

XVI International AIDS Conference



Conceptual Frameworks and HIV/AIDS Prevention Paradigms

Cristina Pimenta, PhD.

ABIA - Brazilian Interdisciplinary
AIDS Association



Background Facts

- 4.1 million new infections in 2005
- 1.3 million people in low and middle income countries receiving AIDS treatment with ARV
- 21 countries providing treatment to 50% of those in need –
(UNAIDS Global Report, 2006)
- Successful global mobilization of resources



- 9% of men who have sex with men (MSM) received any type of prevention service
- less than 20% of injecting drug users received HIV prevention services
- 9% of pregnant women covered with services to prevent HIV infections in infants
- less than 50% of young people worldwide have any significant level of knowledge about HIV and AIDS

(UNAIDS Global Report, 2006)



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This presentation will:

- Address social vulnerability
- Explore strategies and approaches for more effective prevention programs
- Review prevention paradigms
- Point-out barriers to access protection and prevention



Social Vulnerability

- Diverse factors of structural inequality and exclusion condition possibilities for risk reduction.
- Chance of exposure to the disease as a result of a series of individual and collective and contextual aspects which increase susceptibility to infection.

Determinants of social vulnerability



- Poor social and economic conditions and lack of power.
- The interrelations and intersections of social, economic and political factors.
- The special vulnerability of young women and young males.
- The synergy between forms of inequality determines the social logic of the epidemic that exist in different societies (Daniel and Parker, 1991).

Vulnerability factors



- Are constituted within contexts of socially and culturally constructed sex/gender systems.
- Intervene in ways that make possible for individuals and groups to visualize their social - cultural context and transform this setting is essential for risk reduction (Dowsett et al., 1998; Paiva, 2000; Parker and Gagnon, 1995).
- Unequal gender relations, cultural and social differences and stigma and discrimination.

Challenges



- Implement education strategies that emphasize critical reflection and collective empowerment as key strategies for vulnerability reduction.
- Understanding existing combinations of stigmas is important in order to diminish and eliminate its' effects.
- Stigma and discrimination related to sexuality, HIV/AIDS, (and also TB and malaria), threatens solidarity and social mobilization (Parker and Aggleton 2001).



Strategies and Approaches

- Programmatic priorities should deal with the social and economic contexts of the population.
- Address situations of physical violence as well as structural violence.
- Consider the interaction of poverty, urban violence and risk of HIV infection.
- Address lack of alternatives especially for the young.



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- Prioritize open discussion related to sexual and reproductive health and drug use practices considering the diversity of social experiences of the population.
- Looking at gendered expectations and attitudes are of particular importance to understand individual and couple sexual behavior.



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- Enhance research interventions that look at youth as a formative phase in order to build strategies that make gender relations more equitable and workable.
- Implement multidisciplinary research that combines economic, social, and the medical sciences.



New prevention paradigms

- Paradigms that move from behavioral and individual approaches and focus on collective processes.
- That promote multisectorial responses through alliances and partnerships and establishes co-responsibility of actions.
- That have a health and human rights perspective - that promote nondiscrimination of persons living with HIV, non discrimination of persons due to sexual diversity, ethnicity, gender, age or drug use.



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- That combats violence against women and children, against homosexuals and transgender persons and sex workers.
- Promotes community education and inclusive partnership for real involvement and support of the most affected populations
- That focus on strategies that emphasize critical reflection and collective empowerment as key to risk reduction.



- That promote and provide access to scientifically proven preventive measures.
- That addresses the importance of linking prevention to treatment and care as part of an integral and integrated approach to prevention and health care.
- That promotes the combat of stigma and discrimination through provision of national legislature and implementation of local protective policies.



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- In concentrated epidemics strategies and interventions should focus primarily at delimited populations but made available and accessible to all.
- Under generalized epidemics consider broad frameworks that include a wide range of interventions for both men and women of all ages but also include targeted services to the most vulnerable and at risk of infection.

Barriers to universal access to Prevention



- Insufficient direct exchange and education on matters related to sex, sexuality, drug use and gender relations.
- Material, cultural and political barriers limit access to means of protection.
- Reluctance among public officials to expose the scale of their AIDS epidemic.
- Conservative political and religious trends.



- Weak frameworks and policies for the provision of social support and protection to affected individuals and families to confront stigma and fight discrimination.
- Present trend towards the “medicalisation” of prevention as “quick technical magic solution”.
- Political objection for the implementation of proven effective educational approaches, such as condom use and harm reduction.



Final Remarks

- There is urgent need to effectively scale-up prevention and deliver serious action to prevent new infections and control the AIDS epidemic.
- There is an integral connection between prevention and treatment – the connection that links us all together as part of a broader struggle – a struggle for solidarity.