





EXECUTIVE SUMMARY

July 2013

HIV Prevention Technical Briefs Prepared for the Southern African Development Community



The Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) is a five-year project (2010-2015) that contributes to the USAID Regional HIV/ AIDS Program (RHAP) goal to strengthen the sustainability, quality, and reach of HIV and AIDS interventions in the region.

BLC builds the capacity of government, parastatal, and civil society entities in Southern Africa to effectively address the challenges of the HIV and AIDS epidemic. With specific activities in Angola, Botswana, Lesotho, Namibia, South Africa, and Swaziland, BLC provides leadership, management, and governance technical assistance as well as organizational development across three key program areas: 1) care and support for orphans and vulnerable children (OVC); 2) HIV prevention; and 3) community-based care.

We live in an age of tremendous information—we now browse material instead of reading it word-for-word, and rely on tools such as internet search engines to prioritize the most relevant sources. In addition, new information is being generated constantly. How do program managers responsible for making policy and implementation decisions, who may be short on time and manpower, stay current with the latest research and practice? To address this challenge, the Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) and the Southern African Development Community (SADC), working together to strengthen Member States' HIV prevention

programs, have developed a series of technical briefs on priority HIV prevention topics.

Prepared with funding from USAID, the technical briefs are a resource for policymakers and implementers. They offer evidence-based and effective strategies which can be used to tailor high-impact interventions. Each brief addresses the HIV prevention role of each topic as well as global policy guidance, challenges and recommendations, and regional experience and practice. For example, the technical brief on Prevention of Mother-to-Child Transmission of HIV explains the advantages and disadvantages of three treatment and prophylaxis regimen options, A, B, and B+. Presented in an accessible way, this technical brief can guide managers to the optimal option for their context, or be used to motivate for policy and/or implementation change.

Written by experts, the technical briefs used insights gained from a review of the HIV prevention literature commissioned by BLC in 2011, scientific developments presented at the XIX International AIDS Conference in July 2012, as well as recent World Health Organization (WHO) and UNAIDS publications. They summarize the scientific information as well as good practices from across the Southern Africa region profiled in the literature review. The literature review database is available at: www.hivsharespace.net/collection/sadc

These resources, as well as the HIV prevention literature review, have informed an evidence-based HIV prevention training program that BLC has designed with SADC: New Evidence, New Thinking. This program supports national HIV prevention teams to critically review and improve the prevention components of their HIV responses. The technical briefs facilitated technical discussions at the first semi-annual SADC HIV Prevention and Research meeting in 2012, paving the way to identify six priority areas for scaling up prevention in the SADC region. The technical briefs are available in English and Portuguese.

Antiretroviral Treatment as Prevention: Opportunities and Challenges

www.msh.org/resources/antiretroviral-treatment-as-prevention-opportunities-and-challenges

Treatment as Prevention (TasP) describes HIV prevention methods that use antiretroviral therapy (ART) in both HIV-positive and HIV-negative persons to decrease the risk of HIV transmission. This technical brief covers: (1) The rationale for TasP; (2) New thoughts on using ART in HIV-negative people to protect against infection; (3) Current WHO global policy guidance and current regional practices; and (4) Recommendations for consideration.

Positive Health, Dignity and Prevention: Engaging people living with HIV in prevention

www.msh.org/resources/positive-health-dignity-and-prevention-engaging-people-living-with-hiv-in-prevention

Positive health, dignity and prevention (PHDP) engages people who know they are living with HIV in prevention. It involves supporting HIV-positive people to learn and practice how to live healthily and minimize the risks of spreading the virus to others. The technical brief reviews PHDP-related activities that: (1) Enable HIV-positive individuals to be physically and mentally healthy through a focus on ART and healthy living; (2) Prevent further transmission of HIV through: early disclosure; correct and consistent condom use by sero-discordant couples; ART; prevention of mother to child transmission (PMTCT); and sexually transmitted infection screening and treatment; and (3) Recognize the value of involving people living with HIV in prevention activities, leadership, and advocacy.

Prevention of Mother to Child Transmission of HIV

www.msh.org/resources/prevention-of-mother-to-child-transmission-of-hiv

This technical brief summarizes the latest evidence on PMTCT of HIV. Current WHO guidance on antiretroviral use in pregnant HIV-positive women is presented: Options A, B and B+. Option B+ is a new development, emerging from experiences in Malawi, which was the focus of much attention at the recent International AIDS Conference. SADC regional guidance is described, recommendations are provided, and promising practices in the SADC region are profiled.

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Access BLC publications online: www.hivsharespace.net/collection/blc



Strengthening Behavior Change Communication for Prevention

www.msh.org/resources/strengthening-behavior-changecommunication-for-prevention

A case is made in this technical brief for understanding behavior change approaches as a necessary but insufficient method of HIV prevention. The document describes how the contribution of behavior change interventions may be strengthened through a combination prevention approach that is shaped by a social-ecological perspective on HIV prevention. The challenges of strengthening behavior change approaches are described and recommendations are offered.

Voluntary Medical Male Circumcision for HIV Prevention

www.msh.org/resources/voluntary-medical-male-circumcision-forhiv-prevention

Based on the strength of evidence from clinical trials, in 2007 WHO/UNAIDS recommended that male circumcision (MC) be considered an important new intervention for HIV prevention. Countries with a high HIV prevalence, low rates of male circumcision, and heterosexual epidemics, in particular, should consider scaling up MC as part of a comprehensive HIV prevention package. This technical brief presents: (1) The modest progress in the delivery of MC services since 2007;

- (2) The rationale for MC and current global policy guidance;
- (3) Regional experience and promising practices, including considerations for effective program implementation; and (4) Challenges to the scale-up of services at the individual, social, and structural levels.

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