

The Arise Program

Enhancing HIV Prevention Programs for At-Risk Populations

More than 33 million people worldwide are living with HIV/AIDS, and 2.7 million people became infected with the virus in 2008 alone.¹ While access to antiretroviral therapy is on the rise, so are new HIV infections: five people become infected with HIV for every two people starting treatment. These realities highlight the need for improved efforts to prevent new infections.

The complex determinants of HIV infection present challenges to designing successful HIV prevention programs. Diverse approaches to HIV prevention are critical to effectively tailoring programs to different populations and settings. Overall, strategies need to be more integrated and scalable, address key contextual issues that lead to risk (such as gender norms and stigma), build on existing evidence, and—importantly—need to be cost-effective to ensure their sustainability.

AVERTING NEW INFECTIONS, SAVING LIVES

Through a US \$17 million grant from the Department of Foreign Affairs, Trade and Development Canada, PATH is providing technical and financial support to a series of HIV prevention projects to avert new infections among most-at-risk populations. In consultation with a technical advisory committee, PATH selected projects designed to address the needs of these vulnerable groups through innovative and cost-effective strategies.

These projects are implementing and expanding HIV prevention services to people in low-income countries who would not otherwise be reached. Project impact evaluations will generate key lessons to inform future HIV prevention strategies. Lessons and recommendations will be synthesized and disseminated.

Through the *Arise* program, PATH is coordinating and implementing a project portfolio that is expected to reach nearly one hundred thousand people and help avert



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new HIV infections among thousands in sub-Saharan Africa and India. The program's name underscores the importance of empowering vulnerable populations to engage in HIV risk reduction for themselves, their families, and their communities. Interventions aim to both provide services to those who need them and better understand the types of prevention approaches that cost-effectively avert infections among at-risk populations.

PROJECT PRIORITIES

- **At-risk populations**—including injecting drug users, female sex workers, serodiscordant couples, men who have sex with men, and HIV-positive women and babies.
- **Cost-effective interventions**—by implementing projects expected to cost less than \$500 per infection averted; assessments will measure the cost-effectiveness of services provided.
- **Rigorous results tracking**—by using operations research, and including key outcomes such as HIV incidence, to understand and evaluate the impact of interventions. Other outcomes, including service utilization and behavior change, will also be explored.

¹ Joint United Nations Programme on HIV/AIDS (UNAIDS). *AIDS Epidemic Update: November 2009*. Geneva: UNAIDS/World Health Organization; 2009. Available at: data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf.

DESCRIPTIONS OF PROJECTS

Injecting drug users (IDUs): India

Goal: To avert HIV infections among IDUs and their sexual and injection partners in New Delhi by expanding HIV prevention services and reducing risky injection and sexual behaviors.

Interventions: Comprehensive HIV prevention services (e.g., VCT, community outreach, needle exchange, condom provision, sexually transmitted infection [STI] management, hepatitis B testing, vaccination and referrals for tuberculosis treatment and antiretroviral therapy [ART]); training for outreach workers and peer educators.

Main partners: The Population Council and Sahara Centre for Residential Care and Rehabilitation

Female sex workers (FSWs): Senegal

Goal: To reduce the spread of HIV and other STIs within the context of sex work in the Dakar region through behavior change and other strategies with FSWs and their partners, and by promoting risk reduction in sex work establishments/bars.

Interventions: Peer education; outreach to unregistered sex workers and their clients; comprehensive HIV prevention services (e.g., promotion of condom use and VCT); STI diagnosis and treatment for registered and unregistered FSWs.

Main partners: Université Cheikh Anta Diop, Association of Women Against AIDS (AWA), and Westat, Inc.

HIV-positive women: Uganda

Goal: To address unmet need for contraception among HIV-positive women in the Northern and Eastern regions—averting new HIV infections through increased dual-method use (e.g., condoms and other methods).

Interventions: Family planning (FP) training for community and clinic-based health workers; strengthening contraceptive supply chain and logistics systems; integration of FP with prevention of mother-to-child transmission (PMTCT) and ART services; promotion of dual-method use through key community groups and opinion leaders; increasing FP demand through referral and other networks.

Main partners: Pathfinder International and NACWOLA

Couples: Zambia

Goal: To prevent HIV infections among couples in the Copperbelt mining region by expanding couples HIV counseling and testing (CVCT), encouraging risk reduction, referring HIV-positive clients to ART clinics, and promoting CVCT at the government and community levels.

Interventions: High-level advocacy; sensitization of community leaders for stigma reduction associated with joint testing; training, support, and capacity-building for CVCT; support to health centers for weekend CVCT.

Main partners: Rwanda Zambia HIV Research Group and Zambia-Emory HIV Research Project, Emory University

Pregnant women and their babies: Zimbabwe

Goal: To reduce mother-to-child transmission of HIV among women seeking antenatal care in seven districts in Mashonaland Central Province.

Interventions: Community sensitization and mobilization for PMTCT; training, support, and capacity-building for implementation of 2009 WHO recommended PMTCT regimens in health facilities; early infant HIV diagnosis

Main partners: The Population Council, The Zimbabwe AIDS Prevention Project, and The Clinton Health Access Initiative

Men who have sex with men (MSM): India

Goal: To use mobile health technology to decrease HIV risk behaviors and improve health-seeking behavior among hard to reach MSM.

Interventions: A dedicated helpline, staffed by trained counselors to provide counseling on correct and consistent condom use, promote HIV testing, answer questions, and refer to integrated counseling and testing centers; a hierarchical text messaging system to provide information and education about HIV/AIDS and provide answers to frequently asked questions.

Main partners: FHI 360, local CBOs



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PATH is an international organization that drives transformative innovation to save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health.

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