive prevention intervention programmes**
 - *Healthy Relationships* intervention
 - *Options for Health* intervention
- **Concluding remarks**

Background

- To date, behavioural HIV risk-reduction interventions among people living with HIV/AIDS (PLWHA) who are aware of their HIV-positive status have not been extensively studied in sub-Saharan African populations.
- In most African countries, a substantial (but unknown) number of stable sexual relationships are thought to be between HIV-discordant partners.
- PLWHA are still highly stigmatized in many sectors of African society, making many people reluctant to be tested for HIV.

Background (contd)

- In turn, this makes the disclosure of one's HIV-positive status difficult and potentially risky.
- Many PLWHA, and who are aware of their status, continue to hide their status and continue to engage in unsafe sexual practices.
- There is thus an urgent need to implement effective interventions among PLWHA, both for purposes of secondary prevention in infected individuals, and to prevent transmission of HIV from HIV-infected people to their uninfected sexual partners.

Background (contd)

- **Effective behavioral interventions targeting people living with HIV/AIDS could reduce the spread of HIV and would complement behavioural interventions among uninfected people.**
- **Interventions for people living with HIV/AIDS would also assist in managing the adverse effects of stigmatization associated with HIV-seropositivity and AIDS, including hazards associated with disclosure of one's HIV-positive status.**

What is positive prevention?

- **Positive prevention is a new approach for stopping the spread of HIV/AIDS that focuses on PLWHA.**
- **It is the main approach that is currently being used for HIV prevention in the U.S.A after the USA's Centers for Diseased Control and Prevention (CDC, 2003) recommended that HIV prevention be integrated into routine clinical care for HIV-positive persons in the USA.**

What is positive prevention? (contd)

- In 2001 CDC announced a comprehensive strategy to prevention with PLWHA.
- The strategy was based on a framework known as The **Serostatus Approach to Fighting the Epidemic (SAFE)** which focused on five basic goals which include, *inter alia*,
 - the recognition of the need to identify PLWHA with undiagnosed HIV infection,
 - ensure that PLWHA diagnosed with HIV have access to high-quality medical and social services, and
 - to motivate the adoption and maintenance of behaviours that reduce transmission of HIV and others STIs.

Rationale behind positive prevention

- **The main rationale behind the positive approach is that it makes a lot of sense from a public health perspective to encourage all people who know about their HIV-positive status to take the necessary precautions including adopting safe sex practices to prevent and control the spread of HIV rather than continue to focus all prevention efforts among the general public most of whom do not even perceive themselves to be at risk of HIV infection.**

Rationale behind positive prevention (contd)

- **For example, in a recent national survey we carried out in South Africa 66% of adult respondents aged 15 years and older thought that they were not at risk for HIV infection (Shisana et al., 2005).**
- **Apart from preventing the transmission of HIV to uninfected sexual partners, positive prevention also prevents PLWHA from their own infection with STIs and the possibility of re-infection with more virulent strains of HIV than their current infections.**

Rationale behind positive prevention (contd)

- **Internationally, behavioural risk reduction strategies to prevent the further spread of the HI virus have only recently targeted HIV-positive people because of the risk that PLWHA could be further stigmatised and blamed for the spread of the disease.**

Rationale behind positive prevention (contd)

- **This led to the reluctance by many countries to target HIV-positive people for risk reduction in their national prevention strategies.**
- **The availability of ARV treatment has further compounded the situation as treatment has become the focus of programming while prevention especially becomes more of a secondary concern especially among those taking ARVs.**

Stigma and discrimination and its role in sexual behaviour of PLWHA

- **Although VCT, which includes a health education component especially during post-test counselling sessions, has been responsible for some notable behaviour changes among PLWHA over the past few years, large minorities of PLWHA still continue to engage in unprotected sex.**
- **This is partly due to stigma including internalised stigma, denial, exclusion and discrimination which cause PLWHA to hide their HIV-positive status and then continue to engage in high-risk behaviour.**

On the importance of disclosure of status and risk reduction

- **One way of overcoming this problem is through normalizing HIV/AIDS as a chronic disease and reducing the high levels of internalized stigma which would then encourage PLWHA to disclose their HIV-positive status to their sexual partners.**
- **To some extent, support groups contribute a bit to achieving this goal albeit indirectly via focusing on coping or mental health issues which are related to decreased risk behaviours.**

Behavioural disinhibition or risk compensation among PLWHA on ART

- With more and more PLWHA accessing ARV treatment, a potential negative effect is the possibility of increased risk behaviour as a consequence of treatment optimism associated with receiving ARV treatment.
- However, there is little empirical evidence of this in African countries (see Bateganya et al. in Uganda, 2005; Levy et al., 2005 in South Africa; Moatti et al., 2003 in Cote d'Ivoire; although cf. Global HIV Prevention Working Group, 2004 in Kenya) although it is quite common in the west especially amongst high risk-groups like MSM in the West (e.g., see Remien & Borkowski, 2005; Remien et al., 2005; Valdiserri, 2004).

On the need for more HIV testing & awareness of HIV status (contd)

- According to the last South African national HIV/AIDS household survey, only 30% of South Africans have been tested (see Shisana et al., 2005) and based on the fact that 16.3% of them had been previously tested and were found to be HIV positive, it can therefore be estimated that less than 20% of the 5.4million South Africans who are infected know their status.
- There is therefore also a need to continue promoting the sustaining of behaviour change for a lifetime even when PLWHA are feeling much better as a result of successful ARV treatment outcomes.

On the need for more HIV testing & awareness of HIV status (contd)

- For the positive prevention approach to successfully play its role in stopping the spread of HIV in South Africa there is a need to promote HIV testing through strengthening the existing “Know your status” campaign.
- Even more disturbing, 51% of HIV-positive respondents in the anonymous national HIV/AIDS household survey thought they would probably or definitely not get infected with HIV (see Shisana et al., 2005).

Two examples of effective positive prevention intervention programmes

- **Two positive intervention programmes that could be adapted for use in Africa are:**
 - **the *Healthy Relationships* based on social support groups developed by Kalichman and his associates and**
 - **the clinically-based *Options for Health* developed by Fisher and his associates.**
- **Both are theoretically-based, rigorously evaluated interventions that were developed and tested in the USA.**

The Healthy Relationships intervention programme

- **The *Healthy Relationships* intervention , developed for use among HIV-positive men and women, is a multi-session, small-group, skills-building programme for men and women living with HIV/AIDS.**
- **The programme is designed to reduce participants' stress related to safer sexual behaviours and disclosure of their sero-status to family, friends, and sexual partners.**
- **The programme is based on Social Cognitive Theory, which states that persons learn by observing other people successfully practice a new behavior.**

The Healthy Relationships

intervention programme (contd)

- This intervention has been found to be effective, and has been packaged and disseminated for community use as part of CDC's Diffusion of Effective Behavioral Interventions (DEBI) initiative.
- The *Healthy Relationships* intervention is now part of the CDC's Replication (REP) Project which is packaging and disseminating the intervention for community use.
- It is now being implemented in several states throughout the USA and within statewide demonstration projects for the new CDC initiative for HIV prevention.

The *Options for Health* intervention programme

- **The intervention programme is aimed at assisting people living with HIV/AIDS to practice safer behaviours so they do not transmit HIV and other STIs to others or re-infect themselves with other more virulent HIV strains.**
- **It was implemented in the US in an inner city HIV clinical care setting by health care providers and is currently being tested in Durban by Fisher's team and Cape Town, South Africa by our team.**

The Options for Health intervention programme (contd)

- It involves a brief patient-centered protocol administered on an ongoing basis and on repeated occasions over the course of routine care, with the goal of decreasing HIV transmission risk behaviours among HIV-positive patients.
- The intervention is based upon the Information—Motivation—Behavioral Skills (IMB) theoretical framework and employs Motivational Interviewing (MI) techniques as an intervention delivery system to convey critical HIV risk reduction information, motivation, and behavioural skills content.

The Options for Health intervention programme (contd)

- **The developers of the programme are also planning to undertake a large-scale randomised intervention trial in KwaZulu-Natal in South Africa funded by USA's NIMH during the next 5 years.**
- **Our team will also be piloting a very large trial in the Eastern Cape of South Africa using USA's President's Emergency Plan for AIDS Relief (PEPFAR) funding.**

Concluding remarks

- **There is a need to promote positive prevention among PLWHA as one of the strategies that countries in Sub-Saharan Africa use in the fight against the further spread of HIV infections by PLWHA who are aware of their status.**
- **Interventions developed overseas mainly in the west need to be culturally adapted and tested for their efficacy in Sub-Saharan African countries.**

Concluding remarks (contd)

- One of the SAHARA multi-country and multi-site studies being implemented in eight countries – four in Southern Africa and two each in East and Central Africa, and West Africa, is testing the efficacy of *Healthy Relationships* intervention.
- Four Southern African countries are also doing the same for *Options for Health* intervention. In addition, this is about to be implemented among the military in Mozambique by Fisher's team using PEPFAR funding.
- The HSRC is also about to start two very large-scale trials in the Eastern Cape in South Africa to test the two interventions in the next 2-3 years in a project also funded by PEPFAR.

Useful resource

Kalichman, S. C. (2005). *Positive Prevention Reducing HIV transmission among PLWHA*. New York: Kluwer Academic/Plenum Publishers.



R