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. 6

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This is the last 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. In this edition you will read about the final project results presented at the final projectmeeting held in Antwerp in February 2013.

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The final meeting took place in Antwerp, Belgium. Thirty three participants of 14 different European countries participated. The goal of the final meeting was to inform partners on the project results and tools developed within this project, but also to offer training on how to use the tools in their own region or country.

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The project ends at March 1, 2013, however, activities to disseminate the training and resource package developed within Eurosupport 6, as well as the up-scaling of the CISS intervention, will go on even after the project has officially ended. In this last section we give a short overview of the next steps related to this project.

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I. Current state of affairs

The Eurosupport initiative: the context

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. The Eurosupport initiative started in 1996 and covered various topics such as palliative care, economic needs, palliative care, adherence, families living with HIV, and sexual and reproductive health (SRH). This is the 6th Eurosupport research project, and is the first one that put research into practice by developing and evaluating a SRH intervention for people living with HIV.

The Eurosupport initiative has been coordinated by the Institute of Tropical Medicine, Antwerp, Belgium.

Eurosupport 6 project

Eurosupport 6 (2009-2013) focused 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 people living with HIV, 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 intervention, called the CISS, for clinical and community based HIV care settings. The CISS is a brief behavioural counselling intervention using computerised tools, with the aim to support HIV-positive clients in achieving safer sexual behaviour. The emphasis is on improving condom use, as CISS stands for "Condom is safe and simple" or "computerised intervention for safer sex". The TRP will support service providers in their daily work to address SRH and positive prevention with HIV positive service users.

During the last year, i.e. the reporting period since the last newsletter, the project has been carried out under a no-cost extension in order to be able to increase the recruitment of study participants for the intervention trial, and to finalise the TRP, which partly is based on the results of the study. We would like to express our sincere thanks to the European Commission's Executive Agency for Health and Consumers (EAHC), and in particular to our committed and supportive scientific project officer Mrs Cinthia Menel-Lemos, who by agreeing to extend the project for an additional year to test the effectiveness of the CISS intervention, enabled us to successfully complete this project.

Since this is the last newsletter of the ES 6 project, we would like to take the opportunity to thank all associated and collaborative partners, the funding agency EAHC, the sponsors, and last but not least, the people living with HIV - who throughout six Eurosupport projects participated in our research by sharing their insights and opinions, for their continuous commitment. Without them, these projects would not have been possible.

Eurosupport 6 newsletter

This is the last of six newsletters which have been published in the framework of the Eurosupport 6 project. The newsletter has been distributed biannually by Sensoa. Project related information and SRH related topics were being disseminated beyond the Eurosupport 6 study group, to maximise the transfer of knowledge between Member States and to create learning opportunities.

We would like to ask you to forward this newsletter to other organisations in the field of HIV, sexual health, and family planning, who might benefit from the information provided here. The newsletter can also be downloaded from the ES6 website: www.eurosupportstudy.net

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II. Report on the Eurosupport 6 final meeting: 7th - 8th February 2013, Antwerp

Final meeting and training workshop

The meeting was organised and hosted by Sensoa and took place in the Institute of Tropical Medicine, Antwerp (Belgium) on 7th and 8th of February 2013. The goal of this final workshop was to present the final results of the project and its different outputs, and also to offer training workshops on the use of the tools developed within this project to participants.

Participants

Associated and collaborative project partners were invited. Associated partners (AP) are partners who participated in developing and testing the training and resource package (TRP), including the CISS intervention. Collaborative partners(CP) received all project-related information (such as the Eurosupport newsletters) throughout the project's lifetime, but did not actively participate in the research and development activities (R&D). In addition to the R&D component of this project, Eurosupport 6 also has maintained the previously already existing Eurosupport network on SRH and HIV. This network constitutes a forum for collaborative partners to exchange information and expertise relating to SRH and HIV. Collaborative partners also had the opportunity to provide their feedback to the TRP during the development phase.

In total 33 partners from 14 different European countries participated:

Name		Organisation	AP/CP	Country
Menel-Lemos	Cinthia	Executive Agency for Health and Consumers	-	Luxemburg
Albers	Laura	Institute of Tropical Medicine	AP	Belgium
Bogner	Johannes	Ludwig Maximilians University	AP	Germany
Borms	Ruth	Sensoa	AP	Belgium
Borrego Hernando	Olga	University Complutense Madrid	AP	Spain
Colebunders	Robert	Institute of Tropical Medicine	AP	Belgium
Dec	Joanna	University of Zielona Gora	AP	Poland
Ferreira Dias	Sonia	Institute De Higiene e Medicina Tropical	AP	Portugal
Gama	Ana	Institute De Higiene e medicina	AP	Portugal
Gordillo	Victoria	University Complutense Madrid	AP	Spain
Helps	John	Central and North West London NHS Foundation Trust	AP	UK
Izdebski	Prof	University of Zielona Gora	AP	Poland
Kocsis	Agnes	Central and North West London NHS Foundation Trust	AP	UK
Nöstlinger	Christiana	Institute of Tropical Medicine	AP	Belgium
Platteau	Tom	Institute of Tropical Medicine	AP	Belgium
Rojas Castro	Daniela	Aides	AP	France
Stanekova	Danica	Slovak Medical University	AP	Slovakia
Van den Eynde	Sandra	Sensoa	AP	Belgium

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Van Wijk	Veronica	Institute of Tropical Medicine	AP	Belgium
Barthelemy	Ariane	Hospital St.Pierre	CP	Belgium
Brough	Garry	Terrence Higgins Trust	CP	UK
de Mesmaeker	Chantal	AIDSBerodung (Croix-Rouge)	CP	Luxemburg
Fernandes	Ricardo	Positivo	CP	Portugal
Fiedler	Sonja	AIDSBerodung (Croix-Rouge)	CP	Luxemburg
Kaupe	Ruta	DIA+LOGS	CP	Latvia
Lindeman	Raul	Estonian Network of People Living with HIV	CP	Estonia
Lixandru	Mihai	ARAS	CP	Romania
Mabire	Xavier	Aides	CP	France
Mancinelli	Michael	Positive East	CP	UK
Naylor	David	GMI Partnership / The Metro Centre	CP	UK
Nunes	Ana	SER +	CP	Portugal
Seery	Deirdre	The Sexual Health Centre Cork	CP	Ireland
Stojiljkovic	Milos	JAZAS	CP	Serbia

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Agenda of the final meeting

The meeting offered a mix of plenary lectures (to provide an update on the scientific results) and workshop, to present the intervention tools, the TRP and to provide training opportunities.

The first morning session was dedicated to presenting the research results: an overview on the systematic approach to intervention development was given, as well as results from both the outcome and the process evaluation. Participants also had the opportunity to listen to first hand impressions about working with the CISS from a counsellor, who had used the CISS tools during the evaluation study (see below summaries of the respective presentations).

In the afternoon of the first day the first workshops took place. To maximise the learning opportunities, the group of participants was divided into a group of associated partners and a group of collaborative partners. During the first day the associated partners attended the TRP workshop where the use and applicability of the TRP was demonstrated. In a parallel session the collaborative partners attended the CISS workshop. Participants not yet familiar with the CISS intervention and its underlying theoretical principles had the chance to learn about this innovative tool. During the second day, the workshops were switched, so that all participants had the opportunity to get familiar with the TRP and the CISS. For the associated partners, who already applied the CISS, we organised a specialised CISS workshop to exchange their experiences and to reflect on future ways of using the CISS in regular counselling. We completed the meeting with a plenary group discussion, brainstorming on the way forward, i.e. what is necessary to up-scale the intervention and dissemination of the TRP broadly across Europe.

In what is to follow, we provide you with short summaries of the various presentations.

Eurosupport 6: A systematic approach to intervention development

The evidence-based intervention CISS (which stands for 'computerised intervention for safer sex' or 'condom is safe and simple') is one of the main outputs of the ES 6 project. The CISS is a brief counselling intervention for clinical or community-based health care settings to support people living with HIV in their the sexual and reproductive health (SRH), with a specific focus on safer sex.[1] It is embedded in a comprehensive training and resource package (TRP), and targets three main groups: HIV-positive men having sex with men and women and men living with HIV, belonging to ethnic minorities.

At the end of such a labour-intensive project –after all, it took us four years to finalise this project– it is worthwhile to look back and give you some information on the approach we took in developing the intervention, the behavioural theories underlying the intervention, the problems we encountered, and the steps we took to solve them.

The systematic intervention development was guided by the intervention mapping method (IMM)[2], an evidence-based health promotion planning tool. IMM provides guidance through six distinct steps:

Needs assessment

The result of the previous project Eurosupport 5 (ES5) provided a comprehensive needs assessment. In ES5, we had documented the SRH needs of people living with HIV from various perspectives (qualitative research with both people living with HIV and health care professionals)[3]; an anonymous self-reported survey among people living with HIV[4], and an online survey with service providers about the integration of SRH and HIV services across Europe[5].

Defining the intervention's objectives

IMM requires that planners develop an intervention logic model, which is useful for conceptualising the intervention's theoretical methods adopted, the determinants hypothesised to influence behaviour change (e.g. information, attitudes, motivation self-efficacy, behavioural skills and social and community norms); the performance objectives (i.e. specific behavioural sub-goals needed to achieve the outcome behaviour, like accurate risk assessment, adoption of less risky sexual practices, negotiation skills, etc.), and finally the outcome behaviour (in our case measured as increased condom use over time).

Choosing theoretical methods and tools

The CISS intervention is based on empirically validated behavioural theories, such as the Information Motivation-Behavioural-Skills Model[6,7], the Stages of Change Theory[8], and the dual process theory on affective decision making[9]. We see the latter as the missing link that could explain the gap between rational decision making ('slow thinking') and the affective, intuitive decision taking in sexual or other value-loaden situations ('fast thinking'). Research has shown that this processes are located in different brain areas and that we need to learn to link them better if we want to achieve behaviour change in emotionally driven situations, like sexual ones. These theories have guided the choice of the practical tools needed for implementing the CISS: one the one hand evidence-based counselling techniques

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such as client-centered strategies, elements of motivational interviewing and cognitive-behavioural therapy , and on the other hand the use of audio and more importantly video-material depicting role-models in specific relationship and sexual situations.

Developing the intervention

Linking fast and slow thinking to enable people living with HIV to understand how they take decisions in sexual situation and to practice skills to change their behaviour effectively, led us to develop a computer-technology based intervention. Research evidence shows that such interventions can be as efficacious as counselling interventions[10]. The scripts in the stories shown in video-clips were developed, based on clinical experiences. They help to target the intuitive, affective level, while developing an individual risk reduction plan to achieve the desired outcome addresses the level of rational thinking, as behaviour change always requires planned action. The latter is facilitated by an empathic, non-judgmental counsellor in three face-to-face counselling sessions. The material was developed using feedback from affected communities, mainly based in the UK, and the Eurosupport network partners.

The CISS was originally planned for internet based use, but on request of the implementing partners, who feared technical problems with an online intervention, we worked with a DVD for the time of the implementation phase (see below).

Intervention adoption

Since this project was to be carried out within an initial timeframe of three years, adoption and evaluation phase had to be combined. Nine Eurosupport 6 partners (Belgium, France, Germany, Italy, the Netherlands, Poland, Portugal, Spain, the United Kingdom) implemented the CISS between February 2011 until – during the meanwhile extended timeframe- November 2012) with the three above-mentioned target groups. Using a randomised controlled study design (see below), implementation was preceded by screening for sexual risk behaviour, and followed up by a post-intervention assessment, and a three- and six months follow up session to assess medical and behavioural data. Unfortunately, it was much more difficult to recruit study participants than anticipated. Two main reasons accounted for that: barriers in admitting to sexual risk behaviour in the clinical settings and structural barriers such as HIV-related stigma and criminalisation of HIV-transmission (for instance, in the case of Slovakia). The difficulties in recruitment necessitated a one year no-cost project extension, which enabled us to enroll more than 190 study participants. During this year, we strategically adapted our recruitment strategies trying to involve community-based settings wherever possible.

Evaluation

We used a combined evaluation approach, i.e. process and outcome evaluation. Effectiveness was measured three months after completing the intervention comparing both an intervention and a control group in terms of condom use and its underlying determinants. In addition, six months follow-up date were also assessed. The process evaluation looked at indicators such as satisfaction with the intervention, and a qualitative analysis of the patient documentation forms. Overall, people living with HIV who participated in this study were generally satisfied with the intervention, and a brief summary of the study's results in terms of the CISS' effectiveness at the three months follow-up is given below.

Conclusion

IMM has proven to be a useful guidance in developing this intervention. It helped us to take steps to adapt to the challenges of conducting a trial study in real life conditions, such as the low uptake of our sexual risk reduction intervention. We need to acknowledge that in general research is a slow undertaking, and while we started out to plan it even before the release of the Swiss Statement in 2008[11], during the project's life-time the reality of positive prevention has seen swift changes, among which a growing recognition of sexual harm reduction strategies, especially among affected MSM communities. Low uptake of behavioural interventions has been seen also in other studies, for instance in the UK[12]. Our hope would be that when implementing the CISS outside of a study design, barriers to its uptake would be less challenging. Thus, it could become a tool, develop in Europe for European people living with HIV, that helps them to live happier and healthier sexual lives.

(Christiana Nöstlinger, ITM)

The CISS: A counselling tool for supporting people living with HIV in safer sex

This presentation focused on the counsellors' experience of using the CISS.

In Belgium, people living with HIV who were interested to participate in the intervention study, were usually quite motivated. They wanted to have safer sex to protect their sexual partners and themselves. Participants who were offered the CISS counselling sessions found them very effective. Watching the video-material decreased their thresholds to talk

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about something very personal like sexuality. The same observation can also be made for the counsellors: also for them the CISS helps to decrease potential barriers in talking about sexuality in only three sessions, focusing on sexuality right from the beginning. In the first session clients identified their personal barriers that made safer sex and condom use difficult; in the second session participants and counsellors worked on potential solutions, i.e. they got tips on making condom use easier, women were explained how to use a female condom, communication barriers with sexual partners were identified, and so on. People discovered what was the most important to them and how they could reach their goals. In the third session, participants - with the help of the counsellor - created a personalised plan to reach their own goal, and identified the specific steps necessary to achieve it.

However, finding study participants to take part in the intervention was not always easy. Although we invested a lot in promoting the CISS intervention, people had different reasons for not wanting to participate; mostly because they found it difficult to admit to having had unsafe sex, but also time commitment was an issue. Clients with busy professional lives sometimes found it difficult to come to three additional sessions on top of their regular medical check-ups. Some people were simply not motivated as they felt no need to change their behaviour.

It is encouraging that some participants who were assigned to the study's control group also wanted to be supported by these sessions. Currently, we are implementing these sessions as well.

From the experience during the study, the CISS could be useful to offer a fourth session to our clients, when working with the CISS in the future; an additional follow-up session could be used with the clients to discuss whether or not the risk reduction plan has actually been helpful and to focus on current problems. This would ensure a good follow-up and boost the intervention's effect.

(Laura Albers, ITM)

The Training and Resource package

The training and resource package (TRP) consists of the CISS intervention, and of four additional accompanying manuals to enhance service providers capacity to support people living with HIV effectively in their SRH. While the CISS focuses on supporting people living with HIV in safer sex and condom use (as one selected outcome behaviour), the TRP is more comprehensive and focuses on positive prevention in an overall context of sexual and reproductive health and rights.

Working with the CISS implies having both sufficient knowledge and skills relating to sexual counselling, HIV and positive prevention[13]. Therefore a rather large part of this TRP, i.e. the Reference Guide, provides detailed background information on topics related to positive prevention. Furthermore, working with the CISS requires skills in sexual counselling. However, Europe is a heterogeneous region, implying that sexual counselling is not automatically integrated to the same degree into services towards people living with HIV. Consequently, a large part of this TRP focuses on how to build skills needed for delivering effective sexual counselling (i.e. the Trainer Manual).

The TRP consists of four different manuals, which serve different goals.

- Reference Guide: provides all the background information related to sexual and reproductive health and positive prevention for people living with HIV. The aim of this guide is to increase service providers' knowledge on these topics.
- Intervention Manual: guides the individual service provider through the computerised intervention (CISS).
- Implementation Manual: focuses on the organisational policy level and gives information on the different steps needed to be taken within specific organisational environments when implementing the CISS: for instance, what are the requirements to work with the intervention, how do policy contexts influence working on SRH/HIV-related issues, task division and training needs. This manual includes a separate toolkit. These tools are user-friendly instruments that can guide a successful implementation.
- Trainer Manual: Working with the CISS requires being competent in providing sexual counselling to people living with HIV. This manual supports an individual service provider in training other service providers to provide sexual counselling to their HIV-positive clients. The manual facilitates the organisation of a training. The main part of this manual describes exercises that can be used in a training workshop to improve sexual counselling.

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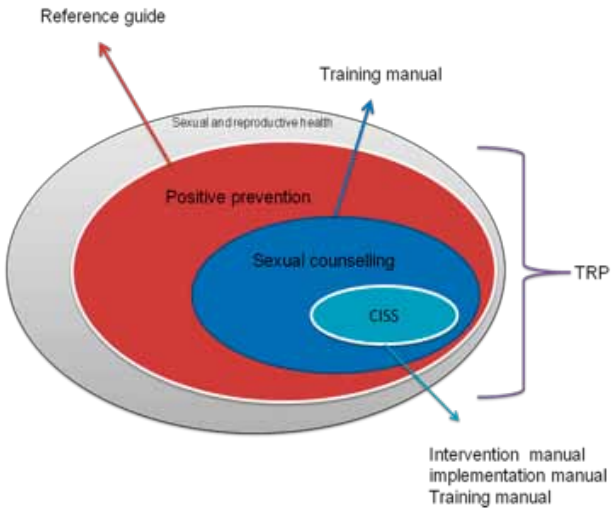

This Training- and Resource Package, developed within the context of European Public Health project 'Eurosupport 6 (ES6), is focusing on sexual and reproductive health, tailored to the specific positive prevention needs of two target groups, men having sex with men and migrants. The counselling tools, as well as the information and skills building provided focus also on these target groups. The tools or parts of it may also be used for other target groups such as heterosexual men and women living with HIV or intravenous drug users. The package, however, does not include specific strategies tailored to the specific (drug related) needs of these groups. While within the framework of this project it has not been possible to create a training and resource package focusing on specific needs and approaches for the many subgroups that exist within the communities of people living with HIV, the underlying general counselling principles and the relevant background information on positive prevention may certainly benefit a larger target group.

The materials and tools provided in the TRP have been tested, evaluated and improved based on the feedback provided by project partners and other community-based organisations, which makes us confident that the TRP will meet the needs of service providers.

In conclusion, the TRP provides individual service providers with information and tools not only to integrate the CISS into their services, but also be able to train other service providers in sexual counselling and working with the CISS.

(Ruth Borms, Sensoa)

The CISS intervention: First results of the evaluation study

During the CISS evaluation study, 192 participants were enrolled, of which 112 gay men or MSM (58%), and 80 migrants (42%). The study population consisted of 148 men (77%), and 44 women (23%). The mean age of all participants was 40.5 years (ranging between 22 and 66 years), and was slightly higher among migrants (41.4 years), compared to the MSM group (39.8 years), although this difference was not statistically significant.

We compared the baseline data (i.e. assessed before the intervention) between the two groups enrolled in the CISS evaluation study (MSM and migrants), and we found some interesting results on several domains: socio-demographic aspects, health, mental well-being, and issues related to sexuality.

Migrants are more likely to be involved in a relationship compared to MSM (64% vs. 45.5%). More MSM than migrants are employed (65% vs. 34%); this is reflected in financial difficulties, which are more prevalent among migrants, compared to MSM (87% vs. 45%). All these differences were significantly different between these two groups.

The majority of all study participants report no physical complaints (65%, without distinction between the groups), and report an undetectable viral load (65% overall; 68% among MSM and 61% among migrants). However, migrants are far more likely to say they do not know their viral load (27.5%) compared to MSM (4%). Thirty-five percent of the MSM and 6% of the migrants report that they had received a diagnosis of a sexually transmitted disease, which reflects a statistical significant difference. Such a diagnosis can be taken as a proxy for sexual risk behaviour.

We found no significant differences between severity of symptoms related to depression, and anxiety between the two groups. However, migrants take significantly more antidepressants (25% vs. 14%) and anxiety-reducing medication (27.5% vs. 15%), compared to their MSM-counterparts.

More migrants than MSM have a main sexual partner (64.9% vs. 43.8%). While the proportion of study participants who have an HIV-positive main partner is around 40% in both groups, migrants are more likely to be unaware of their main partner's HIV-status (28% vs. 12%). The vast majority (90%) of both migrants and MSM have disclosed their HIV-positive status to their main partner. Sexual activity with casual partners during the previous three months is more common among MSM (86%) compared to migrant participants (29%).

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While a substantial part of both MSM and migrants report to never or almost never having used condoms in the past 30 days, it is encouraging that 22 % of the migrant participants said that they always used condoms during this period, and 78% report that they were planning to use condoms consistently (compared to 49% of the MSM) in the future.

In order to evaluate the effectiveness of the CISS-intervention, participants were randomly assigned to the CISS or control group. Because the main characteristics between intervention- and control group participants did not differ at baseline, we can assume that any change in sexual behaviour (assessed after the intervention at three and six months follow-up measurements) can be attributed to the intervention itself. Among the participants from the control group, risk of unprotected intercourse reduced with 0.7% between baseline and 3 months post-intervention. Among participants who were allocated to the CISS-intervention, this risk decreased much more, with 30%.

This clear-cut difference in reduction of unprotected sexual intercourse demonstrates the effectiveness of the intervention.

When looking at the indicator 'condom use at last intercourse', the likelihood that participants of the CISS group would not use a condom was much lower than of the controls ($p < 0.04$; OR: 0,08 95% CI [0,01;0,90]). A mediation analysis shows that this increase in condom-use can be partially attributed to more positive attitudes towards condom-use (56%) and to improved self-efficacy in safer sex and using condoms.

(Tom Platteau, ITM)

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III. Way forward: Up-scaling and future dissemination

While the ES 6 project comes to an end, the partners are still committed to complete the six months follow up for all study participants to enhance the scientific rigor of the intervention study. In the next months, ITM will do some additional analyses on the database to get some more detailed insight on the effectiveness of the CISS intervention. Furthermore some materials will be slightly adapted based on the feedback collected among the collaborative project partners during the final project meeting.

Feedback collaborative partners

At the end of the meeting, the partners were asked to share their thoughts and ideas towards the use of the tools. Both associated and collaborative partners were very enthusiastic about the CISS as well as the other manuals included in the TRP. Some collaborative partners expressed their gratitude and were proud to be part of the Eurosupport 6 project. They saw a lot of possibilities to use and implement the materials. A lot of collaborative partners saw possibilities to use the CISS also for other target groups; HIV negative people, high risk groups or Latin American migrants. For instance the CISS could help them to start a consultation with the HIV negative partner in a serodiscordant couple. Language can be a problem, especially for migrant populations, but the CISS is also available with different subtitles. Some partners were interested to explore the possibilities to dub the spoken language in the CISS film clips as often subtitling cannot be read easily.

The manuals of the TRP are hands-on tools that are helpful right away. Some of the collaborative partners are committed to organising courses and training in their region on SRH topics. They mentioned that the trainer manual especially will help them to develop training sessions in a more structural and refreshing way. They saw possibilities to use it in counselling and health care trainings, peer support trainings, group sessions, LGBT (lesbian, gay, bisexual and transgender) community trainings, trainings for volunteers, student courses, to train counsellors in HIV test centres to discuss sexual topics, to train doctors in counselling skills, and so on.
Partners mentioned that the TRP is also a useful framework to get a clear view on their current sexual and reproductive health services towards people who are living with HIV. It can help them to start-up discussions with counsellors about topics that should be included into their services and to create a common guideline on how to counsel HIV positive people. At national level, the TRP can be used to train the trainers themselves, or to motivate NGO's to include positive prevention in their services.

In conclusion, the partners agreed that the materials are very comprehensive, that they support organizations to look critically at their own SRH services they offer to HIV positive people, and that they can help to improve current services in a realistic way.

Interested in the Eurosupport 6 tools?

If you are interested in the TRP and the CISS, we will disseminate the tools free of charge to professionals in the HIV- or the family planning/SRH field, as well as to people living with HIV. We will ensure upscaling of the TRP by making the tools, developed within the Eurosupport 6 project, available via a website. This website (www.cissintervention.com) is currently under development. The website will give professionals as well as people living with HIV access to the intervention and the TRP, provide online training tools and other project-related background information, as well as other training materials.

The CISS intervention will be available as soon as possible via the CISS-website and we will inform the Eurosupport network including all the recipients of this newsletter once it is functional.

If you want to get started right away, this is of course possible. If you want to take some steps to improve the sexual and reproductive health of people living with HIV, you can use the TRP to enhance your own knowledge on positive prevention or you may use the training manual to train other service providers in sexual counselling of HIV-positive people. You can download the Training and Resource package on Improving the Sexual and Reproductive Health of people living with HIV on the Eurosupport 6 project website www.eurosupportstudy.net. http://www.eurosupportstudy.net/pdf/ES6TrainingAndResourcePackage.pdf

(Ruth Borms, Sensoa)

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More detailed information on the EUROSUPPORT project: www.eurosupportstudy.net

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Eindnoten

1 For a more detailed description of the CISS, we refer to the Eurosupport newsletter nr. 5, which can be downloaded from the Eurosupport website: www.eurosupportstudy.net

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13 Positive Prevention is an overarching term used to describe prevention activities towards and in collaboration with people living with HIV to prevent the further spread of HIV and other sexually transmitted infections (STIs), but also to prevent unwanted pregnancies and mother to child transmission (MTCT), and overall, to increase quality of life of people living with HIV (Reference guide, Chapter 4).