Beyond the ABCs of HIV

COMPREHENSIVE SOLUTIONS TO A COMPLEX EPIDEMIC

THE GOOD NEWS IS: the number of people newly infected with HIV has been decreasing each year since 1997 as a result of improved prevention strategies. The bad news is individuals continue to be infected at substantial and unacceptably high rates (2.7 million new infections in 2010). Moreover, the number of people globally living with HIV continues to increase as a result of increased access to anti-retroviral drugs. While this is a welcome lifeline for patients, it does add new dynamics and pressures on health systems. According to UNAIDS, there are now approximately 34 million people living with HIV/AIDS worldwide, 3.4 million of which are children. There are an additional 16 million children who have lost one or both parents due to the virus. Sub-Saharan Africa is the worst-affected region in the world, accounting for two-thirds of the global burden.

What’s important to understand is that HIV is more than just a health epidemic. The economic and social effects of the disease on households, communities and nations are devastating. HIV infects people at the prime of their productive lives thereby increasing overall individual, household, and economic vulnerability. A United Nations study in Zimbabwe for example, found that agricultural output declined by nearly 50% in HIV-affected households (UN, 2004). In South Africa 40% of wage earners had to stop working to care for an infected loved one (Kaiser Foundation, 2002). In India, 43% of HIV-affected households had to borrow or liquidate assets to cope after a family member was diagnosed with HIV (NACO, 2006). As infected individuals become sicker, they require intensive care causing younger family members, especially girls, to drop out of school perpetuating a vicious cycle of poverty and illness. With fewer resources to put food on the table, nutrition deteriorates. This is especially detrimental for people living with HIV, who need nutritious food to ensure the efficacy of antiretroviral therapy (ART) and the strength to survive.

BENDING THE CURVE: Since the disease first emerged in 1981 a great deal has been learned about what works and what doesn’t. The ABC approach (abstinence, be faithful, condom use) initiated in the 1990s, has been proven highly effective. However, the ABCs approach, when implemented in isolation, is limited in its impact. ABC, for example, focuses on individual intent or will, and doesn’t take into account gender, economic and migratory realities that often override individual decision-making – especially for women (Dworkin, 2007). To improve our ability to address a complex and ever-evolving disease, more comprehensive and integrated solutions are required, including some of the strategies below:

• **Safer Sex:** Sexual transmission is responsible for 80% of HIV infections. Effective behavior change programs have been shown to reduce risky behaviors, such as multiple concurrent partners, and enhance safer practices, such as consistent and correct condom use.

• **More than Ceremonial:** Male circumcision lowers the risk of female-to-male sexual HIV transmission by 60%, as the foreskin that ‘traps’ the virus during intercourse is removed. Scaling up voluntary male circumcision services integrated with HIV testing and STI management is an effective prevention strategy.

• **Mother’s Love:** Children born to HIV-infected mothers stand a 15–30% chance of becoming infected. Ensuring access to effective contraception for women living with HIV, ensuring women living with HIV are placed on ART during pregnancy, childbirth, and breastfeeding, and ensuring the safest possible infant feeding can reduce the risk of mother to child transmission to less than 2%.

• **Take the Test:** HIV testing prevents HIV transmission by creating awareness of disease status and creating opportunities for education on prevention. Individuals with undiagnosed HIV are 3.5 times more likely to transmit HIV than individuals who have tested HIV positive and received counseling.

• **Search and Destroy:** Early diagnosis and treatment of HIV is critical to positive outcomes and further prevention. ART can dramatically reduces viral load when properly administered, which in turn can reduce transmission and improve the health of the individual taking them.

• **Break the Vulnerability Cycle:** Lack of food and income are both a cause and effect of HIV vulnerability. Nutritional and livelihood support help reduce vulnerability that leads to risky sexual practices (such as prostitution) and improves the ability of HIV positive people to cope, manage and prevent further transmission. Children affected by the death of one or both parents require additional support, including educational, protection and psycho-social support.
HOW PCI IS WORKING DIFFERENTLY TO MAKE A DIFFERENCE

Interventions to positively change the lives of People Living with HIV are quite often developed and implemented without their active involvement. A key part of PCI’s approach is to make HIV positive individuals and their communities a central part of that solution. We do this by listening intently to their needs, tapping their strengths and building their capacity through strong partnership and shared learning.

• In India, PCI reached close to 18,000 people (including 6,356 People Living with HIV) with HIV prevention, care and support services through large-scale community engagement using a continuum-to-care approach. As a result, PCI achieved 98% ART adherence (compared to 78% nationally); 100% disclosure of beneficiary HIV status to their partner; and reduced transmission as 90% of HIV negative partners remained HIV negative after two years.

• In Botswana, PCI built the capacity of 11 local HIV organizations to expand and improve their care. As a result of our efforts, the number of clients reached with HIV/AIDS services nearly tripled and their ability to provide comprehensive family care and strengthen livelihoods improved.

• In Ethiopia and Zambia, PCI reached nearly 233,000 vulnerable children affected by HIV through capacity building of existing community schools and Home Based Care platforms as well as community volunteer caregivers. Among other efforts, PCI developed an interactive psycho-social tool, called Say and Play, which uses pictures, stories and games to help small children better cope with the trauma of HIV and provide caregivers with critical tools to support them. Say and Play is now being used by other organizations in their programs to support vulnerable children.

• Africa Forum HIV conferences have long been the domain of senior policy officials and high level technocrats, and do not always reflect the broad understanding and experiences of those closest to the field. So PCI wanted a forum to give voice to those on the front lines of combatting the disease. Africa Forum (2006 & 2009) brought together over 400 practitioners from 20 countries to share experiences and advocate for integrated programming. Many had never even attended a major conference. PCI’s leadership with this initiative has been cited as contributing to donor and policy makers recent efforts to better integrate HIV, nutrition and food security – including USAID, WHO and UNICEF.

OUR APPROACH

PCI understands that community partnerships and adapting evidence-based approaches to the local context are key to ensuring real and lasting change. This creates ownership and fosters creative, durable solutions. Helping communities to address root causes such as harmful practices, gender inequalities, poverty, lack of protection of human rights and stigma in a holistic and comprehensive way are critical. Community dialogue and social mobilization to engage communicate and implement social action among community leaders and members should happen at all stages of design, implementation and evaluation of interventions. In all of our programs, people living with HIV, families and communities are active agents of change along a continuum of prevention to care that leads to healthier, safer and more productive lives. Our job is to equip and support them as well as the local civil society organizations that support them with the skills and resources to make that change. This is PCI’s approach.

HOW YOU CAN HELP:

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PCI’s Story

In 1961, a young doctor from San Diego volunteering at a Tijuana clinic saved the lives of two small children who were dying of pneumonia. This experience led Dr. Jim Turpin to found PCI and forever change the lives of millions of people around the world by providing health and poverty solutions. Today, the underlying vision of the organization has remained true to its founder: To relieve the world’s pains wherever they may be providing health and poverty solutions. Today, PCI serves 6.7 million people annually in 16 countries across Asia, Africa, and the Americas. Out of every dollar raised, 87 cents goes directly to support our programs. With more than 95% of our staff being from the countries and communities we serve, our programs are globally informed and but locally driven.