

Theme C: Preventing HIV.

This theme explored the range of prevention initiatives from behavioural and social research to biomedical and included epidemiological and surveillance research aimed at understanding HIV for prevention purposes.

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The prevention stream at this year's Australasian HIV/AIDS conference encompassed 3 plenary presentations, 5 concurrent sessions and 3 sponsored symposia, covering areas as diverse as epidemiology, behavioural surveillance, public health, Indigenous health, health promotion and social and behavioural research. The prevention stream started and finished with plenary presentations by Judith Auerbach. In her opening presentation Dr Auerbach argued that efforts to effectively combat HIV need to engage with underlying socio-cultural drivers, the core social process and arrangements that operate around and in concert with individual behaviors and practices to influence HIV epidemics in particular settings.^{1,2} However, the evidence base to draw causal linkages between social drivers and HIV is limited and, as Dr Auerbach argued, strengthening of our understanding of social drivers may require non-traditional research methods and approaches that are appropriate for investigations of the complex, nonlinear and interactive relationships between drivers and HIV that reflect the importance of specific local contexts. The importance of social drivers is in particular evidenced by the vulnerability of Aboriginal and Torres Strait Islander (ATSI) communities to STI and HIV.³ The Indigenous Health Symposium, supported by Queensland Health, also addressed issues related to adequate surveillance in ATSI communities,⁴ and showcased successful programs to curb STI transmission through enhanced screening in Queensland and Western Australia.^{5,6} Social factors also strongly influence the situation of women selling sex in Indonesia.⁷ In her plenary presentation on the second day of the conference Endang Sedyaningsih explained that many women sell sex for economic reasons and are a community at high risk. Prevailing policies and social attitudes contribute to stigma, low-self-esteem, abuse, exploitation, incarceration and even homicide. In this context that ineffectively favors eradication of prostitution, programs to promote condom use are patchy and contradictory, and risk awareness is low, as is women's bargaining power. The result of this failure to address social drivers is that rates of STI remain high and HIV prevalence has increased.

Dr Auerbach also addressed how understanding of social drivers can be used in HIV prevention, a question that is increasingly important in view of the evolution of the field towards combination HIV prevention that is seen encompassing biomedical, behavioural and structural interventions.⁸ Drawing on assessments of social and structural factors, structural interventions should be informed by 'sociological plausibility, in particular in situations in which the evidence base for social drivers remains limited. Rigorous evaluations that thoughtfully employ multiple appropriate qualitative and quantitative methods rather than seeing randomized controlled trials as the method of choice in all cases, can then contribute to the emerging evidence base. In her closing plenary presentation Dr Auerbach illustrated the translation into practice of some of the thinking around the importance of social drivers and combination prevention with examples of novel HIV prevention approaches for gay and other men who have sex with men in the US. Work is underway to assess the potential to

combine behavioural, biomedical and social prevention approaches into individualized packages. Other approaches acknowledge that HIV is only one aspect of gay men's lives, and that there is an interest in "mainstreaming" it into broader health promotion and community-building strategies for gay men.

The presentations in the concurrent session 'Principles of pleasure: gay men, sex and context' individually and jointly took the notion that gay men's lives are not only about HIV one step further to show that gay men's sex is equally not only about HIV. Rather, some gay men sometimes balance risk against other desires, such as pleasure and intimacy. As Adam and colleagues have argued,⁹ this does not reflect complacency, but a correct perception that the threat of HIV is reduced as a result of effective antiretroviral treatment. However, this changed decision-making is not without risk and the different presentations in this session showed that the likelihood of unprotected anal intercourse (with casual partners) increases when men experience intimacy and passion,¹⁰ more frequently participate in group sex,¹¹ disclose their HIV status to casual partners,¹² are willing to engage in UAI in specific situations,¹³ and engage in online fantasizing about UAI with chat partners.¹⁴ Passion and intimacy also explains much of the risk-taking that resulted in recent HIV seroconversion in gay men in Australia.¹⁵

In the context of an ongoing HIV epidemic in gay and other men who have sex with men in Australia the Margaret MacDonald Symposium on HIV epidemiology showcased a range of studies that sought to clarify epidemiological trends. Several studies addressed age at HIV notification or infection and found that, although average age at diagnoses has steadily increased in the past decade,¹⁶ increases in HIV notifications are found across all age groups.¹⁷ Of note is that data from Victoria show a decrease in age at diagnosis in newly diagnosed heterosexuals,¹⁶ as well as men who have sex with men,¹⁸ suggesting that younger people in Victoria may currently be at higher risk. Also, the nature of the HIV epidemic in Victoria seems to have changed, with an increase seen in new diagnoses of heterosexually acquired HIV infection in Australian born women.¹⁹ Other presentations in this concurrent session showed that future monitoring is needed to assess whether stable and recent declines in HIV notifications in New South Wales reflect effective prevention or enhanced surveillance,²⁰ and that data from voluntary counseling and testing sites can provide a relative cheap source of complementary information of HIV positivity.²¹ A study in Melbourne found that the inclusion of biospecimens in gay community periodic surveys can contribute to the identification of HIV infections in men who were unaware of being HIV positive.²²

Not only new HIV notifications in MSM have increased in the past decade,²³ so have diagnoses of syphilis, as discussed in this year's David Bradford Symposium. HIV positive men are much more likely to become infected with syphilis than HIV negative men, reflecting high levels of risk behaviour.^{24,25} As syphilis is a treatable condition syphilis the willingness for behaviour change among some MSM may be limited,²⁶ and increased screening is a syphilis prevention priority, in particular regular screening of highly sexually active men.²⁷ Syphilis screening can be strengthened by, for instance, incorporating it into HIV monitoring,²⁸ or the development and the point-of-care-use of rapid tests.²⁹ Syphilis is a known cofactor for HIV the transmission of HIV and these and other interventions that reduce syphilis can have positive effects on the HIV epidemic in MSM.³⁰ The ongoing HIV and syphilis epidemics in MSM also underlined the importance of continued and

strengthened monitoring of sexual, risk and preventive behaviours, as discussed in a session sponsored by the Victoria Department of Health. This could be done by putting in place a national Internet-based cohort and behavioural surveillance platform in MSM,³¹ that builds on expertise in cohort studies,^{32,33} and is feasible and acceptable.^{34,35}

The concurrent session with the appropriate title 'Sex, sex, sex', explored sexual health and prevention in a range of communities, in particular issues related to knowledge, information sharing and support. The continued importance of strong partnerships to provide services to communities at risk was demonstrated by experiences in accessing Chinese sex workers in Sydney,³⁶ who experience substantial stigma in their country of origin.³⁷ Data from the Secondary Students and Sexual Health Survey showed that, while young people's have substantial knowledge of STI and prevention, important gaps remain.³⁸ The third round of data from the Straightpoz study illustrated that heterosexual men and women living with HIV were generally not aware of the 'Swiss statement', although a discussion of sexual and reproductive options may benefit HIV discordant couples.³⁹ As data from the Health in Men study showed, serodiscordant (male) couples are at increased risk for HIV transmission.⁴⁰ Among MSM more generally patterns of community engagement are changing, which has implications for recruitment into research as well the delivery of prevention.⁴¹ Challenges and opportunities in re-invigorating HIV prevention for MSM were discussed in the NSW HIV Prevention Partnership Symposium. Important issues that will guide future approaches include the role of pleasure in sexual practices,⁴² barriers to (regular) HIV testing,⁴³ the needs of MSM from CALD backgrounds,⁴⁴ the balancing of the promotion of condom use and other risk reduction strategies,⁴⁵ and the possibilities of working with individuals and spaces who may play a core role in HIV transmission and prevention.⁴⁶ Prevention for people who inject drugs also continues to face a range of challenges, for instance in ensuring the availability of sterile injection equipment in prisons which may be creatively addressed from an occupational health and safety perspective.⁴⁷ The presentations in the concurrent session on prevention in injecting drug users also showed that needle and syringe programs in Australia are cost-saving,⁴⁸ and have large epidemiological benefits.⁴⁹ Presentations in this session also showed the efficacy of opioid substitution therapy in developing and transitioning countries,⁵⁰ including Indonesia.⁵¹

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