EUROSUPPORT 6

"Developing a Training and Resource Package to improve the Sexual and Reproductive Health of People Living with HIV"

Institute of Tropical Medicine, in co-operation with Sensoa vzw, Antwerp, Belgium

NEWSLETTER NR. 1



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This is the first newsletter of the Eurosupport 6 project: "Developing a training and resource package to improve the sexual and reproductive health of people living with HIV". This newsletter is intended to inform project-partners, stakeholders and other interested individuals about this project.

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Given the epidemiological situation in the EU region, where men having sex with men (MSM) are one of the groups most affected by HIV and other STI's, MSM is a prioritized target group, and at the same token a shared target group by many EC-funded projects. We give an overview of selected projects targeting MSM, migrants, young people. We end with the 5th Conference on Clinical and Social Research on AIDS and Drugs in Vilnius. At this conference in April 2009, the state-of-the-art of epidemiological, clinical and social science related research on HIV and drug-use, both scientific and operational, were presented both from Europe and beyond. The focus was clearly on research in Europe, with the main emphasis on presenting the evidence-based relating to drug-related research and its application in programs in Central and Eastern Europe.

IMPORTANCE OF POSITIVE PREVENTION AND COMBINATION PREVENTION

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Each year, the 'HIV implementers' meeting serves as a forum for those working in the field and implementing HIV prevention, treatment and care in resource limited settings to take stock of their shared experiences. At this year's meeting, Kevin De Cock, the leaving HIV/AIDS director at WHO, emphasised in his keynote speech the need for integrating people living with HIV (PLHIV) in evidence-based prevention efforts.

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We give you some key dates for the upcoming international AIDS conferences in 2009-2010.

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Brief introduction

THE EUROSUPPORT 6 PROJECT

The Eurosupport is a long standing European health promotion initiative, addressing psychosocial issues in HIV care. With the support of the European Commission, an expert network has been set up to carry out empirical research on the needs of PLHIV. Ten European countries are participating. The Eurosupport initiative started in 1996. Five research projects (Eurosupport 1-5) have run since then.

The current Eurosupport 6 research project (2009-2012) focuses on 'positive prevention', in particular on the development of an evidence based training and resource package (TRP) for sexual risk reduction and fertility-related issues. The project builds on the evidence accumulated during the previous project Eurosupport 5, which collected evidence on sexual and reproductive health needs of PLHIV, as well as on existing gaps in actual service provision.

Eurosupport 6 used this and other current evidence on sexual risk taking to develop and evaluate brief counselling interventions for clinical and community based HIV care settings. The TRP will support service providers in their daily work to address sexual and reproductive health and positive prevention with HIV positive service users.

Eurosupport 6 is coordinated by the Institute of Tropical Medicine, Belgium.

The Eurosupport 6 newsletter

The Eurosupport Newsletter is disseminated biannually by Sensoa (Belgium). Project related information and sexual and reproductive health related topics are being disseminated beyond the Eurosupport 6 study group, to maximise the transfer of knowledge between member states and create windows of learning opportunities.

We would like to ask you to forward this newsletter to other interested organisations in the field of HIV, sexual health, and family planning.

We would also like to remind you that we are always interested in receiving relevant information that can be included in future newsletters. The Eurosupport newsletter is meant as an interactive exchange medium, so please feel free to contribute. Mail to: Ruth.Borms@sensoa.be

Deadline next newsletter: 7th December 2009

FOR SUBSCRIPTION AND MORE DETAILED INFORMATION OF THE EUROSUPPORT PROJECT, VISIT THE WEBSITE: WWW.SENSOA.BE/EUROSUPPORT

Eurosupport 6

WHAT IS EUROSUPPORT?

Eurosupport is a long-standing European health promotion initiative, addressing psychosocial issues in HIV-care. With the support of the European Commission, an expert network has been set up to carry out empirical research on the needs of PLHIV. More information on previous Eurosupport projects: www.sensoa.be/eurosupport_5/euro_support.htm

THE EUROSUPPORT 6 PROJECT: A BRIEF OVERVIEW

Eurosupport 6 (2009-2011) develops an evidence based training and resource package (TRP), focusing on sexual risk reduction and fertility-related issues. This new project started in March 2009. The TRP will be developed by a group of experts (HIV-treatment centres, research and patient organisations in 10 European countries) using rigorous scientific methods, e.g.: the intervention mapping model. Innovative elements such as computer-assisted interventions and e-learning tools for service providers will be incorporated and tested for effectiveness using an experimental research design. The interventions included in the TRP are focused on improving sexual and reproductive health (SRH) of positive men who have sex with men (MSM) and positive migrants.

The project builds on the evidence accumulated during the previous project Eurosupport V, which collected evidence on SRH needs of PLHIV, as well as on existing gaps in actual service provision. Eurosupport 6 uses this and other current evidence on sexual risk taking to develop and evaluate brief counselling interventions for clinical and community based HIV care settings.

The TRP will support service providers in their daily work to address SRH and positive prevention with HIV positive service users. Meaningful participation of service providers and people living with HIV throughout the whole development process ensures that the final product will meet the needs of both providers and service users.

OBJECTIVES

The Eurosupport 6 general objective is to prevent onwards HIV transmission and other sexually transmitted infections (STI) from PLHIV to sexual partners by supporting service providers (SP) in HIV care settings in delivering adequate sexual and reproductive health (SRH)-related services (i.e. sexual risk reduction and fertility-related services). Adequate SRH services need to match the SRH-related needs of PLHIV in gender- and cultural sensitive ways and services have to be feasible for SP to implement them. The project reaches that objective by designing, implementing, evaluating, and disseminating a theory-guided and evidence based TRP to SP (=intermediary target group) in clinical care and community-based care settings to reduce HIV/STI transmission risk among PLHIV (=ultimate target group) and to improve overall SRH. ES 6 develops support strategies for SRH for 2 prioritised target groups of PLHIV: MSM and migrants, focusing on heterosexual transmission

The TRP constitutes a practical and easy-to-use tool to deal more effectively with the SRH-related needs of their clients. In turn, PLHIV as recipients of the intervention are enabled to protect others from becoming infected, and to avoid other unwanted consequences of sexuality (other STIs, development of resistant HIV strains, unintended pregnancies), and to take informed choices regarding their SRH (i.e. fulfilling fertility-related needs while safeguarding protection from HIV transmission).

Eurosupport 6 has three specific objectives:

- Developing evidence-based and theory guided target group specific interventions to improve SRH of PLHIV (for MSM and migrants).
- Developing a TRP for SP in an integrated field of HIV/AIDS and SRH (including organisational policies to support implementation in service delivery).
- Maintaining a network of HIV and SRH experts and field organisations in Europe.

By achieving these objectives, Eurosupport 6 contributes to improving the quality of life of PLHIV and to reducing new HIV infections.

TARGET GROUPS

PLHIV (MSM and migrants)
 PLHIV are the ultimate target group and beneficiaries of the SRH interventions with focus on sexual risk reduction to be developed. The outcome of the SRH intervention research is the decrease in sexual risk behaviour. We hypothesise that sexual risk behaviour will decrease more in the intervention group (service provider-delivered

brief counseling intervention using computer-assisted tools) than in the control group (standard care). The evaluation will be carried out over a period of 9 months (measured at post test and 9 month follow-up).

Intervention mapping is used as the theoretical guidance to develop comparable interventions across settings. Methods applied are review of existing materials, developing and implementing brief counselling sessions supported by computer-intervention of safer sex, and testing them for effectiveness using a prospective experimental design (pre- and post test).

Service providers

Service providers (SP) in different settings (clinical health care settings, community-based settings) are the project's intermediary target group. The project's final output (the TRP) targets SP in an integrated area of HIV and SRH with the ultimate objective to improve the SRH of PLHIV and thereby also preventing onwards HIV infections and the transmission of other and STIs. The outcome relating to SP is their increased capacity to deliver SRH interventions developed and integrated into the TRP effectively. The TRP supports service providers in carrying out this task through a number of tailored tools.

DEVELOPING A TRAINING AND RESOURCE PACKAGE (TRP)

The TRP contains a reference guide, the revised (and tested) interventions, a policy tool to enhance the implementation of the intervention in a specific setting and trainer manual for SP. In addition, an online training tool is part of the TRP to distribute the intervention in a qualitative but cost effective manner to a larger group of stakeholders (collaborative partners CPs and other interested field organisations). Two training workshops are held to train the associated and collaborative partners plus other interested stakeholders in the use of the TRP.

Main outcome of the project is improved capacity of service providers to deliver comprehensive SRH interventions to enable PLHIV to prevent onwards HIV transmission and improve their SRH.

THE EUROSUPPORT 6 NETWORK

ASSOCIATED PARTNERS

The Eurosupport network carries out the intervention- and evaluation research. It contributes to capacity building among SP and has an important task in dissemination of the TRP. The partners are a multidisciplinary team achieving the critical mass to develop and evaluate the TRP for diverse European settings.

ITAA	Christiana Nöstlinger	Polgium
ITM	Christiana Nöstlinger Senior Researcher-Coordinator	Belgium
	Tom Platteau	
	Junior Coordinator	
Sensoa vzw	Ruth Borms	Belgium
	Coordinator	
	Sanne Graulus	
	Manual developer	
Ludwig Maximilians University	Matthias Mueller	Germany
	Coordinator	
	Johannes Bogner	
	Senior coordinator	
AIDES	Daniela Rojas Castro	France
	Coordinator	
	Christiaan Andreo	
	Senior coordinator	
Fondazione Centro San Raffaele del	Caterina Uberti	Italy
Monte	Senior coordinator	
Tabor	Giulia Gallotti Coordinator	
	Coordinator	
Maastricht University	Jacques van Lankveld	The Netherlands
School of Psychology, Dept. Applied	Coordinator	
Psychology ————————————————————————————————————		
University of Zielona Gora	Zbigniew Izdebski	Poland
	Senior Researcher	
	Joanna Dec Coordinator	
Instituto de Higiene e Medicina Trop-	Sonia Ferreira Dias	Portugal
ical	Senior Researcher	
Slovak Medical University	Danica Staneková	Slovakia
	Senior Researcher	
University Complutense Madrid	Victoria Gordillo	Spain
	Senior Coordinator	
	Rosario Martinez Arias	
	Coordinator	
Central & North West London NHS	Agnes Kocsis	United Kingdom
Foundation Trust, Department of	Coordinator	
Clinical Health Psychology, St. Mary's Hospital	David Goldmeier Senior Researcher	
поэрітаі	Seliioi Researchei	
EXECUTIVE AGENCY FOR HEALTH AND	Cinthia Menel Lemos	Luxemburg
CONSUMERS	Scientific Project officer	

COLLABORATIVE PARTNERS

To enhance the implementation and dissemination of the TRP, this project has also an extended network of collaborative partners. This second network consists out of 15 partners all over Europe. These partners are interested in this project and are involved on voluntary base. They are receiving all project related information and are invited to provide feedback based on their setting specific work conditions. At the end of the project they are invited to participate in the final meeting (workshop 2).

AIDS HILFE Wien Vienna	Barbara Leitner	Austria
The Sexual Health Centre Cork	Deirdre Seery	Ireland
Latvia's Association for Family Plan- ning and Sexual Health "PAPARD- ESZIEDS"	Anda Vaisla	Latvia
European Centre for Social Welfare Policy & Research Health and Care	Gabriele Schmied	Austria
DIA+LOGS	Ruta Kaupe	Latvia
Pennine Acute Hospital NHS Trust Manchester	Ed Wilkins	Great Brittain
Sex Education Foundation	Péter Csépe,	Hungary
Bulgarian Family Planning and Sexual Health Association	Ventzislav Kirkov	Bulgary
Estonian Network of People Living with HIV	Igor Sobolev	Estonia
HIV-Foundation / The Finnish AIDS Council	Corinne Bjorkennheim	Finland
Planning and Sexual Health Associa- tion	Esmeralda Kuliesyte	Lithuania
AIDSBerodung (Croix-Rouge)	Henri Goedertz	Luxemburg
ARAS - Romanian Association Against AIDS	Nicoleta Dascalu, Maria Georgescu	Romania
Charles University, 1 st Medical Faculty Prague, Institute of Sexology	Ivo Prochazka	Czech Republic
Association for Sexual and Reproduc- tive Health XY	Tijana Medvedec, Emina Osmanagic	Bosnia and Herzegovina
JAZAS - Association against AIDS	Dragan Ilic	Serbia

NETWORK OF HIV EXPERTS (AND OTHER EUROPEAN PROJECTS)

Besides the two networks described above, the Eurosupport 6 project builds further on the network of HIV experts established during the previous Eurosupport V project. At this moment this HIV expert network consist out of 400 contacts.

This network receives the Eurosupport 6 newsletter biannually. The goal is to disseminate project related information beyond the Eurosupport study group (associated and collaborative partners) and to enhance the exchange of information on positive prevention and SRH topics. This network is, as well as the other networks, invited to make a contribution to the Eurosupport 6 newsletters. To join this network interested partners can subscribe themselves via the following link: www.sensoa.be/eurosupport/newsletter.htm

PROJECT TIMELINES

The project started off in March 2009, and the kickoff meeting was held at the end of May in Luxembourg. Currently, the study protocol is being finetuned, the outline for the pilot intervention protocol is being drafted, and the first drafts for the TRP are being compiled. An external advisory board with international key experts from both academia and the community has been installed, who will give feedback on the project-related products as they are being developed. The first training workshop to implement the pilot version of the intervention will be held in February or March 2010. This will be followed by the delivery of the pilot intervention in the participating centres. Based on the evaluation, the pilot will be revised. Collaborative partners will have the chance to give input and feedback to the revised package. The project will end with a final training event, which will be held at the final project meeting end 2011 or beginning of 2012.

Current projects in the field of HIV/AIDS funded by the European Commission (EC)

BACKGROUND

Several projects on the promotion of a healthier lifestyle and the reduction of major diseases and injuries by tackling health determinants have been financed through the Public Health Program 2003-2008 and the 2nd Health Program 2008-2013. Eurosupport 6 is one of these projects and the only one focusing on quality of life of people living with HIV (PLHIV) as well as on secondary prevention. However, evidence-based prevention and best practices in the field of HIV/Aids should always focus on a continuum from primary, to secondary and tertiary prevention of HIV. Therefore, from a public health and a policy point of view, it is important to create synergies between different EU projects that address the different prevention levels. In addition, projects also may gain considerably when putting more efforts into bilateral cooperation or networking, such as knowledge transfer, or a greater policy impact (such as for instance input for the Health Program Work Plan 2010, on the Health Promotion strand). In what is to follow, we will therefore present some of the other EC-funded projects in the field of HIV/AIDS that target men having sex with men (MSM) and migrants, both of which are target groups also addressed by Eurosupport 6. In addition, we will present two projects on young people. Information on these projects may also be relevant to those interested in participating in Pubic Health calls, to get an idea about the type of projects funded and the prevention strategies currently developed and applied within these projects.

THE PROJECTS

Given the epidemiological situation in the EU region, where MSM are one of the groups most affected by HIV and other STI's, MSM is a prioritized target group, and at the same token a shared target group by many EC-funded projects. Among the projects that are addressing MSM, the project SIALON is particularly interesting, as it combines innovative research approaches with aiming at capacity building.

SELECTED PROJECTS TARGETING MSM

SIALON is coordinated by the Italian Regione del Veneto (project coordinator: Massimo Mirandola). The project aims at capacity building in estimating HIV/Syphilis prevalence, using non-invasive methods among MSM in Southern and Eastern Europe. By carrying out outreach testing at different community-based locations in four European cities and comparing the results, valuable lessons can be learned not

only about sexual risk behavior of MSM, but also about how to reach MSM with low threshold HIV/STI testing. More information about the project can be found at: www.crrps.org/sialonproject

EVERYWHERE is another European project, addressing gay venues with primary prevention for MSM The project is coordinated by the University of Brighton in England (project coordinator: Nigel S. Sherriff). The Everywhere Project aims to develop and validate a European model of good practice of HIV prevention for MSM. This will be achieved through the efforts of a coordinated European network made up of 10 organizations from different areas of public health and health promotion, including public health-, academic-, non-government organizations active in HIV issues or in the defense of the rights of gay people and organizations that unite gay business owners, including sex venues. The projects works with social mediators, who will identify partners for prevention and involve them in the actual prevention work. More information on the project can be found at the following website: www.everywhereproject.eu

EMIS is another project targeting MSM, funded in the framework of the new public health strategy (2008-2013, as ES 6). This project is the European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI. It is coordinated by the Robert Koch Institute (RKI) in cooperation with the 'Deutsche Gesellschaft fur Technische Zusammenarbeit' (GTZ) (project coordinators: Ulrich Marcus and Axel J. Schmidt). EMIS aims at piloting an innovative web-based EU-wide monitoring system to collect self-reported data from MSM on sexual risk related behaviour and sexual health and information needs. This will allow for an improved comparability of behavioural and epidemiological data between MSM communities in the EU Member states. Survey results will help to identify prevention and health care needs in different MSM communities and countries. EMIS has recently prepared a project website, which can be found at: www.rki.de/EN/Content/Prevention/ EMIS/EMIS_node.html

SELECTED PROJECTS TARGETING MIGRANTS

There are two projects particularly worthwhile to be presented here, i.e. the AIDS & Mobility Initiative and TAMPEP.

AIDS & Mobility 2007-2010

This project is a long-standing EU initiative and well known for its work around HIV prevention for migrants. Its coordination has recently been transferred from the Dutch NIGZ to the German organi-

sation 'Ethnomedizinisches Zentrum' (Project coordinator: Mathias Wienold). AIDS & Mobility (A&M) has undergone a lot of project-related changes and focuses primarily on capacity building and training migrant organisations in health promotion and HIV prevention strategies and techniques that can be used by migrant organisations to implement HIV prevention within their communities in a culturally sensitive and adequate way. More information on the renewed A&M project can be found at their website: www.aidsmobility.org/index.cfm

TAMPEP was founded in 1993 in response to the needs of migrant sex workers across Europe. The project addresses migrant sex workers and operates a community development and participation model, which is rooted within the equalities and human rights framework, lays the foundation for equitable access to support and services for migrant sex workers and seeks to give voice to migrant sex workers. To read more about Tampep, please go to the project's website: www.tampep.com/

SELECTED PROJECTS TARGETING YOUNG PEOPLE

Young and HIV (acronym: SUNFLOWER) is a European network to arrange an innovative prevention campaign and to exchange good practices and HIV experiences in Europe. The project is coordinated by the Lombardian section of the Italian NGO ANLAIDS (project coordinator: Carmine Falanga). SUNFLOWER aims at generating, collecting and disseminating good practices, information and data on HIV/ AIDS prevention methods among young people that should be used by national administrations, professionals and other parties from New EU Member states that work in the field of HIV prevention. The list of these subjects will be available at the end of the first project year. The best practices identified will be published in a Handbook which will be disseminated among NGOs, Public Administrations and other local institutions. The project's website can be found at www.sunflower-project.eu/ H-cube: HBV/HCV/HIV - Three different and serious threats for European young people: a network to study and face these challenges in the EU. This project is coordinated by the Italian University of Sassari (project coordinator: Dolores Forgione). H-CUBE project aims to provide strong basis for monitoring health determinants in STI spreading. The general objectives of the project are to identify and disseminate good practices, contents and tools about Hepatitis B (HBV), Hepatitis C (HCV), HIV training programs and prevention campaigns aiming to help Public Administrations and NGOs in the EU, particularly in Italy, Romania, Greece, Slovenia, Poland, Czech Republic, Bulgaria, Hungary, Cyprus, Malta and Lithuania. All information will be useful to organize training courses targeted on local needs for health care personnel directly involved in treatments

and support services, as well as for parents to help them to become more aware on these specific infectious diseases issues and to be able to give detailed information to their children. Prevention material will be developed in the participating countries and distributed also among people working with young people in occupations where risks of infection could occur as dentists, tattoo artists, beauticians and hairdressers. For more information please go the project's website: www.aidsactioneurope.org/index.php?id=246&tx_windmemberlist_pi1%5Bmember%5D=436&cHash=3oe889b77a or www.hcube-project.eu

NETWORKING IN THE FIELD OF HIV/AIDS AND DRUG-USE

The 5th Conference on Clinical and Social Research on AIDS and Drugs took place in Vilnius, Lithuania between April 28-30, 2009. This event was funded under the Call 2008 of the European Health Program as a forum to debate the interaction between the HIV/AIDS epidemic and drug use in Europe. At this conference, the state-of-the-art of epidemiological, clinical and social science related research on HIV and drug-use, both scientific and operational, were presented both from Europe and beyond. The focus was clearly on research in Europe, with the main emphasis on presenting the evidence-based relating to drug-related research and its application in programs in Central and Eastern Europe. At this venue the Executive Agency of Health and Consumers (EAHC) organised a pre-meeting workshop on HIV/AIDS and drug addiction projects on April 28, 2009.

Currently, about 40 projects are being funded through the European Health Program 2003-2008 and the new Public Health Strategy 2008-2013, 14 of them were present at the conference's premeeting. They presented an overview of their work. This created a highly welcomed opportunity for the project leaders to get better acquainted with other projects, their objectives and achievements and network possibilities. The pre-meeting aimed at creating a forum where experts related to HIV/ AIDS prevention and drug addiction will meet and exchange experiences, identify areas of synergy and knowledge gaps.

Many of the current projects share common experiences: they deal with vulnerable groups such as men having sex with men (MSM), migrants or youths. While the lessons learnt may be similar across countries: an exchange of expertise and results should create learning opportunities.

Participants were satisfied with the outcome of this workshop: Participants agreed to put more emphasis on working together to increase each other's expertise with as final objective to enhance the effectiveness of the European projects in the field of HIV/AIDS and drug-use. It was agreed that projects

would share key project events and create a database to disseminate deliverables (reports, protocols, questionnaires, definitions target group, indicators, best models methods, policy reviews, etc.). This data-base has been realised in the meantime and is developed and hosted by the AIDS Action Europe Clearinghouse (www.hivaidsclearinghouse.eu). On this site an overview is given of the currently funded EC projects relating to HIV/AIDS and drug use. This should not only foster cooperation between the projects, but also between the networks in particular, which address common target groups, use similar methodological approaches such as behavioural surveys, best practices assessment criteria, common tools for policy analysis, assessment of effectiveness of interventions, peer or social mediator's programs, etc. The project experts who were present in Vilnius agreed to contribute as reviewers during the development of project tools and deliverables. It was also decided that the project leaders should meet annually, the next meeting is being planned as a satellite meeting at the International AIDS Conference in Vienna, in 2010. It will be vital to either organise such events at conferences where many of the European project leaders or representatives participate anyhow, or to request availability of additional funding through the European Commission to organise and host these networking events. In the latter case, the meetings would be organised in Brussels. In addition, a European newsletter will be published based on the projects' contributions around the forthcoming World AIDS Day on December 1, 2009. This should enhance the visibility of the EC-funded prevention and intervention projects. The workshop outcomes will also be used as input for the Public Health Work Plan 2010 planning.

Written by Christiana Nöstlinger (based on the minutes of the pre-meeting, issued by Cinthia MENEL-LEMOS, EAHC scientific project officer)

Importance of Positive Prevention and Combination Prevention

THE 2009 HIV IMPLEMENTERS' MEETING "OPTIMIZING THE RESPONSE: PARTNER-SHIPS FOR SUSTAINABILITY"

Each year, the 'HIV implementers' meeting serves as a forum for those working in the field and implementing HIV prevention, treatment and care in resource limited settings to take stock of their shared experiences. In addition, it provides an opportunity for donor agencies such as the Global fund, PEPFAR, UNAIDS, UNICEF, the World Bank, WHO and others to show the progress that has been made. This year, the meeting took place in Windhoek, Namibia, from June 10th - 14th, 2009.

At this year's meeting, Kevin De Cock, the leaving HIV/AIDS director at WHO, emphasised in his keynote speech the need for integrating people living with HIV (PLHIV) in evidence-based prevention efforts. He noted that "... evidence-based prevention interventions are limited in number and efficacy, ... research findings are incompletely implemented and interventions are not targeted". He added that, "every transmission event concerns two serologically discordant individuals, and yet fairly little attention has been paid to positive prevention."

However, another speaker, Kevin Moody, CEO at the Global Network of People Living with HIV (GNP+), added that PLHIV felt that the current definition on positive prevention would focus too much on the virus transmission, thereby making PLHIV fully and solely responsible for HIV prevention. To emphasise a more comprehensive approach, GNP+ is promoting a new term: positive health, dignity and prevention, that would allow for a more enabling policy and legal environment free of stigma and discrimination, a holistic approach to health of PLHIV, including a shared responsibility for HIV prevention, active participation of groups most at risk, and self determination of PLHIV. "In essence", Kevin Moody concluded, "PLHIV want to be seen as part of the solution, not the problem." Kevin De Cock also stressed the importance of sufficient funding, which in the light of the current economic crisis, may be jeopardised. The new catch phrase since the International AIDS Conference in Mexico in 2008 has been "combination prevention", and also at the implementers' meeting it has been stressed that combination prevention should replace the ABC (abstinence-be faithful-condoms) approach by employing multiple disciplines and approaches, individual and small group behavioural change interventions, community and structural interventions, HIV testing linked to care and biomedical interventions. And

while Kevin De Cock admitted that the economic crisis and the increasing critizism on exclusive AIDS funding as opposed to structural health care funding may put some barriers to future developments in HIV prevention, he concluded with some comforting words, citing Robert Kennedy who once said: "Few will have the greatness to bend history itself; but each of us can work to change a small portion of events and in the total of these acts will be written the history of this generation". To which one could add: and also one day, there will be written the history of this pandemic!"

Written by Christiana Nöstlinger (based on information provided in the Nam new HATIP issue nr. 138, June 29, 2009)

Looking forward

9TH INTERNATIONAL AIDS IMPACT CONFER-FNCF

The 9th International AIDS Impact Conference will be held in Gaborone, Botswana at the Grand Palm Hotel from September 22nd-25th, 2009.

AIDS Impact is specifically devoted to human and social sciences in the field of the HIV/AIDS epidemic. Abstract submission has been closed.

For more information on the programme please check the official conference website: http://www.aidsimpact.com

XVIIIth International AIDS Conference 2010 in Vienna The International AIDS Conference is the main multidisciplinary event for those working in the field of HIV, researchers, policy makers, people living with HIV (PLHIV) and other individuals committed to ending the pandemic. It is a chance to assess where we are, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward. IAS 2010 really is a bridging event between the scientific community, policy makers and PLHIV. Given the 2010 deadline for universal access set by world leaders, AIDS 2010 will coincide with a major push for expanded access to HIV prevention, treatment, care and support. With a global economic crisis threatening to undermine public investments, the conference will help keep HIV on the front burner and is a chance to demonstrate the importance of continued HIV investments to broader health and development goals. AIDS 2010 is also an opportunity to highlight the critical connection between human rights and HIV; a dialogue begun in earnest in Mexico City in 2008. The selection of the AIDS 2010 host city is a reflection of the central role Vienna has played in bridging Eastern and Western Europe, and will allow for an examination of the epidemic's impact in Eastern Europe.

The AIDS 2010 programme will present new scientific knowledge and offer many opportunities for structured dialogue on the major issues facing the global response to HIV. A variety of session types – from abstract-driven presentations to symposia, bridging sessions and plenaries – will meet the needs of various participants. Other related activities, including the Global Village, satellite meetings, exhibitions and affiliated events, will contribute to an exceptional opportunity for professional development and networking. Following the success of the pilot programme at AIDS 2008, the XVIII International AIDS Conference will provide or facilitate hubs (centres) where selected sessions of the confer-

ence will be screened, to increase the access to the conference programme.

Next to community events, such as the Global Village and the Youth Programme, IAS 2010 hosts the following 6 different tracks for scientific presentations:

Track A: Basic Science, Track B: Clinical Sciences, Track C: Epidemiology and Prevention Sciences, Track D: Social and Behavioural Sciences, Track E: Economics, Operations Research, Care and Health Systems, and Track F: Policy, Law, Human Rights and Political Science

More information on the vision and objectives of each track can be found at the conference's website: More information at: www.aids2010.org

Please check the web-site regularly for updates and prepare your abstract submission on time!

Some key dates for IAS 2009-2010: <u>November 1st, 2009</u>: Abstract submission opens

<u>February 10th, 2010</u>: Abstract submission closes

<u>April 20th, 2010</u>: Late breakers open

<u>May 20th, 2010</u>: Late breakers close

Interesting literature

AIDS EDUCATION AND PREVENTION

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Methods of Promoting Safer Sex Behaviors Utilized by Men Who Have Sex With Male Casual Sex Partners

Authors: Julianne M. Serovich1, | Shonda M. Craft4, | Tiffany L. McDowell2, | Erika L. Grafsky2, | David Andrist3

Abstract

The purpose of this article is to report results of a qualitative investigation into the methods that HIV-positive men who have sex with men (MSM) use to initiate safer sex with casual sexual partners. In-depth, qualitative interviews were conducted with 57 HIV-positive adult MSM living in a large midwestern city. Using an inductive approach to data analysis, participants revealed a typology of safer sex strategies that can be placed into four primary categorizations: having a nonnegotiable sexual behavior policy, behaviorally controlling the interaction, being verbally direct, and being verbally indirect. Strategies varied by degree of explicitness and partner involvement. Men in this study often employed multiple strategies if their partner was not initially receptive to engaging in safer sex behaviors. The strategies described can be especially beneficial to those working in the area of HIV prevention. Providing MSM a variety of options to initiate safer sex may enhance current prevention efforts.

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The Relationship-Oriented Information-Motivation-Behavioral Skills Model: A Multilevel Structural Equation Model among Dyads

Authors: Jennifer J. Harmanı , | K. Rivet Amico2
Abstract

Transmission rates of HIV infection have increased steadily among heterosexual adults, however current theoretical models have not been tested statistically at the dyadic level in which risk behaviors occur. The purpose of the current study was to test an Information-Motivation-Behavioral skills (IMB) model of HIV risk behavior (IMB) specifically articulated for heterosexual couples in established relationships using data from both members of 75 dyads. The multilevel relationship-oriented information-motivationbehavioral skills (RELO-IMB) model was evaluated at the individual and dyadic level of analysis to examine partner differences on core variables. Results indicated that not only did the RELO-IMB model provide a good fit to the data when analyzed at the dyadic level, but that the structural relations among the core variables were quite different between the individual- and dyadic-level models. This is the first theoretical model of HIV risk behavior to be analyzed at the dyadic level, and the results suggest ways to effectively design intervention strategies for individuals in intimate relationships.

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Outreach testing for HIV and STI among gay men: A feasibility study in high risk settings in Antwerp, Belgium

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Abstract

Objectives

This study investigates the feasibility, acceptability and yield of outreach testing among men having sex with men (MSM) at risk for HIV and STI, in settings where they meet. A second research question was whether these men were followed up within the regular health system.

Methods

Two large gay venues were selected, a gay sauna and a fetish-club. A multidisciplinary team visited each venue 5 times in a period of 4 months and offered free and anonymous counseling and testing for HIV, Syphilis, Chlamydia and Hepatitis B and C serology. Participants filled in a survey on sociodemographic information, sexual practices and service provision by general practitioners (GP). Tests results were delivered by cell phone after 1 week by standardized text messages, with the request to contact the organizing centre in case of a positive result.

Results

Overall, 137 MSM underwent testing. Participants' mean age was 41 years. Facilitators of sexual risk behavior, such as alcohol and drug use during sexual intercourse, were reported frequently (n= 45; 34% and n=27; 21% respectively). Seven men (5%) tested positive for HIV. Overall, 18% (n=25) had – at the time of the test - an active, transmittable STI. Men at highest risk for HIV/STI-infection – as assessed by self report and positive test results - had significantly less often a GP (p=.007). Of the participants, all but 1 (incorrect phone number) received their test results. Delivery of a standardized text message to inform about test results was evaluated positively (mean score 8.3/10).

Conclusions

The methodology is feasible and broadly accepted by customers and owners of the venues. While the method's workload is high, it has a high yield compared to other screening programs. Outreach testing in gay venues is a suitable method to reach MSM at risk for HIV/STI who are inadequately covered by the regular health system. This may improve STI detection and thereby contributes to secondary prevention.

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