HIV: Health Promotion and Prevention

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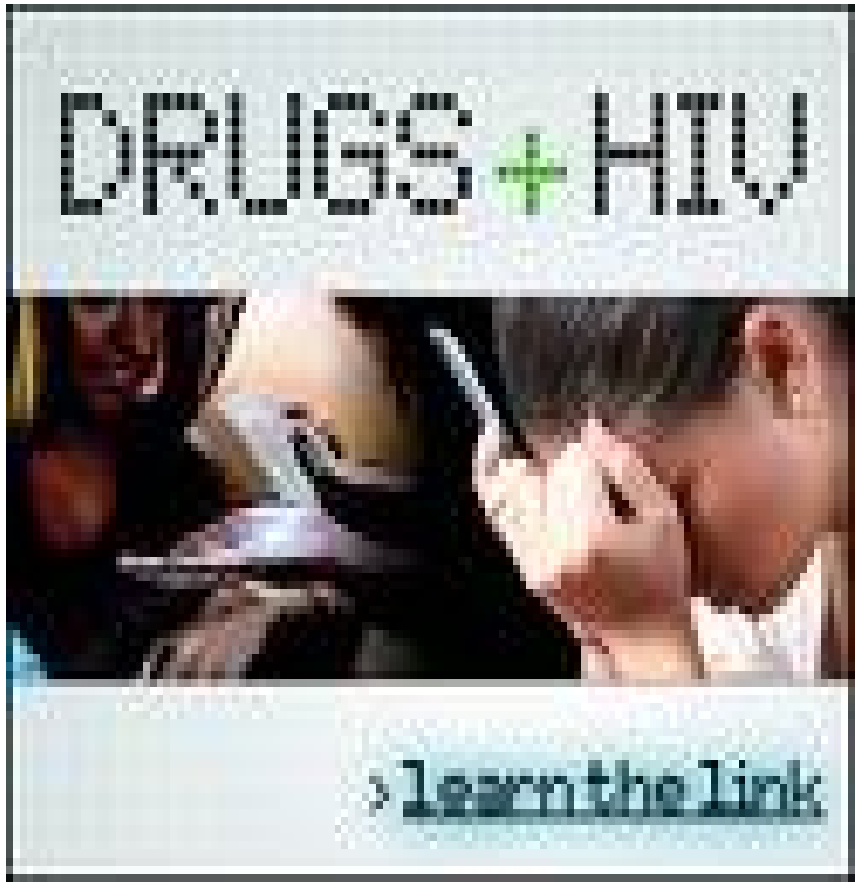
Structure of this presentation

- Story of Edinburgh in 1980's
- Health promotion about HIV
- Prevention of spread of HIV
- Preventive Care
- Role of community nursing and primary care

Edinburgh – Athens of the North?

Or AIDS capital of Europe?



In 1983, HIV was introduced into the intravenous drug using population in Edinburgh.

At the same time, the police were successful in cutting the number of available syringes and equipment

Result: drug users shared needles, and HIV spread.

A health promotion success story

- Community drugs problem service
- Oral methadone to minimise need for intravenous drugs
- Needle exchanges
- Primary care services worked together
- Advertising campaign

What worked – a whole city public health approach

- Multi-dimensional approach
- Inter-agency working
- Harm reduction
- Non-stigmatising

Outcome

Epidemic slowed dramatically, in all modes of transmission.

One calculation, by comparing money spent in one year on prevention against the money that is needed for intensive healthcare, suggests health services had 39,000% return on investment.

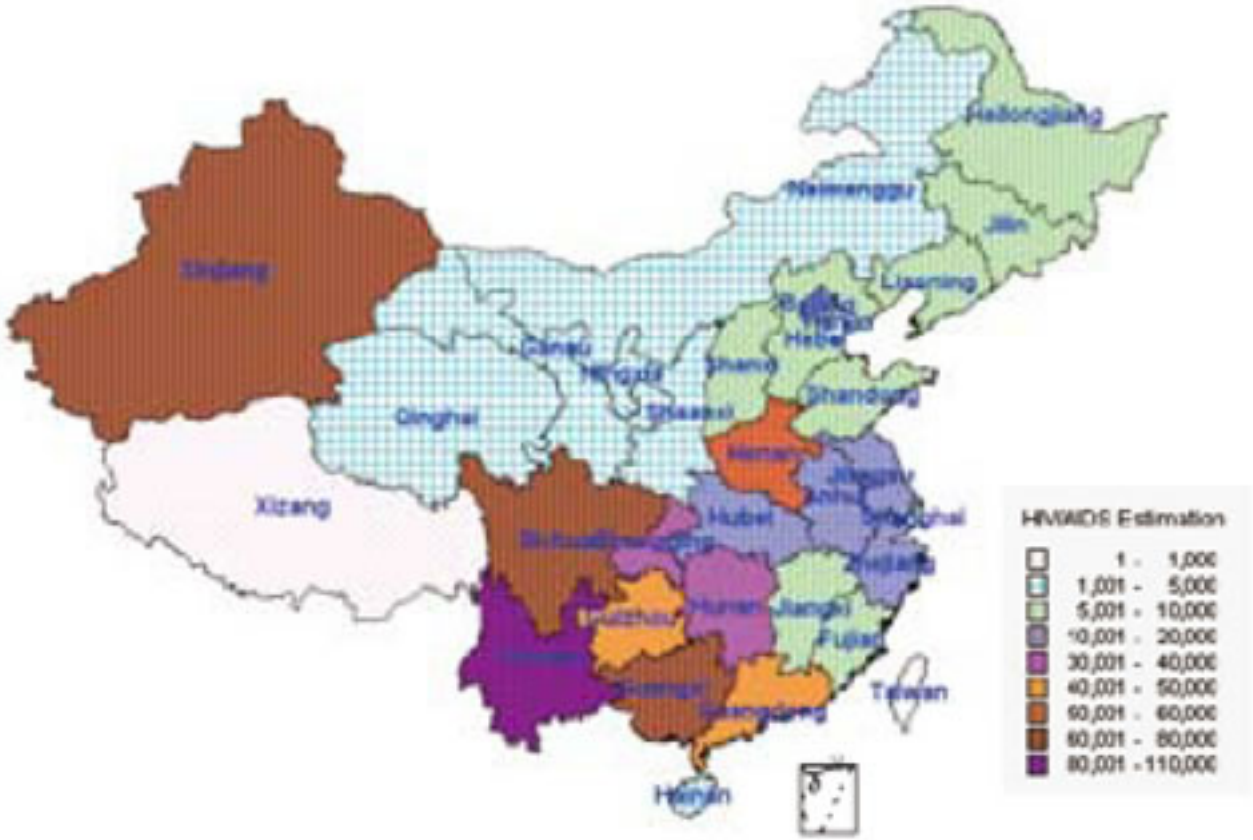
Worldwide, in 2007

Now a generalised epidemic, main mode of transmission is though heterosexual sex.

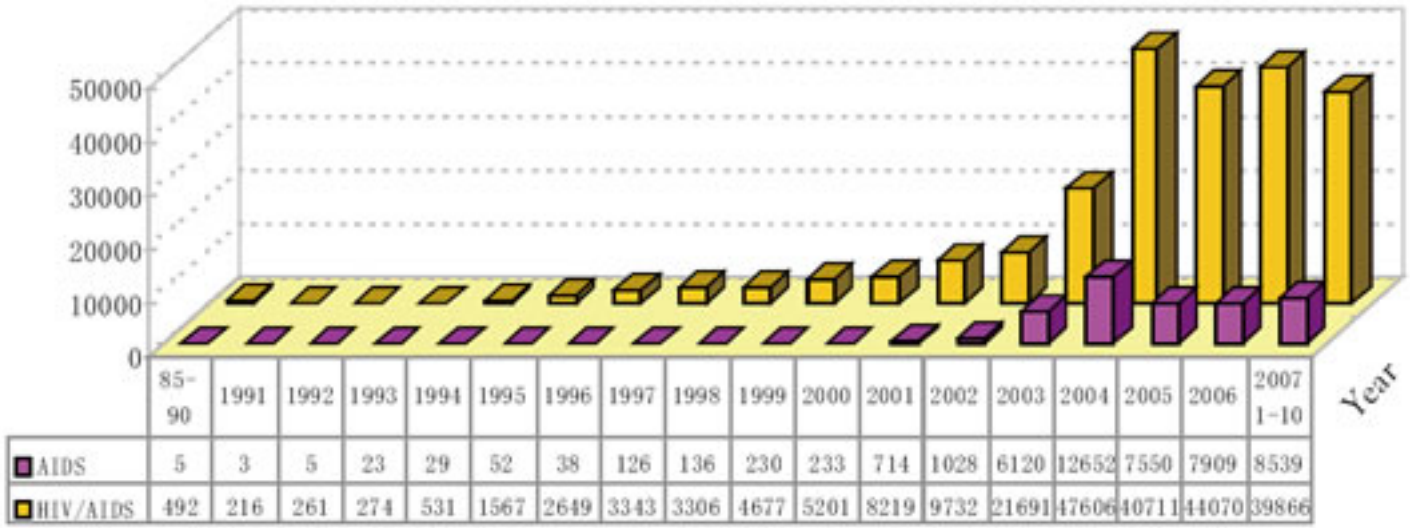
- People living with HIV - 33.2 million
- New HIV infections - 2.5 million
- Deaths due to AIDS - 2.1 million

(UNAIDS and WHO, 2007)

Distribution of 2007 estimated cases



Annual reported HIV + and AIDS cases in China, 1985-2007 (www.unaids.org.cn)



	85-90	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007 1-10
AIDS	5	3	5	23	29	52	38	126	136	230	233	714	1028	6120	12652	7550	7909	8539
HIV/AIDS	492	216	261	274	531	1567	2649	3343	3306	4677	5201	8219	9732	21691	47606	40711	44070	39866

Prevention

- Primary prevention – preventing people becoming HIV positive
- Secondary prevention – preventing passing on virus
- Tertiary prevention – minimising the ill-effects of being HIV positive

Health Promotion in UK

In UK, started off in 1980's with national advertising campaign - "Don't die of ignorance"

This was for everyone living in the UK – although at time, only affected high risk populations such as injecting drug users, gay men, and commercial sex workers.

All HIV health promotion work needs to consider:

- **Biological perspective**
  - Efficiency of transmission
  - Different types of HIV
  - Susceptibility to infection
  - Resistance to infection

And

- **Socio-economic perspective**

  Focus has been on individual change, rather than on impact of socio-economic issues on biological outcomes

Impact of socio-economic issues

- migration,
- poverty,
- gender inequality,
- stigma reduction,
- conflict, and natural emergencies
- concentration in certain populations and geographical areas (Kim et al 2002)

What is a risk environment?

- In a risk environment, individual, group and general social predisposition to virus transmission is increased.
- Due to poverty there may be forced migration, single head of household
- May lead to women exchanging sex for security, transport, food or other goods
- Nutritional disadvantage leads to increase in HIV infections and to progression to AIDS

Context of risk environment

- Transmission influenced by environments within which risk is produced
- Prevention strategies aimed at individual can only partially reduce transmission
- Need to reduce the risk environment
- Must create local environments and social conditions supportive of risk reduction by individuals and communities

(Rhodes and Simic 2005)

Health Promotion –models in action

- Behaviour change approach
- Empowerment approaches
- Community-oriented approaches
- Socially transformatory approaches

(Aggleton 2005)

Individual behaviour change

- Theory of reasoned action
- Stages of behaviour change model
- AIDS risk reduction model
- Common sense model of illness and danger
- Health belief model

Theoretical approaches to structural factors affecting HIV

- Paul Farmer: rights-based approach
- Barnett and Whiteside: social cohesion theory
- Catherine Campbell: integrated approach to prevention – health promoting community
- Infectious diseases
- Development theory
- Theory related to gender
- Psychosocial well-being

Challenges

Our understanding of *what needs to be done* is substantially more evolved than our understanding of *How to do it* (Radar, 2002:16)

But we know:

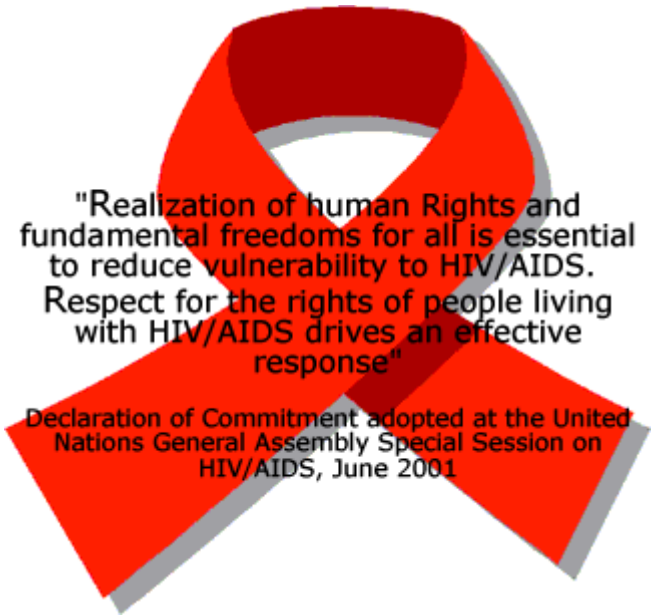
- Take into account the person
- Promote meaningful participation
- Make commitment to rights
- Promote gender equity
- Tackle risk and vulnerability

(Aggleton 2005)

Stigma

Perception of “fault” due to mode of transmission

Effect for the person with HIV – denial, fear of being turned away from treatment, may feel shame, fear rejection, and thus delay treatment.

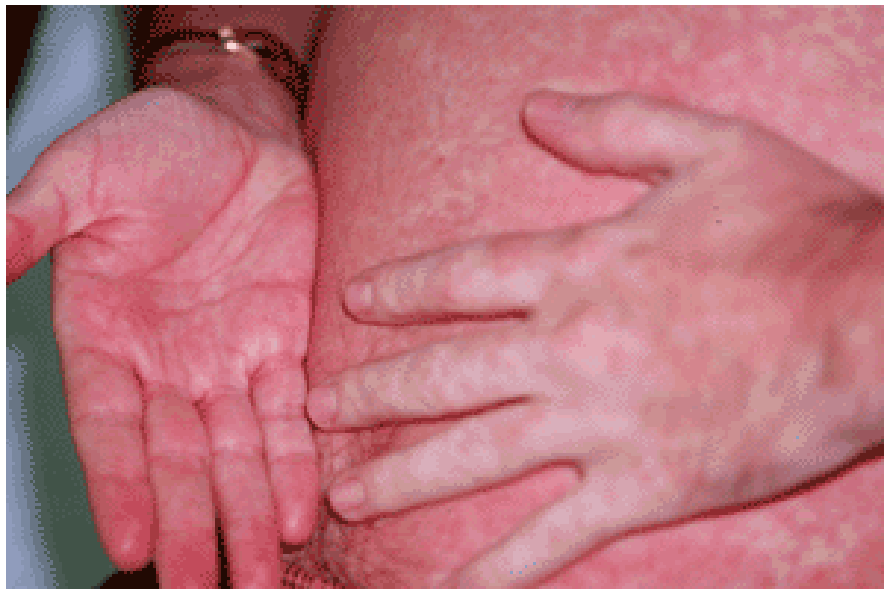

"Realization of human Rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS drives an effective response"
Declaration of Commitment adopted at the United Nations General Assembly Special Session on HIV/AIDS, June 2001

Early diagnosis

- Early symptoms
- Encourage HIV testing
- HIV+ people need to know the nature of the disease, and its medical, social and occupational implications
- Ways of protecting others from infections

Rash often occurs soon after seroconversion

- Widespread
- Erythematous
- Hot
- Involves hands and feet



Reasons for HIV testing

- Sexual risk/injecting risk
- Had physical symptoms
- Partner tested HIV positive
- Check-up for sexually transmitted infections
- Antenatal screening
- New relationship/stopping condom use

Reasons for HIV testing (continued)

- The importance of disclosing infection status to those giving medical care to allow adequate clinical management
- Worried well
- Sexual assault
- Blood donation / operation
- Medical examination
- Occupational exposure
- New drug therapies

What is HIV/AIDS Counselling?

The Global Programme on AIDS defines HIV/AIDS counselling as:

“a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. The counselling process includes an evaluation of personal risk and facilitation of preventative behaviour." (WHO, 1995).

Pre-test discussion

- **Informed consent**
- **Assess risks**
- **Prepare for positive diagnosis**
- **Health promotion**
- **Partner notification**
- **Closure**

Post-test

- If negative – health promotion, and future prevention
- If positive – initial support
  - Coping, follow up counselling, safer sex
- If positive – longer term support
  - Medical assessment, counselling, telling others, support networks, sexual health, lifestyle balance, keeping well, ongoing referral e.g. psychology, welfare rights

HIV Prevention

- Preventive vaccines
- Post-exposure prophylaxis
- Safer sex
- Drug use
- Microbicides and spermicides
- Perinatal anti-HIV treatment

Preventive Care

- Improving the quality of life
- Support system, for person with AIDS and families
- Team approach

In China, a time of change:

Move to a market-driven economy, and a rising affluence – changing patterns of behaviour.

Sex is now the main route of transmission:-

44.7 % heterosexual transmission

42% intravenous drug use

12.2% from men having sex with men

1.1% mother-to-infant (Lancet 2008)

Role of community nurses and primary care

- Help to remove stigma
- Focus on risk reduction, rather than behaviour
- Encourage community action
- Health education about HIV transmission
- Encourage testing
- Early diagnosis
- Support prevention – infection control

We have learned a lot about the most effective ways of organising prevention and care.

Multi-faceted approaches and all working together is most effective for prevention and health promotion