Technical Guidance for Round 8 Global Fund HIV Proposals

Broad Area
Service Delivery Area

PREVENTION

Intensifying HIV Prevention

Working document - 2 April 2008

The Practical Guidelines for Intensifying HIV Prevention provide public and non-governmental policy makers and planners with practical suggestions to strengthen and tailor their national HIV prevention response so that it responds to the dynamics and social context of the epidemic and populations most vulnerable to and at risk of HIV infection. The guidelines may be accessed here: http://data.unaids.org/pub/Manual/2007/20070306_Prevention_Guidelines_Towards_Universal_Access_en.pdf

The practical guidelines should be referred to on all the prevention service delivery areas, and are also relevant to service delivery areas under supportive environment and TB/HIV collaborative activities.

Guidance is spelt out in the practical guidelines based on the epidemic scenario and key audience. Effective HIV prevention programming focuses on the critical relationships between the epidemiology of HIV infection, the risk factors that are known to be associated with the transmission of HIV and the structural and social factor, such as gender inequality and human rights violations, that drive the epidemic and impede peoples’ abilities to access and use HIV information and services, making them vulnerable to HIV infection.

Key questions in planning for an effective national HIV prevention response include:

- Where, among whom and why are new HIV infections happening?
- Where and how fast are new infections increasing?
- What are the legal, human rights, gender, socio-economic and cultural drivers of the epidemic?
- Have the most effective and feasible strategies been prioritized for the local context?
- Have the risks of the current strategy been analysed?
- Have the human and financial resources for an effective response been assessed?
- Have the wider benefits of prevention programmes been assessed?

To be effective, HIV prevention programmes need to track, gather and analyse the strategic information at their disposal so as to inform the design and implementation of their programme based upon monitoring and evaluation, including feedback from their clients. Sources of strategic information include:
- **surveillance and research** to define the epidemiological, behavioural situation and context, the populations, geographic locations, and risk settings most in need of HIV services;
- **policy and programme documents** that describe and analyse the national political context and response and the response capacity of communities, the private and public sectors;
- **analysis of existing research and programmatic data**;
- **stakeholder consultations** such as meetings with people living with HIV and with members of marginalized groups;
- **monitoring and evaluation** reports from existing programmes and services.

Programme design, including setting strategy and HIV prevention measures on the basis of your epidemic situation analysis, is only one part of the integrated programming cycle presented on the picture below.
Setting priorities in low, concentrated, generalized and hyper-endemic scenarios

Knowing who is most affected by HIV, the extent to which HIV is prevalent amongst the population and different sub-populations, the risk behaviours, laws and policies and settings that may facilitate the transmission of HIV is key to planning an effective and targeted HIV prevention response.

HIV prevention programmes must be comprehensive in scope, using the full range of policy and programmatic interventions known to be effective. Effective HIV prevention requires prioritizing and matching the response according to the epidemic scenario in each country. Certain HIV prevention measures such as addressing stigma and discrimination, gender inequality, young people, ensuring a safe blood supply and universal precautions in all health settings, are essential in all epidemic scenarios. Concrete and immediate measures that can be undertaken are: public information and social mobilization campaigns against stigma and discrimination; laws and policies against discrimination; working with traditional and religious leaders; training and codes of conduct for health care workers, police and the judiciary; and providing legal aid to those that are victims of such stigma and discrimination. As the HIV epidemic evolves there is a need to ensure that HIV prevention activities in low-level and concentrated epidemics continue, while additional measures are added that may be more relevant, such as HIV prevention for people living with HIV (“positive prevention”). HIV prevention is for life and must be sustained so that cumulative efforts address the HIV prevention needs of new cohorts of populations that may become vulnerable to HIV infection.

Addressing gender, human rights and equity

A supportive environment for HIV prevention should be created through legal and policy action to reduce HIV-related stigma and discrimination, by promoting public awareness and openness about AIDS, and by ensuring the greater involvement and protecting rights of people living with HIV or vulnerable to HIV infection in all aspects of HIV prevention.

Key implementing partners to be considered

The National AIDS Authority — in line with the ‘Three Ones Principles’— should provide active leadership, coordinate the involvement of different partners and sectors, and ensure accountability for an effective national HIV prevention response. It should lead the way in strengthening the national HIV prevention response ensuring that those most vulnerable to HIV infection and those living with HIV are meaningfully involved in this response. The level of involvement of specific ministries, sectors, civil society and stakeholders will differ from epidemic scenario to epidemic scenario.