



Prevention of Sexual Transmission for People Engaged in High-Risk Activity

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease -- a five-year, \$15 billion, comprehensive approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

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U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

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In most PEPFAR countries certain groups (e.g. mobile populations, persons involved in prostitution, persons who use injecting drugs, men who have sex with men, persons in uniformed services, and prison populations) are at a higher risk for HIV. In several PEPFAR focus countries, such as Vietnam, Guyana and Ethiopia, the HIV epidemic is concentrated among these high-risk groups. Focusing on specific risk groups is a critical means of preventing new infections.

The U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) supports the rapid scale-up of prevention education and services utilizing the "ABC" approach. The "ABC" approach tailors behavioral messages to the local epidemic context: "A" behaviors include abstinence; "B" includes faithfulness to one partner or reducing the number of sexual partners; "C" emphasizes correct and consistent condom use, where appropriate.

Following the ABC model, the Emergency Plan supports activities that target high-risk populations with a comprehensive package of prevention services which include peer outreach and education, condom promotion and distribution, counseling and testing, sexually transmitted infection (STI) screening and treatment, referral to substance abuse and treatment services, and referral to treatment for people living with HIV/AIDS (PLWHA).

The Emergency Plan's priorities for the prevention of sexual transmission of HIV in groups at high risk include:

- Implementing community-based approaches to behavior change — including peer education and outreach targeted at hard-to-reach groups (i.e., persons in prostitution, persons who use drugs, and men who have sex with men);
- Distributing condoms and promoting correct and consistent condom use;
- Supporting initiatives to promote counseling and testing — including innovative strategies, such as provider-initiated counseling and testing, and rapid testing in non-clinical settings;
- Promoting STI screening and treatment for all persons at high risk for HIV and STIs as a part of HIV prevention, treatment and care;
- Promoting and supporting substance abuse prevention and treatment programs that target HIV-infected individuals;
- Strengthening linkages between HIV prevention and HIV treatment and care services;
- Promoting male circumcision as part of a comprehensive strategy to reduce HIV transmission.

U.S. President's Emergency Plan for AIDS Relief



The Power of Partnerships:

- In fiscal year 2007, the Emergency Plan **allocated \$601.3 million** to support prevention in the 15 focus countries.
- As of September 30, 2007 in the 15 focus countries, nearly **197.8 million** people were reached by community outreach programs promoting ABC and other related prevention strategies with PEPFAR support since the inception of the Emergency Plan.
- Since the inception of the Emergency Plan, worldwide USG-supported condom procurement is estimated to be nearly **1.9 billion** from January 2004 through December 2007.

The Emergency Plan at Work

The following examples illustrate how the Emergency Plan is working in partnership with host nations to support HIV prevention services for at-risk populations:

- **In Guyana**, the PEPFAR-supported “Keep the Light On” project engages women in prostitution to act as peer educators. Peer educators are trained to discuss topics including HIV prevention, STI prevention, screening and treatment, and stigma and discrimination with both their peers and their clients. Peer educators discuss the importance of regular check-ups, and refer their peers and clients to free clinics. These clinics provide free services, including check-ups, antiretroviral treatment, and clinical management of sexually transmitted infections and opportunistic infections.
- **In India**, NIRMAN, a PEPFAR-supported partner organization, promotes HIV/AIDS awareness among women working in construction. Outreach workers provide women with counseling, which empowers them to share their experiences of sexual exploitation and take action to escape exploitation and prostitution.
- **In Uzbekistan**, a PEPFAR-supported community organization that works to prevent the spread of HIV/AIDS has developed a training course on HIV/AIDS for female prisoners. Prison officials and female prisoners participate in the program, where they learn about prevention techniques and gain skills and materials for disseminating HIV/AIDS awareness information to other prisoners.
- **In Ghana**, a military-to-military partnership is focusing efforts on preventing new HIV infections and improving the quality of life for people living with HIV/AIDS. The Emergency Plan supports efforts to train members of the Ghana Armed Forces as peer educators in HIV prevention. These peer educators hold group counseling sessions before soldiers are tested for HIV. In addition, peer educators provide fellow military members with educational materials for reference prior to deployment and organize follow-up HIV education sessions at deployment sites.
- **In Côte d'Ivoire**, the Emergency Plan is supporting the expansion of essential HIV prevention and care services for persons involved in prostitution. The project has been named PAPO-HV (Projet d'Assistance aux Populations Hautement Vulnérables or HVP Assistance Project). “Papo” in local language means the protective roof on the local huts and houses. A phased-approach is used to expand the access over time to HIV prevention and care services. The project is building on local non-governmental organizations as implementers of the interventions. Two models are used to offer adapted services to the target population: a free-standing clinic exclusively for persons involved in prostitution and a semi-integrated model. Services are free of charge for persons in prostitution and are supported by peer health educator activities in both models.