



# Accelerating HIV prevention in the context of 3 by 5



World Health Organization

## The need to integrate prevention, care and treatment

The 3 by 5 Initiative offers new opportunities as well as new imperatives for strengthening HIV prevention efforts. For the first time, the promise of increased access to antiretroviral treatment (ART) for people in need allows us to develop a comprehensive public health response to the epidemic that fully integrates prevention, care and treatment. Evidence from the Caribbean, Africa and elsewhere indicates that introducing treatment in affected communities can reduce the fear, stigma and discrimination that surround HIV/AIDS, increase demand for and uptake of HIV testing and counselling, and reinforce prevention efforts.

Triple-drug ART also reduces the level of HIV in the body to undetectable levels in many patients. While the virus is never eliminated (and no one is cured), the risk of a person on effective treatment transmitting HIV is also greatly reduced. Coupled with strategies to emphasize safer behaviours of those in treatment (see Box below) there will be a considerable impact and acceleration of HIV prevention.

Access to treatment presents challenges and opportunities for prevention. In a few wealthy countries with wide access to treatment, a resurgence in risky behaviour and rising rates of some sexually transmitted infections have been seen in specific populations. Inaccurate and unrealistic perceptions of the benefits of treatment must not be allowed to undermine prevention efforts. Better information and counselling are needed to ensure that the beneficial preventive effect of ART—reducing stigma and increasing demand for testing and counselling—are not lost. These messages are an integral part of any ART programme.

The challenge ahead is to make the most of the potential synergies between prevention and treatment so that they have a naturally accelerating effect. New initiatives are required that emphasize the benefits of knowing one's HIV status, addressing stigma and discrimination and integrating specific prevention services with treatment, care and community action. This requires reaching out to vulnerable communities that are most affected by the epidemic and have the greatest need for prevention, treatment and care, and ensuring that people with HIV and their communities are meaningfully engaged in shaping and scaling up a comprehensive response to the epidemic.

## Programme elements

- *HIV testing and counselling*: 3 by 5 will require a massive increase in the provision of testing and counselling services to enable people with HIV to obtain early and appropriate access to HIV care, treatment and support (see technical brief: HIV testing and counselling). This will have important prevention benefits as there is evidence that testing and counselling, when done correctly, is a key intervention that enables people to initiate or maintain behaviours to prevent acquisition or further transmission of HIV. People have the right to know their status, in conditions that protect their safety and confidentiality.
- *Strengthening prevention interventions linked to treatment services*: Clinic-based prevention services should be reinforced and integrated into the regular schedule of patient visits.
- *Enhancing programmes for the prevention of mother-to-child transmission (MTCT) of HIV*: Linking care, treatment and support to MTCT prevention programmes can lead to increased uptake of testing and counselling in antenatal care settings and improve the effectiveness of antiretroviral drug use as women with the highest viral loads requiring ART are at greatest risk of transmitting the virus to their infant.
- *Harm-reduction and drug-substitution programmes for injecting drug users*: Programmes that integrate drug substitution treatment and ART with a range of prevention services that address transmission through sexual, injecting and vertical (mother-to-child) routes will reduce the risk of transmission in the community and benefit drug users who are already infected, enabling them to protect their health and supporting adherence with ART.



- *Universal precautions and rigorous observance of infection control for HIV transmission in health-care settings.* Efforts are needed to ensure blood safety and safe performance of injections and other procedures. Health-care workers and clients need to be reassured that treating large numbers of people with HIV will not involve risk to providers or to others using health care. HIV post-exposure prophylaxis (PEP) should be available in health-care settings in the event of accidental exposure.
- *Community action:* Community action around prevention in the context of treatment and care should be actively encouraged and supported. This includes activities such as the promotion and facilitation of access to HIV testing and counselling, community-based services to promote safer sex and distribute condoms, and community-based care and support such as peer support groups, home-based care and referral.
- *Involvement and capacity-building of people with HIV:* People with HIV can become effective partners in prevention, treatment and care efforts. With adequate skills and support, they can serve as effective resource persons, advocates, educators and counsellors in community-based and public health activities related to prevention, care and ART; particularly in treatment support. (See technical brief: Mobilizing communities to achieve 3 by 5.)
- *Targeted interventions:* Programmes that serve marginalized populations who face a high risk of HIV infection, such as injecting drug users (IDUs), men who have sex with men, sex workers and incarcerated populations are key entry points for comprehensive HIV/AIDS services, including prevention, care and treatment. Such populations often suffer from the "double stigma" associated with their social status and their risk of HIV, and require tailored services in which prevention and care objectives converge.
- *The impact of treatment in prevention:* There is evidence from Brazil and elsewhere that treatment can synergize and accelerate HIV prevention interventions. While impacts can be positive, under some circumstances risky behaviour may be encouraged, and other negative interactions may emerge. It is thus imperative to seek data on the impact of scaling up ART on prevention and risk behaviour. This is a key element of the operational research agenda linked with the 3 by 5 Initiative (see technical brief: Operational research). Measurements of the impact of ART on prevention must be initiated immediately, and every effort made in all 3 by 5 countries to ensure that prevention efforts are accelerated.

**Milestone:** By the end of 2004, 2000 public and NGO service outlets will provide testing and counselling services, increasing to 20 000 by the end of 2005.

**Milestone:** WHO will issue technical and operational guidance for strengthening prevention interventions linked to treatment services (early 2004).

### Prevention linked to care, treatment and support for people living with HIV/AIDS

Effective prevention interventions among persons living with with HIV/AIDS is likely to have a greater impact on the spread of the epidemic than prevention efforts directed at the community at large. The World Health Organization (WHO) recognizes that people living with HIV have an essential role to play as partners in preventing new infections. HIV-positive people should thus receive a full package of proven HIV-prevention interventions including:

- sexual and reproductive health counselling and support;
- prevention education and risk-reduction counselling;
- support for beneficial disclosure;
- partner referral for testing and counselling;
- counselling for couples to reduce risk of transmission between partners;
- Appropriate screening and treatment of STI to reduce complications for the individual and risk of onward HIV/STI transmission;
- condom education and supply;
- prevention of MTCT, and access to other reproductive health and family planning services as appropriate;
- harm reduction services, including drug substitution therapy, if substance use is an issue; and
- effective referral to community-based care, support and prevention services.