Best Practices for Preventing HIV/AIDS

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Physicians, nurses, public health specialists, and other health professionals from the United States and Africa are lending their collective voices to the fight against the scourge of AIDS by urging President Bush and his AIDS team to commit to sound public health practices and human rights principles in US-funded AIDS prevention, treatment, and care programs. These health professionals are members of Physicians for Human Rights’ Health Action AIDS campaign and they are calling on the administration to develop a prevention strategy that reaches and protects the health and human rights of socially disadvantaged populations vulnerable to contracting the disease.

A hallmark of any comprehensive AIDS prevention strategy should include mass marketing of condoms and sex education as part of the internationally recognized ABC’s of prevention (abstain, be faithful, use a condom). Studies have shown that condoms are at least 90% effective at preventing HIV transmission, if used correctly and consistently.

Many groups whose behavior places them at high risk for contracting HIV/AIDS, such as men who have sex with men, commercial sex workers, and injecting drug users, are stigmatized and abused, and in some cases their behavior is criminalized. Such a harsh environment and denial of their rights discourages members of these groups from seeking HIV/AIDS prevention and care programs, for doing so could expose them to mistreatment or even criminal sanctions.

Therefore the Health Action AIDS campaign urges governments to protect the rights of members of these groups and to create an atmosphere where they can seek prevention, care, and treatment services without fear that they will be punished. Moreover, the campaign is calling on the US government to continue funding AIDS education and condom distribution programs to such groups whose own government initiatives have failed to reach.

Women and men who engage in sex work are especially vulnerable to HIV infection. Most of these people do not choose to engage in this form of work, but enter it out of economic necessity. The campaign recommends that prevention efforts targeting sex workers should include support for girls’ and women’s education and income-generating projects. But these should not be to the exclusion of strategies designed to protect women and men engaged in sex work that have proven successful in countries such as Thailand, where new HIV infections have dropped by
80% from high levels in the early 1990s. These strategies include targeted distribution of condom, treatment of sexually transmitted infections, and voluntary counseling and testing.

For men who have sex with men, an aggressive outreach program is needed to overcome stigma and persecution. Prevention efforts should include targeted distribution of condoms, promotion of safer sex, and treatment of sexually transmitted diseases. They should also offer opportunities for these men to communicate openly on issues they face and to provide support for one another. These programs work. For example, in Jamaica a national AIDS organization sponsors such an outreach project for men who have sex with men. The project has found that condom use has increased significantly among clients, who also reported a reduction in high-risk behavior.

Injecting drug use is the major cause of AIDS in Eastern Europe, Russia, and much of Central and Southeast Asia. Given the complexity and long-term nature of the problem of drug use, an AIDS prevention strategy for injecting drug users cannot rely solely on efforts to stop injecting drug use. Rather, it should follow a harm reduction approach, which incorporates a spectrum of strategies ranging from safer drug use to managed drug use to no drug use. These strategies include ensuring access to condoms and sterile syringes, as well as education and access to voluntary counseling and testing and HIV care. Needle-exchange programs do not increase drug use. A global review from 1988 to 1995 of 29 cities with needle-exchange programs found no increase in the number of injecting drug users; HIV prevalence fell by 5.8% per year.

Clearly, there are other groups that fall into the high-risk category and require strategies specific to their needs such as women at risk of domestic violence and coerced sex, street children, and migrant workers. Further, there are a whole range of interventions that go far beyond the ones mentioned, and these interventions must reach not only vulnerable groups, but also members of the general population. As experienced health workers, the members of Health Action AIDS recommend a comprehensive strategy incorporating the methods for prevention, care, and treatment of HIV/AIDS that have proven effective.

For more on the Health Action AIDS campaign please visit the Web site at www.healthactionaids.org.