NATIONAL AIDS PROGRAMME MANAGEMENT

MODULE 3
DETERMINING PROGRAMME PRIORITIES AND APPROACHES

World Health Organization
Regional Office for South-East Asia

National AIDS Programme Management

A Training Course

Module 3

Determining programme priorities and approaches

World Health Organization
Regional Office for South-East Asia

2007

WHO Library Cataloguing-in-Publication data

World Health Organization, Regional Office for South-East Asia.
National AIDS programme management: a set of training modules.

1. HIV infections – prevention and control – transmission. 2. Acquired Immunodeficiency Syndrome – prevention and control – transmission. 3. Training programmes. 4. Teaching material. 5. Health status – indicators. 6. Policy-making. 7. Outcome and process assessment (health care) – methods. 8. Substance abuse, intravenous. 9. Counselling. 10. Breastfeeding – adverse effects. 11. Manuals.

ISBN 978-92-9022-302-3 (NLM classification: 503.6)

Contents

This publication is available on the Internet at http://www.searo.who.int/hiv-aids publications

Copies may be requested from:
HIV Unit, Department of Communicable Diseases
World Health Organization Regional Office for South-East Asia
Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India
Fax: +91 11 23370197; e-mail: hiv@searo.who.int

Editorial support, layout and typesetting: Byword Editorial Consultants
Cover designs: Netra Shyam

Printed in India

Module 3: Determining programme priorities and approaches

Module 3

Determining programme priorities and approaches

LEARNING OBJECTIVES

After completing this module, participants will be able:

1. To assess the current range of HIV prevention, care and treatment activities against the broad objectives of a comprehensive HIV prevention, care and treatment programme.
2. To review and select target populations for HIV prevention, care and treatment.

INTRODUCTION

An essential part of HIV programme planning and management is to determine the programme's priorities and the approaches it will adopt to achieve its outcomes of HIV prevention, care and treatment.

In Module 1, participants were asked to summarize the information available to them on HIV risk and vulnerability in their country. In this module, they will be asked to set out their current and planned prevention and care interventions and assess these against the broad outcomes of a comprehensive prevention-to-care continuum.

Participants will then review target populations for prevention and care, and determine priorities for the programme.

OBJECTIVE 1: To assess the current range of HIV prevention, care and treatment activities against the broad objectives of a comprehensive HIV prevention, care and treatment programme

The goals of national AIDS programmes are to minimize HIV transmission and to reduce the impact of HIV on individuals, families and communities. To achieve these goals, the programme sets a number of broad objectives. These are generally:

- preventing sexual transmission;
- preventing transmission through injecting drug use;
- preventing transmission through blood, blood products and invasive procedures;
- preventing transmission from mother to child;
- promoting maximum improvement in the health of people living with HIV/AIDS (PLHA) through access to HIV counselling and testing, and to a continuum of care, support and treatment; and
- minimizing the impact of HIV on families and communities affected by it by reducing stigma and discrimination, and by increasing access to community care and support.

EXERCISE A

(Country group work followed by intercountry group discussion)

In this exercise, country groups will assess the current range of HIV interventions in their respective countries against these broad objectives. This will provide a baseline of information from which to work towards examining programme priorities, targets and indicators.

Groups will take up each broad objective area in turn and summarize the programmes and interventions that are currently in place to achieve that objective.

This is not meant to be an exhaustive exercise, but should provide a quick summary of where countries currently stand in their response to AIDS.

Objective	Examples of intervention areas	List current interventions
Preventing sexual transmission	• 100% condom use programmes in sex work settings • Outreach to sex workers, men who have sex with men (MSM) and other groups at risk • Expansion of access to sexually transmitted infection (STI) prevention and treatment – generally and for groups most at risk • Condom access and promotion • Media campaigns on safer sex	
Preventing transmission through injecting drug use	• Outreach to drug users • Access to needles and syringes • Increased access to drug treatment services • Condom promotion and access	
Preventing transmission through blood, blood products and invasive procedures	• HIV testing of all donated blood and blood products • Promotion of safe, voluntary, non-remunerated blood donation • Standard infection control guidelines for health services and skin piercing	

Objective	Examples of intervention areas	List current interventions
Preventing transmission from mother to child	• HIV counselling and testing in Maternal and Child Health (MCH) clinics • prevention of mother-to-child transmission (PMTCT) treatment/ antiretroviral therapy (ART) for pregnant women with HIV	
Promoting maximum improvement in the health of PLHA through access to HIV counselling and testing and to a continuum of care, treatment and support	• Increased access to HIV counselling and testing • Collaboration between HIV and TB programmes • Clinical care, opportunistic infection (OI) treatment and prophylaxis and access to ART • Community care and support • Training of health workers	
Minimizing the impact of HIV on families and communities affected by it by reducing stigma and discrimination, and by increasing access to community care and support	• Promoting community care and support efforts • Introducing initiatives to reduce stigma and discrimination • Strengthening PLHA groups and networks • Involving churches, religious groups, community leaders	

Inform your facilitator when you are ready for intercountry group discussions.

OBJECTIVE 2: To review and select target populations for HIV prevention, care and treatment

THE PREVENTION-TO-CARE CONTINUUM

It is important for programmes to focus on HIV prevention, care and treatment as part of a continuum rather than as separate initiatives. For individuals, families and communities affected by HIV, prevention, care and treatment needs are connected. PLHA are generally as concerned about avoiding transmission to others as they are about improving their health through care, support and treatment. The wife of a migrant worker with HIV is as concerned about protecting herself and her future child from HIV as she is about providing care and support for her husband.

Care and support outcomes can, and should, be derived from programmes that have traditionally focused on prevention. People involved in outreach to drug users have traditionally focused on distributing needles and syringes, condoms and information. They need to be just as focused on helping their clients access HIV counselling and testing and, if a client is HIV-positive, on care, support and treatment services.

People working in HIV care and treatment services also have a role to play in prevention. They can help the PLHA, they care for, to disclose their status to their sexual or drug-using partners, and then encourage the latter to be counselled and tested. PLHA can be helped to maintain safer behaviours.

DETERMINING PRIORITY POPULATIONS

The selection of priority populations for the AIDS programme needs to be based on a clear understanding of the "current context" of HIV in the country – who is HIV-infected and why, who is at risk and why – coupled with an analysis of the "most effective interventions" to bring about change. These two considerations need to inform the choice of priority populations.

Choosing priority populations is more than just generating a list. For example, it is too simplistic to just say that the programme will target sex workers, MSM, injecting drug users (IDUs), young people, truckers and migrant workers. Certainly some people in all these populations are at risk, but some people who do not fit into these populations are also at risk, and there are people within these populations who do not require priority targeting. Many countries identify "young people" as a priority population, without carefully

considering which group of young people, in which settings and by which methods they are to be targeted? This has resulted in the implementation of broad-based, youth-oriented HIV awareness campaigns in some countries with concentrated epidemics; these programmes have done little to reduce risk behaviour.

Remember that targeting the groups most at risk also means targeting young people, as the latter are highly represented in these groups.

Identifying and determining target populations

It is important for a programme manager to identify and describe the populations to be targeted for prevention interventions in the country. Possible target populations will be listed and described in terms of their size, their risk behaviours, the possible factors influencing risk of infection, the likelihood of their becoming infected and infecting others. This information will be entered step by step in a *Matrix for describing the target populations* and can also be used later when planning interventions.

Step 1: List populations at risk (Column A of the "Matrix for describing the target populations" on page 11)

The first step is to write a list of populations at risk of becoming infected or infecting others.

(a) Review the definition of target populations. Target populations are groups of people who are at risk of HIV infection. They can be described by considering common behaviours, practices and/or situations that place them at risk of acquiring HIV or transmitting it to others. Demographic features, such as age, sex, education, occupation and geographical location, can also be used to describe them.

To identify target populations, first consider behaviours and/or practices that put people at risk of acquiring HIV infection or infecting others.

(b) Next, review this list of examples of potential target populations.

Potential target populations

1. Sex workers
2. Clients of sex workers
3. Sexually active young people
4. People with STI

5. IDUs
6. Prisoners
7. Sexual partners of IDUs
8. MSM
9. Special occupational groups: For example, migrant workers, truck drivers, military personnel and industrial workers
10. Women of childbearing age

(c) From what is known about the risk behaviours and populations in a country, you can develop a list of potential target populations which may be important for the national AIDS programme (NAP) to address.

The matrix for describing the target populations follows. Column A lists some target populations at risk as an example.

Example

Matrix for describing the target populations

A	B	C	D	E	F
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)
Sex workers					
Clients of sex workers					
IDUs					
Prisoners					

H: high; M: medium; L: low

EXERCISE B

(Individual work followed by country group discussion)

In this exercise, you will begin to fill in a matrix on page 22 to describe some target populations in your country. Use what you now know about the target populations and any data available to you. This and the following exercises will provide you with an opportunity to practise the process of identifying and prioritizing populations and interventions. The NAP would later follow this process to describe all target populations when the relevant information can be obtained.

Refer to the process described in step 1 above. List three or four target populations at risk in your country in Column A of the matrix.

Inform your facilitator when you are ready for country group discussions.

Step 2: Estimate the size of each target population (Column B)

The population size is useful for (i) determining the level of importance of each target population, (ii) deciding priority interventions for the NAP, and (iii) planning specific activities for each intervention.

It is necessary to use the best available information for estimating the size of a selected population. Enter the estimated size in Column B of the matrix.

In the example on page 13, the estimated size of each target population has been filled in the matrix (Column B).

Example

Matrix for describing the target populations

A	B	C	D	E	F
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)
Sex workers	1 00 000				
Clients of sex workers	3 000 000				
IDUs	40 000				
Prisoners	40 000				

EXERCISE C

(Individual work followed by country group discussion)

In this exercise, the country will allocate a separate target population to each participant. Then, estimate the size of each population at risk in your matrix. Make the best estimate on the basis of your own knowledge, as well as that of your colleagues. Enter each number in Column B of the matrix on page 22.

Inform your facilitator when you are ready for country group discussions.

Step 3: Specify risk behaviours (Column C)

Specific behaviours that place people at an increased risk of acquiring HIV infection or infecting others need to be identified. To do this, it will be necessary to:

(a) review the available information on the behaviours and practices of each target population from various sources, including surveys, focus group discussions and key informant interviews; and

(b) identify the behaviours and/or practices that put people in each selected target population at increased risk by considering the following chart and country-specific information. This information on behaviours is to be recorded in Column C of the matrix.

Probable risk of HIV infection associated with different behaviours

Degree of risk	Sexual	MTCT	Blood
No risk	– Complete avoidance of sexual behaviours (abstinence) – Non-penetrative sex acts: fantasy, hugging, body rubbing, masturbation	Avoidance of pregnancy and/or breastfeeding if self or partner has HIV infection	– Abstaining from injecting drug use – Abstaining from injection with used equipment – Abstaining from sharing injection equipment – Avoiding blood transfusion
Less risk	– Vaginal intercourse with correct and consistent use of condom – Cunnilingus – Oral sex without ejaculation in the mouth – Oral sex with ejaculation in the mouth – Anal intercourse with a condom	Infection of a woman prior to pregnancy (conception when the woman has HIV infection)	– Disinfecting shared injection equipment with bleach
Most risk	– Vaginal intercourse without a condom – Anal intercourse without a condom	Infection during pregnancy or breastfeeding	– Using contaminated skin-piercing equipment, invasive equipment – Sharing unsterilized injection equipment – Any contact involving blood – Transfusion of contaminated blood

The following is a sample matrix. The risk behaviours of the target populations have been listed in Column C.

Example

Matrix for describing the target populations

A	B	C	D	E	F
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)
Sex workers	1 00 000	–Vaginal intercourse without a condom –Anal intercourse without a condom			
Clients of sex workers	3 000 000	–Vaginal intercourse without a condom			
IDUs	40 000	–Using unsterilized injection equipment –Vaginal intercourse without a condom			
Prisoners	40 000	–Unprotected male-to-male sex –Injecting drug use			

EXERCISE D

(Individual work followed by country group discussion)

In Column C of the matrix on page 22, write the risk behaviours of each of your above listed target populations. Follow the steps described to identify the risk behaviours.

Inform your facilitator when you are ready for country group discussions.

Example

Matrix for describing the target populations

A	B	C	D	E	F
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)
Sex workers	1 00 000	–Vaginal intercourse without a condom –Anal intercourse without a condom	–Multiple sex partners –Presence of STI –Limited access to condoms –Limited access to STI care		
Clients of sex workers	3 000 000	–Vaginal intercourse without a condom	–Multiple sex partners –Anal intercourse is accepted –First sexual intercourse at age of 12–15 years –Social non-acceptance of condoms		
IDUs	40 000	–Using unsterilized injection equipment –Vaginal intercourse without a condom	–Multiple partners –Urbanization, increased drug trafficking –High prevalence of HIV –High mobility –Lack of access to health-care services (stigmatization, fear of police) –Lack of access to rehabilitation and drug use treatment services –Lack of availability of condoms –Drug and alcohol use: judgement impairment –Rituals of drug injection group reinforcing sharing injection equipment		
Prisoners	40 000	–Unprotected male-to-male sex –Injecting drug use	–Lack of access to condoms, clean injecting equipment –Lack of access to drug treatment		

Step 4: Identify possible factors that may influence the risk of HIV infection (Column D)

In order to describe the target populations in detail, it is necessary to have a more complete understanding of the important factors that influence the risk of HIV infection.

Examples of the possible factors are listed below.

- Epidemiological and demographic factors
- Factors linked with support services
- Political and cultural factors
- Social and economic factors

More detailed information on the factors influencing risk and vulnerability is contained in an appendix at the end of this module.

EXERCISE E

(Individual work followed by country group discussion)

Review Column D in the preceding chart. In Column D of the matrix on page 22, write all the possible factors that you believe might contribute to the risk of infection for each target population.

Inform your facilitator when you are ready for country group discussions.

Step 5: Determine the likelihood of becoming infected or infecting others (Column E)

A combination of the risk behaviours in Column C and the possible factors influencing the risk of infection in Column D can be used to decide if a target population has a high, medium or low likelihood of becoming infected or infecting others. You would need to consider the probable risk of the behaviours and the seriousness or the impact of the other factors. Review the following example.

Example

Matrix for describing the target populations

A	B	C	D	E	F
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)
Sex workers	1 00 000	–Vaginal intercourse without a condom –Anal intercourse without a condom	–Multiple sex partners –Presence of STI –Limited access to condoms –Limited access to STI care	High	
Clients of sex workers	3 000 000	–Vaginal intercourse without a condom	–Multiple sex partners –Anal intercourse is accepted –First sexual intercourse at age of 12–15 years –Social non-acceptance of condoms	High	
IDUs	40 000	–Using unsterilized injection equipment –Vaginal intercourse without a condom	–Multiple partners –Urbanization, increased drug trafficking –High prevalence of HIV –High mobility –Lack of access to health-care services (stigmatization, fear of police) –Lack of access to rehabilitation and drug use treatment services –Lack of availability of condoms –Drug and alcohol use: judgement impairment –Rituals of drug injection group reinforcing sharing injection equipment	High	
Prisoners	40 000	–Unprotected male-to-male sex –Injecting drug use	–Lack of access to condoms, clean injecting equipment –Lack of access to drug treatment	High	

EXERCISE F

(Individual work followed by country group discussion)

Review the entries you have made in Columns A–D in the matrix on page 22. Then decide whether each target population has a high, medium or low likelihood of becoming infected or infecting others. Record H (High), M (Medium), or L (Low) in Column E for each population.

Inform your facilitator when you are ready for country group discussions.

Step 6: Determine the relative importance (Column F)

In order to plan prevention activities, it is necessary to decide the relative importance of each target population. The relative importance will be a guide for planning the amount of programme effort and resources that need to be devoted to the target population.

To assess whether a target population is of primary or secondary importance, consider the size of the target population (Column B) and the likelihood of the target population becoming infected or infecting others (Column E).

Decide which of the following definitions best fits each target population.

DEFINITIONS

Primary importance

A target population is of primary importance when its significance for immediate planning purposes is high. Because of its estimated size, identified risk behaviours and other factors contributing to the risk of infection and infecting others, this population needs a relatively greater amount of attention when planning programme interventions and activities.

Secondary importance

A target population is said to be of secondary importance when it needs relatively less attention. The NAP may deal with this target population at a later time and with less focus than in the case of a target population of primary importance.

Example

Matrix for describing the target populations

A	B	C	D	E	F
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)
Sex workers	1 00 000	–Vaginal intercourse without a condom –Anal intercourse without a condom	–Multiple sex partners –Presence of STI –Limited access to condoms –Limited access to STI care	High	Primary importance
Clients of sex workers	3 000 000	–Vaginal intercourse without a condom	–Multiple sex partners –Anal intercourse is accepted –First sexual intercourse at age of 12–15 years –Social non-acceptance of condoms	High	Primary importance
IDUs	40 000	–Using unsterilized injection equipment –Vaginal intercourse without a condom	–Multiple partners –Urbanization, increased drug trafficking –High prevalence of HIV –High mobility –Lack of access to health-care services (stigmatization, fear of police) –Lack of access to rehabilitation and drug use treatment services –Lack of availability of condoms –Drug and alcohol use: judgement impairment –Rituals of drug injection group reinforcing sharing injection equipment	High	Primary importance
Prisoners	40 000	–Unprotected male-to-male sex –Injecting drug use	–Lack of access to condoms, clean injecting equipment –Lack of access to drug treatment	High	Primary importance

EXERCISE G

(Individual work followed by country group discussion)

Review the entries you recorded in Columns B and E in the matrix on page 22 for each target population. Determine the relative importance (primary or secondary) of these populations. Record your assessments in Column F.

Inform your facilitator when you are ready for country group discussions.

EXERCISE H

(Country group work followed by intercountry group discussion)

In this exercise you will complete the matrix on page 22 by filling column G.

Look back at your strategic information and at the table you completed on current and planned activities. For each of the target populations which you have rated as being of "primary importance" in the matrix on page 22, identify the approaches that need to be taken to strengthen HIV prevention, care and treatment.

Remember to consider care along with prevention, as you have already recognized that there are people with HIV within these populations.

A full analysis of the approaches to prevention and care is contained in Module 5. For the moment, just identify, as precisely as you can, the broad approaches that need to be taken. Use the examples of the interventions set out in Exercise A as a guide.

Inform your facilitator when you are ready for intercountry group discussions.

Example

Matrix for describing the target populations

A	B	C	D	E	F	G
Population at risk of becoming infected and infecting others	Estimated population size	Risk behaviours	Possible factors influencing risk of HIV infection	(C+D) Likelihood of population becoming infected or infecting others (H/M/L)	(B+E) Relative importance (primary or secondary)	Approaches to be taken to strengthen HIV prevention and care

Appendix 1: Factors influencing HIV risk and vulnerability

Epidemiological and demographic factors	Factors linked with support services	Political and cultural factors	Social and economic factors
–HIV prevalence levels –Presence of STI –Frequency of exposure, e.g. multiple partners, multiple injections –Mixing patterns of populations –Bridge populations –Others	–Limited access to and availability of condoms –Limited access to trained health-care professionals –Limited access to risk-reduction information –Limited access to STI diagnosis and treatment –Limited access to antenatal care –Limited access to HIV testing and counselling –Limited access to drug treatment and rehabilitation –Limited availability of needles and syringes –Limited screening available for blood supply –Poor attitude of health workers	–War/civil disturbance –-Limitations on interventions, e.g. condom distribution is illegal –Social non-acceptance of condoms –Opposition from religious groups to interventions –Low status of women –National policies –Norms and practices (e.g. needle sharing, numbers and types of sexual partners, military or police expecting sexual favours, age at first intercourse, young girls expected to do sex work) –Cultural/ethnic practices (dry sex, circumcision, tattooing, scarification) –Marginalized populations –Others	–Literacy rates –Urbanization –Imprisonment –High mobility –Migration and separation of families –Drug use: judgement impairment –Alcohol use: judgement impairment –Others

Appendix 1: (cont.)

Examples of situations in which these factors may influence the risk of HIV infection in a target population are given below.

EPIDEMIOLOGICAL AND DEMOGRAPHIC FACTORS

HIV prevalence level

The prevalence level in a population is an important factor in determining the target populations on which the programme's efforts and resources should focus. If the estimated level of infection in a target population is very low, transmission of infection from this to other populations is less likely. If the prevalence is high in a target population such as IDUs, it is more likely that HIV will be transmitted within the population and to the sexual partners.

Presence of STI

There is strong evidence that men and women with genital ulcerative disease or other STIs are at increased risk for acquiring and transmitting HIV. Thus, a high prevalence of STI in a population would be an influencing factor for increased risk of HIV infection.

Frequency of exposure (e.g. multiple partners, multiple injections)

The probability of a person becoming infected with HIV sexually is, in general, proportional to the number or frequency of unprotected acts and the number of high-risk partners with whom the person has had sexual contact in recent years.

Mixing patterns of populations

Risk behaviours may be mixed and there may be a bridge population. For example, IDUs might not only share injecting equipment within their own population group, but may also have sexual partners who are outside their group.

FACTORS LINKED WITH SUPPORT SERVICES

Access to and availability of support services

These factors may serve as additional determinants of the risk of infection. Particularly important examples include access to and availability of condoms, access to information on the reduction of risk, and to facilities for the diagnosis and treatment of STI.

Attitude of health workers

The attitude of health workers towards a target population can play an important role in determining if the population will use the health services. For example, sex workers may not use STI treatment services if they are badly treated by the health workers.

POLITICAL/CULTURAL FACTORS

War and civil disturbance or natural disaster

These impose limitations on the regular importation of commodities, such as antiretroviral drugs, drugs for the treatment of STIs, condoms and HIV test kits. Messages through the mass media, such as those promoting safer sex and the use of condoms, might not be disseminated as planned. An increase in violence and lawlessness can also lead to an increased incidence of rape.

Limitations on interventions

Limitations, such as an arrest while carrying condoms or a crackdown on drug users, can hinder the progress of interventions aimed at prevention.

Social non-acceptance of condoms

This may be a determinant of risk in certain populations. For example, it may be unacceptable for the youth or unmarried women to be seen obtaining or purchasing condoms, or it may be unacceptable for them to use a condom.

Opposition from religious groups

Religious groups sometimes oppose promotional messages. Thus, they may influence the population's health practices, such as the decision to use or not use condoms.

Status of women

The status of women may be low and this may limit their ability to practise safer sex. For example, women might not be a in a position to make decisions about the use of condoms, or to question their partners about extramarital sex.

National policies

Some national policies serve as barriers to the implementation of an intervention aimed at prevention. For example, restrictions on the availability of needles and syringes would limit the usefulness of an intervention to promote safer drug-injecting practices. Similarly,

legal restrictions on the availability of condoms to certain populations, for example, the youth, may have an impact on interventions for promoting safer sex.

Norms and practices

Some populations may face an increased risk of infection due to certain norms and practices, which need to be considered before designing prevention interventions. For example, sharing needles to "belong" to a group of IDUs might be a common ritual. Young people might be under peer pressure to have many sexual partners. The military or police might expect free sex from sex workers. It may not be culturally acceptable to discuss homosexuality.

Cultural and ethnic practices

Circumcision in males and females, tattooing and scarification may be accepted practices, but can contribute to the risk of infection because of the use of poorly sterilized skin-piercing equipment.

Marginalized populations

Economically deprived populations may never be able to benefit from prevention efforts because the social system refuses to recognize them. Some examples of such populations are sex workers and IDUs.

SOCIAL AND ECONOMIC FACTORS

Literacy rates

Low literacy rates may limit access to written information on risk reduction.

Urbanization

Many people may move to larger cities when they cannot find work in the rural areas. Sex work and increased drug use may be possible outcomes of urbanization.

Imprisonment

There may be increased same-sex activity among male prisoners due to the denial of access to women.

High mobility

The high level of mobility of certain target populations increases the geographical spread

of HIV transmission. For example, truck drivers may engage in sex with sex workers at several truck stops, thus increasing the spread of HIV.

Migration and separation from the family

People may have to travel to another country or region of the country to find work. The resulting separation from the family brings about an increase in the use of the services of sex workers and of sex with non-regular partners.

Alcohol and drug use

The use of alcohol and drugs impairs judgement and limits the ability to consistently practise safer sex.

When the information is reviewed and the target population described more fully, it may become apparent that the list of selected target populations needs a reappraisal. For example, information on risk behaviours or other factors influencing the risk of HIV infection of one target population may indicate that another target population is also important. In this case, the additional target population should be added to the list of target populations to be further described.

World Health Organization
Regional Office for South-East Asia

MAHATMA GANDHI MARG, INDRAPRASTHA ESTATE, NEW DELHI 110002
TEL: 91 11 2337 0804 FAX: 91 11 2337 0197
www.searo.who.int

ISBN 92-9022-302-3