

## »» Smart combined approach sets new course for HIV/AIDS prevention

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Over the past few years, the global community has made huge progress in the prevention and treatment of HIV and AIDS. However, there are still a number of major challenges. Around 37 million children and adults are currently living with HIV. In 2016, some 1 million people died from AIDS-related illnesses. When compared to 2005, this represents a drop of almost 50% on a global scale – achieved thanks to improved access to HIV medication. At the same time, however, 1.8 million people became infected with HIV last year, two thirds of whom live in Sub-Saharan Africa. In contrast to 2010, the number of newly-infected patients fell by just 16%. In countries and regions with a high HIV prevalence, young women (aged 15 to 24) have an increased risk of contracting HIV. According to recent statistics, this group made up over 25% of newly infected patients in eastern and southern Africa, an area in which they make up just 10% of the population. Drug users, prisoners and homosexual men also make up an above-average proportion of new cases.

### Shifting the spotlight to HIV hotspots

Progress in the prevention of HIV/AIDS not only differs between regions and groups on an international scale; positive trends on a national scale can also cover up significant negative developments and gaps in prevention and treatment in certain geographical areas or among certain parts of the population. The task now is to uncover these *hotspots* in order to create efficient and effective HIV prevention programmes. To achieve this, differentiated data on HIV prevalence and incidence (new infections), individual and environment-based HIV risk factors and the availability of HIV/AIDS prevention and treatment services are required, broken

down both geographically (ideally by community or urban district) and socio-demographically (income, employment, educational background). An IT-based health information system that enables these data to be geo-coded is hugely beneficial when collecting and analysing this information. Wherever possible, the communities or groups affected should be closely incorporated into the generation and interpretation of the data collected so as to prevent (further) stigmatisation.

### Case-adjusted combined approaches increase effectiveness and cost efficiency of prevention

A common understanding of local HIV epidemics must first be established before both existing and new approaches to prevention can be applied effectively and efficiently. An intelligent (case-adjusted) combination of the following elements has proven to be especially successful and efficient:

**Biomedical approaches** prevent contact with and the spreading of HIV (condoms, male circumcision, blood bank safety, HIV medicines to prevent the virus being passed from mother to child or from an infected patient to their sexual partner, under the concept of "*treatment as prevention*", etc.);

**Behaviour-oriented measures** aim to reduce the individual risk of infection (HIV tests and advisory services, clarification of health issues, communication campaigns to bring about behavioural change, *social marketing* for condoms, etc.);

**Intervention in social and cultural circles** helps to break down the stigma associated with HIV/AIDS and thus increases infected patients' likelihood of seeking help (Dialogue at community

level, adjustments to school curricula, etc.);

**Political, legal and economic strategies** create the underlying conditions required to employ successful HIV/AIDS prevention in identified *hotspots* and are therefore being increasingly considered. They address structural and socio-economic causes behind the spread of HIV, many of which are often deeply entrenched in a community. They include a lack of prospects among young people and gender-specific violence both inside and outside of the home ("diplomatic prevention" with leading political and traditional figures, training for police and legal professionals in dealing with gender-specific violence, availability of condoms from public facilities, such as schools or prisons, the creation of economic prospects, e.g. by improving options for vocational training, etc.);

**Infrastructural measures** improve access to health services and reduce risk factors in the public sphere (construction/refurbishment of health facilities, improvements to transport links to poor districts/neighbourhoods, crime prevention, etc.).

### Combined approaches to prevention call for close collaboration between a number of stakeholders

A combined approach to prevention allows public funds to be used effectively and efficiently to prevent HIV/AIDS. In a report published in September 2017, the *Lancet Commission on the future of health in Sub-Saharan Africa* therefore calls for the expansion of suitable approaches. As the various elements of a combined approach to prevention are applied by different parties, close coordination within the region is crucial. ■