

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. 2



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If you want to make a contribution to this list, mail to: Ruth.borms@sensoa.be



SENSOA



Brief introduction

Eurosupport

The Eurosupport project 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 people living with HIV/AIDS (PLHA). Ten EU countries are currently participating. The Eurosupport initiative started in 1996. This is the 6th Eurosupport research project to run since then.

Eurosupport 6 (2009-2012) focuses 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 Eurosupport 5 project, which collected evidence on sexual and reproductive health (SRH) needs of PLHA, 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 SRH and positive prevention with HIV positive service users.

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

The Eurosupport 6 newsletter

The Eurosupport Newsletter is distributed biannually by Sensoa. Project related information and SRH 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: 2nd August 2010

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

I. Eurosupport 6 project: Report 1st Training workshop

MARCH 11-12, 2010

Venue: Institute of Tropical Medicine, Antwerp, Belgium.

INTRODUCTION

The first Eurosupport 6 Training Workshop was organised by Sensoa, the Flemish expert organisation on sexual health and HIV, for all associated partners (APs) of Eurosupport 6. Eurosupport 6 develops and tests the effectiveness of a computerised intervention for safer sex (CISS) targeting people living with HIV. CISS is a theory-based brief counselling intervention, using the information-motivation-behavioural skills building model and the stages of change theory as theoretical underpinnings. Elements of motivational interviewing techniques are being integrated to guide the patient-focussed counselling sessions. CISS targets men having sex with men (MSM) and ethnic minorities, as these two groups are the most affected by HIV throughout Europe. It can be delivered both in clinical care settings and in community based organisations that provide care and support for MSM and/or migrants living with HIV.

AIM OF THE TRAINING WORKSHOP

The main goal of this training workshop was to present the CISS, and to train counsellors of participating centres in working with this intervention. As coordinating centre of the project, the Institute of Tropical Medicine in Antwerp, Belgium (ITM) was represented by Christiana Nöstlinger and Tom Platteau, who gave an overall introduction to the ES 6 project.

The intervention was presented by Agnes Kocsis of Central & North West London NHS Foundation Trust, St. Mary's Hospital in London, UK. She mainly developed the material in cooperation with ITM and Sensoa, showed the materials, and modelled how to use them. Feedback was given on this material, as well as the filmed role plays, by all participants.

Throughout the workshop, participants were also trained in basic counselling skills to support them in delivering the intervention. These practical hands-on skills were facilitated by Ruth Borms and Ria Koeck (Sensoa, Belgium). In addition, throughout the two day training, feedback moments were organised for participants to exchange experiences and information and to ask questions related to discuss different subjects such as methodology, study, design, intervention, counselling skills, etc. The results of this workshop will contribute to fine-tuning the intervention. In the next phase of the project, CISS will be

tested in an experimental design using an intervention and a control condition.

CISS INTERVENTION

The Eurosupport 6 intervention or CISS consists of 3 sessions of 50 minutes each. CISS is user-driven, but counsellor-guided, meaning that the sessions are individual face-to-face counselling sessions facilitated by a trained and experienced HIV-counsellor, supported by audio/video materials and quizzes, which are presented on computer. CISS offers a variety of choices to prioritise personal problems and barriers in adopting consistent safer sex behaviour. The emphasis lies on consistent condom-use and developing individually tailored solutions to realise a concrete and realistic plan to change behaviour. In order to reach the desired outcome this should be identified by the client him/herself.

BRIEF CONTENT OF EACH SESSION

- **Session 1: Who am I? Motivation of changing sexual behaviour**
The first session aims at identifying individual issues that may complicate safer sex for the client. The task of the counsellor is to guide the client through the material on offer, in order to identify and prioritise these issues.
- **Session 2: Working through solutions. Decision making process**
The second session aims to set concrete goals to tackle the issues identified in the first session. Within this session, the task of the counsellor is to facilitate the decision-making process of the client by helping to find alternative solutions.
- **Session 3: To plan for today and tomorrow. Developing a behavioural plan**
During the third session, counsellor and client will establish an individual risk reduction plan, setting out concrete targets, and planning the necessary steps to achieve the targets (set in session 2). In this session the counsellor again adopts the role of the facilitator, guiding the client in establishing a concrete behavioural plan for the future. This entails identifying the personal goals, both in an immediate and in a long term perspective. Although the immediate goal is consequent condom use, the suggested long-term goal is 'the client's decision taking'. This is in line with motivational interviewing, where the emphasis lies on

motivating the client's change as something that has been decided upon by him/herself.

There will be three versions of the CISS: for MSM, for heterosexual migrant women and for heterosexual migrant men. The CISS will be made available to service providers (SP's) on a DVD to avoid potential problems with internet access. Additional to the CISS DVD, an intervention manual will be made available which will support SP's in using the CISS by clearly describing how to use the intervention.

Testing the effectiveness of the intervention is planned between May 2010 and January 2011. In 10 settings in

EU member states (1 centre per country), HIV-positive migrants and MSM will be enrolled to participate in the trial. They will be randomly selected to participate in either the intervention group or the control group, the latter only receiving the standard care provided in their local setting.

If the intervention turns out to be effective, we aim to disseminate the intervention to other countries within the EU. In addition, a process evaluation will be carried out, which will help to improve aspects of feasibility and practical implication of the CISS.

Reported by Sanne Graulus, Staff member, Department Research and Programs, Sensoa

II. Report on ISSTD Conference

LONDON, JUNE 27TH – JULY 1ST, 2009

The conference was organised by the International Society of STD Research, in conjunction with BASHH - the British Association for Sexual Health & HIV.

This conference focused on different targets in STD-research: from diagnostic laboratory testing to behavioural interventions to reduce incidence of STD in different contexts (worldwide). This proved to be both an advantage and a pitfall: while it enabled participants to teach new points of view mostly from an interdisciplinary perspective, it also lacked depth.

Key leaders in the current HIV/STD field present were: Kevin De Cock (WHO), Kevin Fenton (CDC) and Peter Piot (formerly UNAIDS, now Imperial College London).

Kevin De Cock opened the conference with an overview presentation on HIV/AIDS and Global Health, as of 2009. In his presentation, he focused on the (combination) prevention: STI-treatment as preventive strategy, universal access to antiretroviral treatment, HIV/STI testing, Microbicides, PreP (Pre-exposure Prophylaxis), and male circumcision. He also pointed out that MSM are an important target group, both in the industrialised world as in Africa.

In attending mainly behavioural sessions, mostly focused on MSM, it was disappointing that there were no presentations on efficacious behavioural interventions in the industrialised world – apart from "Safe in the City", a video-intervention in waiting rooms in STI-clinics.

www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0050135

In the session 'Risk behaviour in MSM', presentations from USA, UK, India and Australia, overviews were given on this subject. All presentations showed a prevalent and increasing sexual risk behaviour among MSM in recent years. In a presentation on ethnic minorities' MSM in the UK, Jonathan Elford concluded that a considerable heterogeneity exists between different ethnic minorities in their sexual identity and behaviour, which should be recognised in prevention programmes targeting these groups. In addition, Hillard Weinstock presented CDC-data on prevalence and incidence of Syphilis among MSM in the USA; he concluded that African American MSM are particularly at risk for acquiring Syphilis.

In the session on 'Interventions for MSM', 4 interventions were presented: results of a 'Social marketing campaign' to increase HIV/STI testing in Melbourne (no increase in testing behaviour); a survey to compare the acceptability of PreP versus Rectal Microbicides among Peruvian MSM (preference for PreP); results of a standard screening on Syphilis among HIV-positive MSM (which resulted in an increase of asymptomatic Syphilis) in Australia and the last presentation of this session, which focused on an 'innovative HIV prevention campaign for MSM'. This was presented by Novak, host of a 'social network site' (MANHUNT). On World AIDS Day 2008, an email by MANHUNT was sent out to all English speaking members worldwide to promote HIV prevention, highlighting three websites who offer videos to increase disclosure and HIV-testing. The email was opened by 214,580 members, which resulted in 26,025 unique visitors to one of the three partner websites. The presenter highlighted the collaboration between researchers, social networking sites and the traditional media. Using these novel

methodologies, a hard-to-access group of MSM could be reached for preventive messages.

Christopher Fairly (Melbourne, Australia) gave an overview during the plenary session on novelties in prevention and care: computer assisted sexual history taking, video for both pre- and post-test counselling, online partner notification, telephone consultations (webcam), etc.

Interestingly, not only MSM are at risk for acquiring STI: in the Netherlands, Anne-Marie Niekamp and colleagues are conducting research on 'swingers', a group of hetero- and bisexual men and women, who have (usually unsafe) sex with multiple partners, resulting in circulating STI in these groups of people. At this moment, they are mapping the networks of swingers, which proves to be a very complex exercise.

As a summary and take home message of the conference, John Imrie presented the five main domains on which prevention can take place and which should be combined to result in an effective prevention strategy: biomedical, behavioural, structural, community based, and VCT (voluntary counsel-

ling and testing). Some of these combined prevention actions are already taking place, but they will have to be expanded.

A slogan, originally promoted by UNAIDS, was quoted several times during this conference: 'Know your epidemic, know your response' (Wilson & Halperin, 2008). This quote reflects the real challenges in HIV/STI prevention: adapt and use available tools in a way they are most effective for your target population.

Reported by Tom Platteau, Sexologist, **Department of Clinical Sciences/Health Promotion, Institute of Tropical Medicine, Antwerp, Belgium.**

SOURCES

Warner L, Klausner JD, Rietmeijer CA, Malotte CK, O'Donnell L, et al. (2008) Effect of a Brief Video Intervention on Incident Infection among Patients Attending Sexually Transmitted Disease Clinics . PLoS Med 5(6): e135. doi:10.1371/journal.pmed.0050135

Wilson D, Halperin DT. (2008). "Know your epidemic, know your response": a useful approach, if we get it right. The Lancet, 372 (9637):423-426.

III. International Aids Conference 2010

The XVIIIth International AIDS Conference will take place in Vienna, Austria from July 18th – 23rd, 2010. It is an important interdisciplinary gathering for those working in the field of HIV, not only for academics and researchers, but also policy makers, PLHA and other individuals committed to fighting HIV globally. It is also a chance to assess where the AIDS field stands, evaluate recent scientific developments and lessons learnt and collectively set the agenda for the way forward.

“AIDS 2010” will be an opportunity to highlight the critical connection between human rights and HIV. This dialogue has begun at the previous conference in Mexico in 2008, and will be continued at this year’s event. In this sense, the selection of the AIDS 2010 host city is a reflection of the role Vienna has always played in bridging Eastern and Western Europe. It is obvious, therefore, that the conference will also be an opportunity for examining the epidemic’s impact in Eastern Europe.

The programme not only presents state-of-the-art scientific knowledge in a variety of disciplines from basic science, clinical research, prevention, social/ and behavioural sciences, economics and policy research, but offers 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, to which access is free of charge,

satellite meetings, exhibitions and affiliated events, will constitute an exceptional opportunity for professional development and networking across scientific disciplines and sectors. While it is hoped that the venue in Europe will attract also many European researchers, for those who cannot participate in person, it may be relevant to know that conference hubs (centres) will be facilitated, where selected sessions of the conference will be screened to increase access to the conference programme.

More practical information can be found at: www.aids2010.org

IMPORTANT TO KNOW: LATE BREAKER ABSTRACT SUBMISSIONS

While the abstract submission has closed in February, a small number of late breaker abstracts will be accepted, with roughly one half to be presented orally and one half presented as posters. The percentage of abstracts selected for late breakers will depend on the number of submissions, but selection will certainly be more rigorous than for regular abstracts. The same submission rules apply for the late breaker abstracts as for the regular abstracts, with a restriction of ONE late breaker abstract per author. Late breaker abstract submissions will be open from 20th April to 20th May 2010.

Reported by Christiana Nöstlinger, PhD, Department of Microbiology/Health Promotion, Institute of Tropical Medicine, Antwerp, Belgium.

IV. Congress agenda

BHIVA 2010, Second Joint Conference of the British HIV Association (BHIVA) with the British Association for Sexual Health and HIV (BASHH), Manchester, April 20th – 23rd, 2010

Harm Reduction 2010, IHRA’s 21st International Conference, Liverpool, April 25th – 29th, 2010

M2010, Microbicides: Building Bridges in HIV Prevention, Pittsburgh, May 22nd – 25th, 2010

AIDS 2010, 28th International AIDS conference, Vienna, July 18th – 23rd, 2010

HIV10, 10th International Congress on Drug Therapy in HIV Infection, Glasgow, November 7th – 11th, 2010

SOURCES:

www.conferencealerts.com/aids.htm

European Aids Treatment Group, newsletter 1: www.eatg.org/eatg/content/download/15891/124481/file/EATGnewsletter01.pdf

V. Interesting literature

REPORTS

ADVANCING THE SEXUAL AND REPRODUCTIVE HEALTH AND HUMAN RIGHTS OF PEOPLE LIVING WITH HIV

People living with HIV and their advocates today launched a groundbreaking guidance package, "Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV". Now, policy makers, programme managers, health professionals, donors and advocates have an important tool to better support the sexual and reproductive health and rights of people living with HIV.

With input from networks of people with HIV worldwide, the Guidance Package explains what global stakeholders in the areas of advocacy, health systems, policy making and law can do to support and advance the sexual and reproductive health of people living with HIV, and why these issues matter.

(Source: www.unaids.org/en/Knowledge-Centre/Resources/PressCentre/PressReleases/2009/20090809_OR_PLHIV.asp)

Package available at : data.unaids.org/pub/Manual/2009/20090730_srh_of_plhiv_guidance_package_en.pdf

POSITIVE PREVENTION: PREVENTION STRATEGIES FOR PEOPLE LIVING WITH HIV

This guide is for people living with HIV, service providers and policy makers. It aims to help promote, understand and implement rights-based strategies for addressing the prevention needs of people living with HIV. While there is wider recognition on the importance of linking prevention, treatment, care and support for PLWA, consensus has not been reached on the key elements of positive prevention. This guide intends to fill this gap by providing some key principles and issues to consider when developing programmes and strategies to address the prevention needs of HIV positive people.

Source: www.ippf.org/en/Resources/Guides-toolkits/Positive+prevention.htm

Guide available at: www.ippf.org/NR/rdonlyres/F8F93696-FD27-4CEF-BBA9-ACB9B97354AF/o/PositivePrevention.pdf

ARTICLES

1. EFFECTS OF A SHORT INDIVIDUALLY TAILORED COUNSELLING SESSION FOR HIV PREVENTION IN GAY AND BISEXUAL MEN RECEIVING HEPATITIS B VACCINATION

BMC Public Health, Volume 9, Issue 255

Mireille EG Wolfers, John BF de Wit, Harm J Hospers, Jan H Richardus, and Onno de Zwart

Published online: July 2009

Abstract: There is currently a trend towards unsafe unprotected anal intercourse (UAI) among men who have sex with men. We evaluated a short individual counselling session on reducing UAI among gay and bisexual men. A quasi-experimental design was used to evaluate the counselling session. This session was conducted during consulting hours at four municipal health clinics during a Hepatitis B vaccination campaign. These clinics offered free vaccination to high-risk groups, such as gay and bisexual men. The fifteen-minute individually tailored counselling session was not only well accepted but also had a protective effect on risk behaviour after a follow-up of six months.

This is an open access article , full text available via: www.biomedcentral.com/1471-2458/9/255

2. PREVENTION WITH POSITIVES: A REVIEW OF PUBLISHED RESEARCH, 1998-2008

Journal of the Association of Nurses in AIDS Care, Volume 20, Issue 2, Pages: 92-109

Authors: Patricia P. Gilliam, Diane M. Straub

Published: March 2009

Abstract: HIV prevention education and counseling efforts have historically been directed toward those individuals considered at risk for exposure to HIV and assumed to be uninfected with HIV. In the late 1990s, prevention efforts began to include individuals who were HIV-infected. In 2003, the Centers for Disease Control and Prevention recommended that HIV prevention be incorporated into the medical care of persons living with HIV. This domain of HIV prevention work is known as prevention with positives or positive prevention, and research within this domain has been ongoing for a decade. This article provides a review of the scientific evidence within the prevention with positives domain from 1998 to 2008. A discussion is provided regarding early descriptive and formative studies as well as more recent and ongoing intervention trials specifically designed for

persons living with HIV. A summary of current knowledge, a description of ongoing research, and gaps in knowledge are identified. Topics for future research are suggested.

3. 'YOU ARE NOT YOURSELF': EXPLORING MASCULINITIES AMONG HETEROSEXUAL AFRICAN MEN LIVING WITH HIV IN LONDON

Social Science & Medicine, Volume 68, Issue 10,
Pages: 1901-1907

Lesley Doyal, Jane Anderson, Sara Paparini

Published: May 2009

Abstract: It is now clear that gender is an essential factor shaping the narratives of men as well as women. However, there have been few studies of the daily lives or sexual activities of heterosexual men. Hence, strategies developed to prevent the spread of the HIV virus are rarely based on detailed knowledge of the men whose behaviours they are intended to change; this is especially evident in the developing world where the epidemic is most severe. Nor do we know very much about those men who have already been diagnosed as HIV positive. Around 13 million men are now living with HIV of whom around 96% are in low or middle income countries. Migrants from developing countries also make up the majority of positive people in a number of developed countries. In the UK, for example, heterosexual activity is now responsible for about half of all new HIV diagnoses with the majority of those involved being of African origin. But almost nothing is known about the ways in which different constructions of masculinity affect their experiences of illness. This study used qualitative methods to explore the experiences of a sample of black African men who defined themselves as heterosexual and were receiving treatment for HIV and/or AIDS in London. It explored their feelings, their needs, their hopes and their desires as they negotiated their lives in the diaspora.

4. CREATING 'GOOD' SELF-MANAGERS?: FACILITATING AND GOVERNING AN ONLINE SELF CARE SKILLS TRAINING COURSE

BMC Health Services Research 2009, Volume 9, Issue 93

**Anne Kennedy , Anne Rogers, Caroline Sanders ,
Claire Gately , Victoria Lee**

Published: 8 June 2009

Abstract: In chronic disease management, patients are increasingly called upon to undertake a new role as lay tutors within self-management training programmes. The internet constitutes an increasingly significant healthcare setting and a key arena for

self-management support and communication. This study evaluates how a new quasi-professional health workforce – volunteer tutors – engage, guide and attempt to manage people with long-term conditions in the ways of 'good' self-management within the context of an online self-management course.

The study gave an insight into the roles tutors adopt – one being their ability to 'police' subjective management of long-term conditions and another being to attempt to enhance the psychological capabilities of participants.

This is an open access article, full text available via:
<http://www.biomedcentral.com/1472-6963/9/93>



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