

NATIONAL AIDS PROGRAMME MANAGEMENT

MODULE 6
**IMPLEMENTATION OF HIV PREVENTION,
CARE AND TREATMENT STRATEGIES**

SUBMODULE 1
MINIMIZING SEXUAL TRANSMISSION OF HIV AND OTHER STIs



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National AIDS Programme Management

A Training Course

Submodule 6.1: Minimizing sexual transmission of HIV and other STIs



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Submodule 6.1

Minimizing sexual transmission of HIV and other STIs

LEARNING OBJECTIVES

After completing this submodule, participants will be able:

1. To outline the factors that affect the sexual transmission of HIV.
2. To explain the components of the Essential Prevention Package for minimizing sexual transmission of HIV within a broader strategic response to STIs.
3. To identify priorities and strategies for strengthening the national programme using the Essential Prevention Package.
4. To describe the components of the 100% Condom Use Programme (Thailand case study).

INTRODUCTION

Sexual transmission of HIV is a key driving force behind many of the HIV epidemics in Asia. This is fuelled by high levels of other sexually transmitted infections (STIs) in the affected populations. Even in epidemics primarily driven by injecting drug use, sexual transmission is a factor in the spread of HIV from the drug user population to other populations. Reducing sexual transmission of HIV and other STIs is not a simple matter of increasing the knowledge and awareness of individuals at risk. There are complex issues of power, poverty, economics and marginalization that need to be dealt with if safer sexual behaviours are to be adopted and sustained.

This module presents a model that places the prevention of sexual transmission of HIV within a broader sexual health response, combining services for individuals with strategies that address the networks and context in which sexual transmission occurs. Desired outcomes include community norms and services that support safer sex and the prevention and control of STIs.

Submodule 6.1 • Minimizing sexual transmission of HIV and other STIs

Participants will be familiarized with the thrust of the Global and Regional Strategies for the Prevention and Control of STIs and provided with assistance to assess their country's current strategies for the prevention of sexual transmission of HIV in line with these. Key issues regarding access to condoms and other barriers to sexual transmission will also be covered.

OBJECTIVE 1: To outline the factors that affect the sexual transmission of HIV

Preventing the sexual transmission of HIV is simply a matter of adopting and maintaining safer sex practices. However, there are many complex individual and societal issues that make this difficult to achieve.

Several factors contribute to a person's ability to avoid sexual transmission of HIV. These include:

- **Knowledge** – about how HIV is transmitted and how transmission can be avoided.
- **Access to the means of prevention** – to male and female condoms and water-based lubricants.
- **Power** – being in control of one's own sexuality and able to enact safer sex decisions.
- **A supportive environment** – community and societal support for reducing risk by delaying first sex, adopting safer sex practices and carrying condoms.
- **Sexual health** – particularly the presence of other STIs that would make the transmission of HIV much more likely during unsafe sex.

KNOWLEDGE

Myths and misconceptions abound about how HIV is transmitted and about what can be done to avoid HIV transmission. Many people still do not see themselves as being at sexual risk, or hold false beliefs that the behaviours they have adopted will protect them. These misconceptions and false beliefs need to be broken down by providing clear information in a format and language that is appropriate for the target group.

ACCESS TO THE MEANS OF PREVENTION

Condoms have been promoted and made more widely available in many countries. However, some challenges still remain. Condoms need to be made available, accessible and affordable, even for people living in poverty, and of good quality to ensure proper protection. Laws, regulations and practices by police and others which punish or harass people for carrying condoms need to be addressed. Lubricant for sex workers and for men who have sex with men (MSM) is still not widely available or, if available, is too expensive. This leads to condom breakage and transmission of HIV and other STIs.

POWER

This is a complex area. For people to avoid HIV infection they need the knowledge, the

means and the power to remain safe. Many factors affect people's power in this area.

- Women who do not have the power to discuss sex and HIV risk with their husbands or sexual partners may not be able to avoid HIV infection.
- Female and male sex workers who do not have adequate food and shelter for themselves and their families may not be able to refuse a client who wants to pay for unsafe sex.
- People using alcohol and other drugs may find it difficult to make sound decisions about safer sex.
- Marginalized women working illegally as sex workers may be more prone to sexual assault.
- Prisoners and other people in environments where there is no access to a means of prevention may not be able to avoid HIV and other STIs.
- People with poor access to STI prevention and treatment services may have undiagnosed STIs that contribute to their HIV risk.

Strategies to reduce HIV transmission need to take power into account. There are cultural and structural arrangements in most societies that give power to some and take it away from others. Examining these arrangements and their effect on HIV and STI prevention and control is an important task for AIDS programmes. Ignoring them can place the responsibility for HIV prevention solely in the hands of the people who do not have the power to bring about the necessary changes.

SUPPORTIVE ENVIRONMENT

An individual's decision to have safer sex is supported by an environment in which this is the norm. Young people's decisions about when to start having sex and whether to use condoms are affected by family and community norms and peer pressure. An individual sex worker's decision to have safer sex is supported if the brothel or area has a 100% condom use policy. It is jeopardized if the owner and the clients do not support the behaviour. Police harassment and arrest of people who carry condoms are environmental factors that have a direct impact on the person's ability to sustain safer sex.

SEXUAL HEALTH

The presence of genital ulcer disease increases the risk of HIV transmission by up to 50–300 times per episode of unprotected intercourse. HIV shedding in the semen of men with gonococcal urethritis is six times higher than that in uninfected men, and reverses when the urethritis is treated. Preventing and treating STIs has a direct impact on the efficiency of HIV transmission. People who do not have STIs can still acquire HIV, but it is clear that HIV is transmitted much more readily in populations where the prevalence of other STIs is high.

OBJECTIVE 2: To explain the components of the Essential Prevention Package for minimizing sexual transmission of HIV, within a broader strategic response to STIs

THE GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF STIs




In May 2006, the World Health Assembly endorsed the Global Strategy for the Prevention and Control of STIs 2006–2015.

The Strategy promotes the following established key elements:

- reviewing policies, laws and regulations regarding STI control to ensure that they are non-punitive and non-coercive, and contribute towards the aims of STI prevention and control programmes and services;
- promoting healthy behaviours: safer sexual and health-care seeking behaviours, compliance with therapy, and responsible notification and management of STIs in sexual partners;
- delivering STI care including antenatal screening for syphilis and other STIs, ophthalmic prophylaxis at birth for neonates, and immunization against hepatitis B;
- ensuring a reliable supply of safe, effective, high-quality and affordable medicines and commodities for STI prevention and treatment, including male and female condoms and other effective barrier methods; and
- strengthening support components, including the adaptation of normative guidelines, training, information networks, commodities, logistics, laboratory support, surveillance and research.

The WHO Regional Office for South-East Asia has produced a Regional STI Prevention and Control Strategy that complements the Global Strategy and identifies the following priority areas:

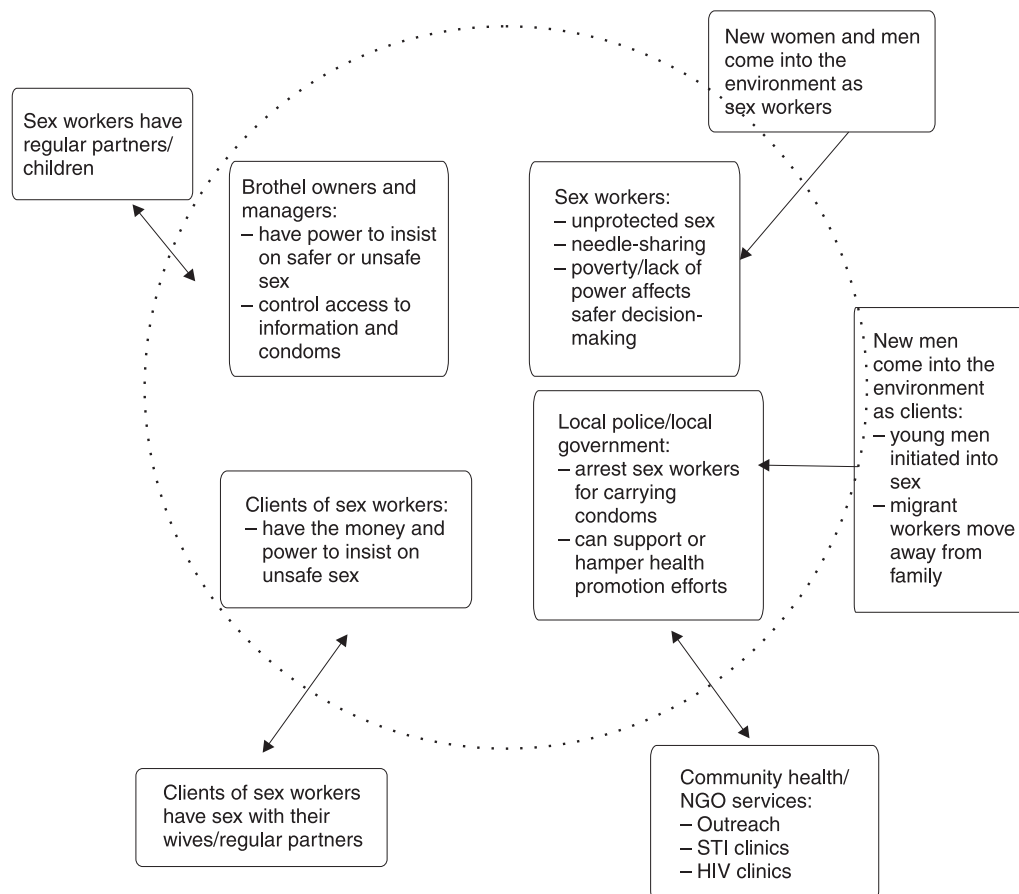
Priority overview...

- | | | |
|--|---|---|
| 1. Cut incidence in high transmission networks |  | <ul style="list-style-type: none">• Sex worker peer outreach• 100% condom use programme• STI services for SW and clients• Enabling environment |
| 2. Improve STI case management for all |  | <ul style="list-style-type: none">• Promote early STI care• SRH and PHC• Youth-friendly services• Private sector |
| 3. Ensure reliable data to guide response |  | <ul style="list-style-type: none">• Monitor coverage• Case reporting• Prevalence surveys• Other studies |

High transmission networks are identified as those environments in which HIV and other STIs are most readily transmitted – male and female sex work environments and other environments in which people have multiple partners and unprotected sex. Strategic information, including risk behaviour mapping at national, provincial and local levels will assist countries to determine the networks for priority targeting (*see also* Targeted Interventions, Module 4).

Go back to the environmental maps that you developed in Module 4. The high transmission networks referred to here are the environments of risk and vulnerability that you identified in the Module 4. These are the environments of sex work and male-to-male sex. They include the populations at risk such as truckers and migrant workers who use sex workers when they are separated from their families. Do not be limited by these definitions. They are just intended to assist you to describe the patterns of HIV transmission that you see in your country. The most important task is to clearly understand the patterns of risk and transmission in your area and then focus your interventions on those environments.

Environment of risk for sex workers, clients and community



Essential Prevention Package (EPP) for sexual transmission

Information and education

- Develop and disseminate information on HIV and other STIs tailored to the language and needs of particular populations.
- Implement background campaigns to encourage safer sex, condom use and early STI diagnosis and treatment.
- Include specific information on effective use of condoms that are distributed – safer sex packs.
- Work with the media to promote the provision of accurate information.

Outreach

- Ensure wide coverage of outreach programmes for sex workers and MSM.
- Provide specific prevention initiatives aimed at clients of male and female sex workers and other sexually active men.
- Develop strong referral links between outreach programmes and STI/HIV clinical services.
- Involve affected communities (sex workers, MSM, PLHA) in prevention programmes.

Means of prevention: male and female condoms, lubricant, microbicides

- Devise strategies to increase the availability and accessibility of free or affordable good-quality condoms.
- Implement specific strategies for uninterrupted supply in high-use environments – brothels, clubs and other sex work venues.
- Ensure the wider availability of affordable female condoms and of water-based lubricant in high-use environments.

Services: STI prevention and treatment, with links to HIV testing, care and treatment

- Update policies and procedures to encourage sex workers, MSM, clients of sex workers, young people and other targeted groups, to access STI services (attitudes, opening times, procedures, cost).
- Locate STI services in environments of high incidence – sex work districts, within sex work and MSM organizations, mobile clinics.
- Provide STI services in reproductive health clinics and primary care clinics.
- Provide early and effective STI treatment.
- Engage with private sector services to increase the quality and reach of private services.

- Modify and disseminate STI diagnosis and treatment guidelines, including screening or presumptive treatment for sex workers.
- Train staff in STI diagnosis and treatment.
- Ensure a consistent supply of STI diagnostics and medicines.
- Provide HIV counselling and testing through STI services, with a routine offer for people diagnosed with an STI.

Enabling environment

- Set standards of care and train health-care workers and other providers to reduce stigma and discrimination against sex workers, MSM and other marginalized groups.
- Review and reform operational policies and procedures of key services to increase access of these groups to services.
- Review police policies and procedures to reduce harassment and stop the arrest of people who carry condoms.
- Work with the police and public security personnel to enlist their cooperation and support for prevention programmes.
- Work with the government, community and religious leaders to enlist their support.

This Essential Prevention Package is complemented by strategies to progressively increase access to HIV care, support and treatment services. These include the following.

Care, support and treatment

- Link prevention and care strategies – train outreach staff to assist sex workers, MSM and their partners who are already HIV-positive to access services, and train clinical services staff to reinforce prevention strategies when caring for them.
- Set standards of care and train health-care workers and other providers to reduce stigma and discrimination against sex workers, MSM and other marginalized groups at high risk.
- Review and reform operational policies, and procedures of key services to increase the access of vulnerable groups to services.
- Train HIV clinical staff in the particular care and treatment needs of sex workers and MSM.

OBJECTIVE 3: To identify priorities and strategies for strengthening the national programme using the Essential Prevention Package

The Essential Prevention Package set out above contains the elements of a comprehensive HIV prevention response. The modules on determining programme priorities and targeted interventions have assisted you to identify the populations that require priority targeting with prevention efforts.

EXERCISE A

(Country group work followed by intercountry group discussion)

This exercise is designed to assist you to determine the range of strategies to put in place to ensure that these populations receive the information, support and services that they need to sustain safer sex practices and reduce HIV transmission.

Select a population at high risk of sexual transmission (FSW, MSM, MSW). Review the components of EPP (pages 11–12) and complete the following matrix. Identify the key programme gaps and measures for strengthening.

	Selected population	Key programme gaps	Measures for strengthening
Awareness and information			
Outreach			
Prevention			
STI services			
Enabling environment			
Care, support and treatment			

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

OBJECTIVE 4: To describe the components of the 100% Condom Use Programme (Thailand case study)

This case study provides detailed information about the 100% Condom Use Programme carried out in the sex work environment in Thailand. This programme cuts across several areas of the Essential Prevention Package – outreach, access to STI services, promotion of condom use and the establishment of an enabling environment for prevention programmes. It provides an effective model for HIV and STI prevention in the sex work environment.

BACKGROUND

In 1989, the Provincial AIDS Committee of Thailand's Ratchaburi Province put in place an HIV prevention strategy that included a 100% Condom Use Programme to reduce the transmission of HIV and other STIs. This programme had the backing of the Provincial Governor and involved local government officials, provincial medical staff, police officials, school principals and people from the private sector, including employers and brothel owners.

The programme comprised the following elements:

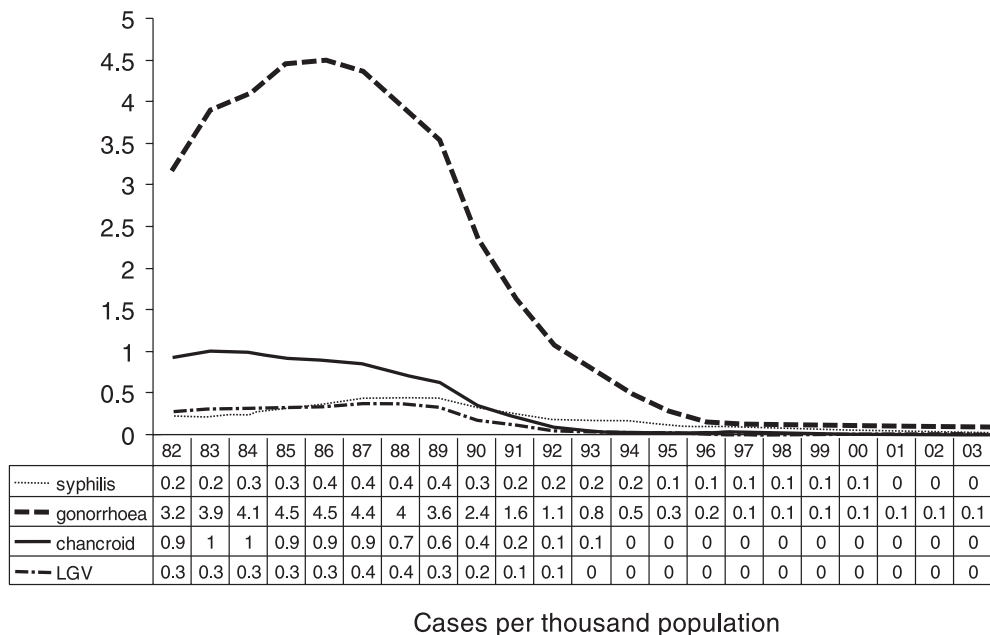
- a declaration of 100% condom use for brothels, with penalties (closure) to be imposed if brothels did not comply;
- establishment of a multisectoral committee to oversee the programme;
- campaigns to promote the carrying and use of condoms;
- regular meetings between the police and brothel owners; and
- training for sex workers.

One of the main aims of the programme was to move the responsibility for condom use from the individual sex worker onto the sex work establishment.

The programme proved successful in significantly increasing condom use and was then rolled out in other provinces. In 1991, the first National AIDS Committee meeting, chaired by the Prime Minister, endorsed the 100% Condom Use Programme and called for close collaboration at provincial level between the Governor, the Chief Medical Officer, Chief of Police and the public health office. It also called for Ministries to seek the support of their local offices for the programme. By the end of April 1992, all provinces in Thailand had 100% Condom Use Programmes in place.

STI incidence per 1000 population, Thailand 1982–2004

(Source: Chitwarakorn 2004, MoPH)



IMPACT

The graph above shows the change in incidence of major STIs in Thailand from 1982 to 2004. The 100% Condom Use Programme is credited with having contributed significantly to this reduction in incidence.

STEPS FOR IMPLEMENTING THE 100% CONDOM USE PROGRAMME

The Thailand programme identified the following steps for implementing a 100% Condom Use Programme:

1. Organize a meeting of the provincial AIDS Committee, present strategic information on HIV transmission and the elements of the 100% Condom Use Programme. Seek the endorsement of the Committee for the programme.
2. Identify who will coordinate the programme and where the resources will come from.
3. Convene a high-level meeting to explain the programme and gain support and assistance. The meeting should
 - be chaired by the provincial Governor or another person with local authority;
 - include representatives from the local government, police, social welfare, provincial health services, communicable disease control authorities, STI services staff; and
 - include brothel owners and sex worker representatives.

This meeting presents the regulations and procedures that would back up the programme – including regular health check-ups for sex workers and closure of brothels that do not comply with the programme. It sets out the benefits for brothel owners, sex workers and clients: better health, increased productivity, participation in the provincial health effort, and increased legitimacy for sex workers and brothel owners.

The meeting also provides the Police Chief with an opportunity to publicly state the Police Department's support for the programme.

4. Establish an Inspection or Compliance Committee, or a set of strategies to monitor compliance with the programme.

Compliance strategies include examining data and information from STI clinics, and visits to brothels to interview sex workers and clients. Provincial coordinators report progress every month to the Provincial AIDS Committee. This intensive tracking of progress is a key feature of the programme.

Information from the STI clinics is correlated with that from the brothel inspection. People diagnosed with STIs are asked to identify the brothel that they had used and this brothel receives a follow-up visit.

STRENGTHS OF THE 100% CONDOM USE PROGRAMME

- It produces a rapid and widespread increase in condom use.
- It reduces HIV infection and transmission of other STIs.
- It can be quickly scaled-up to cover an entire province.
- It is a cooperative, inclusive model that does not punish sex workers or clients.
- It is not affected by the mobility of sex workers as it focuses on venues.
- It has little impact on the local economy – it focuses on changing behaviour rather than eliminating sex work.
- It is more effective than broad-based awareness campaigns that may not change behaviour.

CHALLENGES AND BARRIERS ENCOUNTERED

- Interruptions in condom supplies are sometimes blamed for non-compliance.
- Poor quality condoms sometimes jeopardize the programme as they break and discourage people from using condoms in the future.
- New brothels and sex venues open all the time – local knowledge and regular follow-up is important.

- Sex workers sometimes use condoms with clients but not with regular partners. Some sex workers still contract STIs.
- The programme is criticized by some for giving power and recognition to sex workers, though this is viewed by many as a positive aspect of the programme.
- The programme does not focus on people having non-commercial sex – people meeting each other in bars, at dance parties or at other venues.
- There was a need to develop strategies to ensure that the programme also reached informal, non-brothel based sex workers.
- If political commitment and resources decrease as STI rates decline, there is the danger that STI/HIV transmission could rebound.

EXERCISE B

(Country group work followed by intercountry group discussion)

In country groups, look at the various aspects of the 100% Condom Use Programme and complete the attached table to examine how this model could be applied in your setting.

Remember that this is an intervention which is primarily focused on venues where sex takes place. Other interventions to complement this were covered in Exercise A in this submodule.

If you are covering your country, divide it up into its provinces/states or districts to help you identify the areas that can be targeted first. The 100% Condom Use Programme relies on the existence of local authorities to support the programme, hold the meetings and carry out the inspections. Reflect this in your table. Each area identified in the table should have a formal government jurisdiction (such as a city/town, district or a province) that has health officials, police officials, an AIDS Coordinating Committee and other structures that can take the programme forward.

The tables on the next two pages should be used together so that the questions relating to one area (a city/town, district or province) can be answered across the two tables.

Inform the facilitator when your country group has completed this exercise.

EXERCISE

Table 1. 100% Condom Use Programme

Areas	Estimate the number of sex venues/brothels in this area	Describe what you know about the range of brothels/sex venues in this area – number of sex workers, whether sex occurs on the premises or not	What STI services are available in this area? How can they be strengthened?
Area 1			
Area 2			

EXERCISE

Table 2. 100% Condom Use Programme

What group or committee will coordinate the programme	How will compliance be monitored?	How will condoms be made available?	How will you ensure coverage across all venues?
Area 1			
Area 2			

RESOURCES

1. *Global strategy for the prevention and control of sexually transmitted infections 2006–2015*, WHO 2006 (<http://www.who.int/reproductive-health/stis/docs/stiskeymsgs.html>).
2. *Intensifying HIV prevention – UNAIDS*, Policy position paper 2006 (http://www.unaids.org/en/Policies/Prevention/Prevention_Umbrella_Policies.asp).
3. *Regional strategy for the prevention and control of sexually transmitted infections, 2007–2015*. New Delhi, WHO Regional Office for South-East Asia, 2007.



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