TORONTO URBAN HEALTH FUND

HIV Prevention Stream

HIV Prevention Stream: Objectives

- To increase knowledge and awareness of behaviours that put people at risk of HIV
- To increase knowledge and awareness of, and/or access to emerging and existing prevention technologies, strategies, and services
- To increase access to HIV/STI prevention and sexual health promotion messages
- To increase access to prevention services for people living with and/or affected by HIV/AIDS
- To increase access to supportive environments, including reducing stigma and discrimination

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Priority Populations

- Gay and bisexual men and youth, and men who have sex with men (MSM)
- People from countries with emerging or high prevalence rates of HIV
- People living with HIV
- Sexual partners of people living with or at risk for HIV infection
- People who are or who identify as transgender
- People who identify as Two-Spirit or Indigenous LGBT identity
- People who are from First Nations, Inuit and Métis populations

Table 12: Risk factors for reported cases with HIV infections by sex*.
Toronto, 2017.

Reported risk factor†	Number of cases‡ (%)		
	Male	Female	Overall
Sex with same sex	294 (79)	3 (4)	298 (67)
No condom used	227 (61)	32 (48)	260 (59)
Sex with opposite sex	77 (21)	58 (87)	136 (31)
Traveled to or live in a country where HIV is endemic	75 (20)	46 (69)	121 (27)
More than one sex contact in last six months	108 (29)	4 (6)	112 (25)
Contact is HIV positive	79 (21)	16 (24)	95 (21)
Anonymous sex	86 (23)	1 (1)	87 (20)
Traveled outside province	70 (19)	8 (12)	79 (18)
New contact in past two months	70 (19)	2 (3)	72 (16)
Contact lived in or visited a country where HIV is endemic	41 (11)	28 (42)	69 (16)
Co-diagnosis/co-infection with existing STI	49 (13)	0 (0)	49 (11)
Repeat STI	29 (8)	0 (0)	29 (7)
Met contact through internet	28 (7)	0 (0)	28 (6)
Judgement impaired by alcohol/drugs	21 (6)	1 (1)	22 (5)
Tattoo and piercing	21 (6)	1 (1)	22 (5)
Injection drug use	18 (5)	0 (0)	18 (4)
Underhoused/homeless	13 (3)	5 (7)	18 (4)
Contact visiting from outside province	14 (4)	3 (4)	17 (4)
Inhalation drug use	15 (4)	1 (1)	16 (4)
Condom breakage	13 (3)	1 (1)	14 (3)
Met contact at a bath house	13 (3)	0 (0)	13 (3)
Sex with sex trade worker	11 (3)	0 (0)	11 (2)

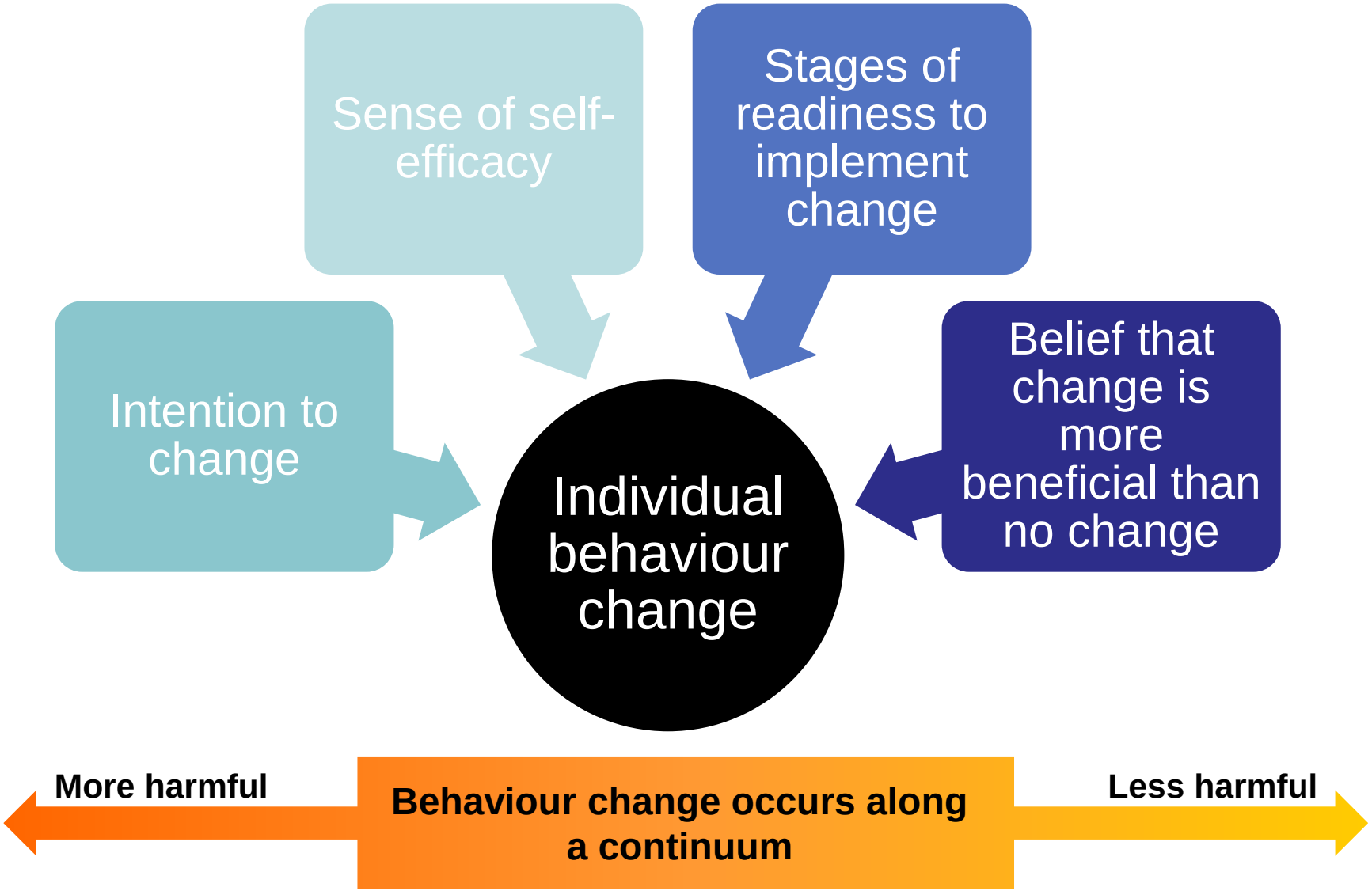
Why Use HIV Behaviour Theory?

When trying to address HIV/STI prevention, there are many complex factors operating on multiple levels

- Theories of behavior change usually address one or more of these levels and include individual, interpersonal, community, and structural factors
- Behaviour theory can help frame interventions (what factors to target and where to focus an intervention) and design evaluation (help define the expected outcome)

Ideally an agency would use a behavioural theory to guide the development of their interventions

Key Concepts in HIV Prevention Theory: Individual Behaviour Change



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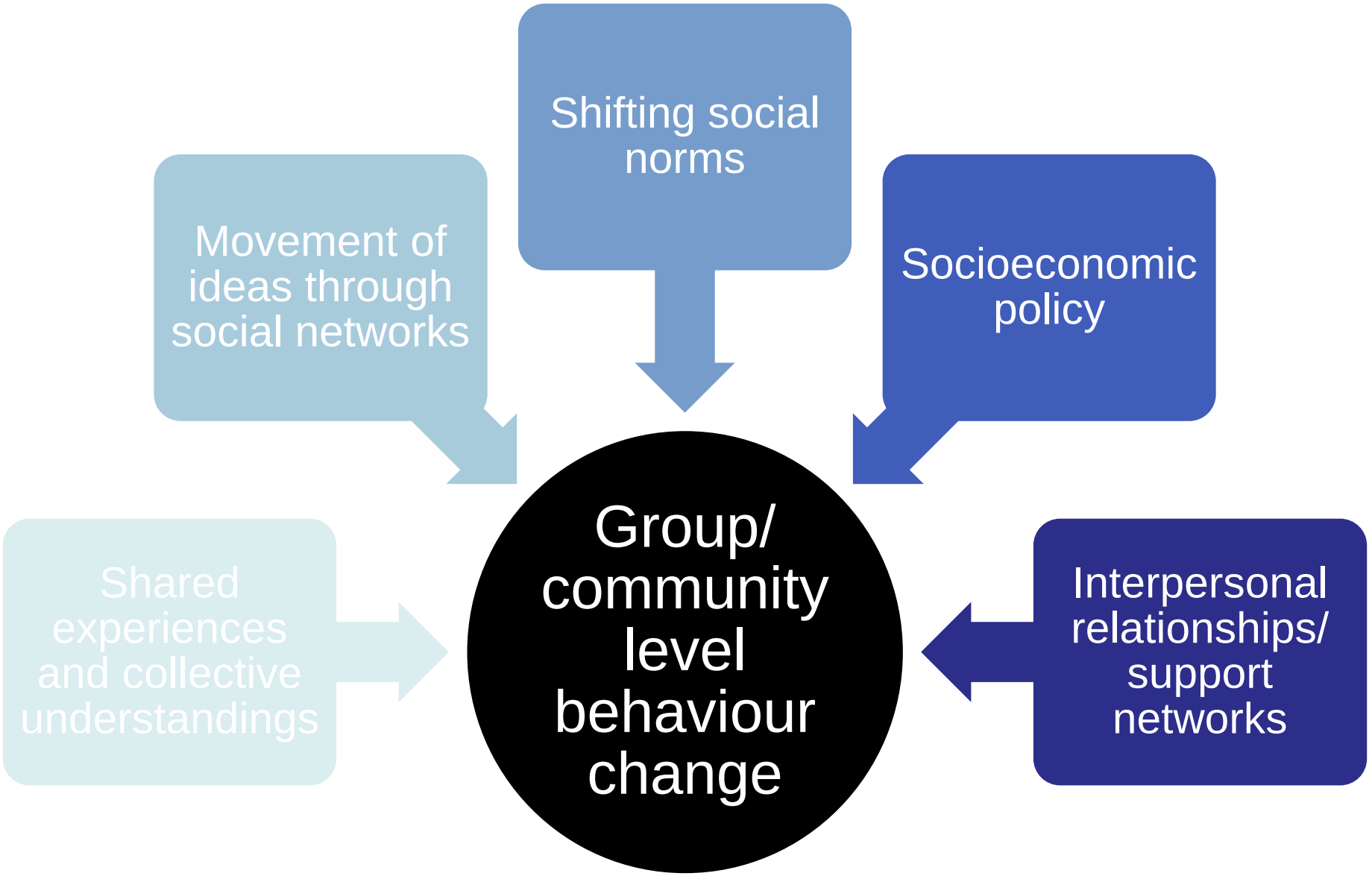
Key Concepts in HIV Prevention Theory: Group/Community Level Behaviour Change



From Theory to Intervention for HIV Prevention

Behavioural interventions for HIV prevention:

Need to remain a key priority

Seek to influence knowledge and attitudes, influence people's perceived risk of acquiring HIV, and provide people with the motivation and skills they need to change their behaviours.

Need to be delivered with sufficient coverage, intensity and duration to be effective.

Are necessary but are not sufficient to eliminate HIV transmission — they need to be combined with structural and biomedical approaches in ways that address the needs of local epidemics.

Should be part of a comprehensive package of HIV prevention strategies.

Evidence-Informed Practices

What is evidence-informed public health?

Using evidence (research, context, experience) to inform public health program development which includes finding, using and sharing what works

National Collaborating Centre for Methods and Tools, 2018

- Evidence-based practice: "broad concept referring to the incorporation of valid and relevant external evidence during the decision making process" (McMaster, 2018a)
- Evidence-based interventions (CDC): have been tested with a comparison group, evaluated and have shown significant effects. 'Scientifically rigorous' and the strongest evidence of efficacy (CDC, 2014)
- Evidence-informed interventions (CDC): do not have a comparison group, but have significant positive effects and no significant negative effect. These interventions are considered promising interventions (CDC, 2014)

Giacomazzo, A.(2018) *Evidence-informed public health and using research evidence* [PowerPoint Slides]

Approaches to HIV Prevention

1. Behavioural interventions
2. Biomedical interventions
3. Psychosocial interventions
4. Structural interventions

The Toronto Urban Health Fund will consider projects involving Behavioural Interventions and/or Biomedical Interventions

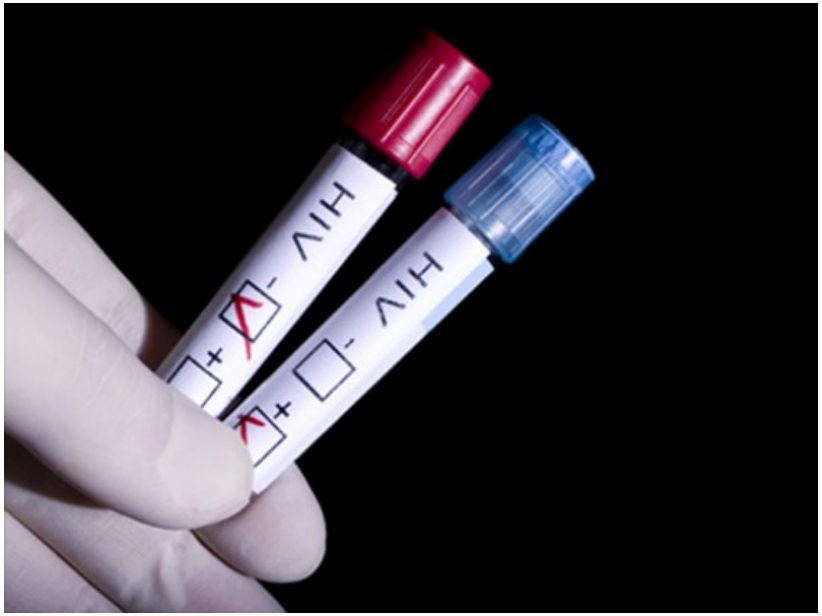
The Evidence

Research shows that while psychosocial and structural interventions can play an important role in improving the lives of people living with HIV, behavioural and biomedical interventions are cost effective and can demonstrate measurable change within the time-limited funding period

What are Behavioural Interventions?

- Behaviour change is the central and explicit outcome of the intervention
- Lead to actions that eliminate or mitigate risk or adverse outcomes
- Address motivations for engaging in or not engaging in healthy practices or for not changing risk behaviours

What are Biomedical Interventions?



Technologies used to identify one's HIV status, prevent transmission, and reduce viral load

Biomedical interventions are often paired with behavioural interventions

Combination Prevention Approach

Combining behavioural and biomedical interventions along with structural approaches has been shown to be even more effective

- Individual-level – working on the behaviors of individuals
- Group-level – working with small numbers of individuals
- Community-level – working with larger sectors of a community
- Structural – working towards broad change

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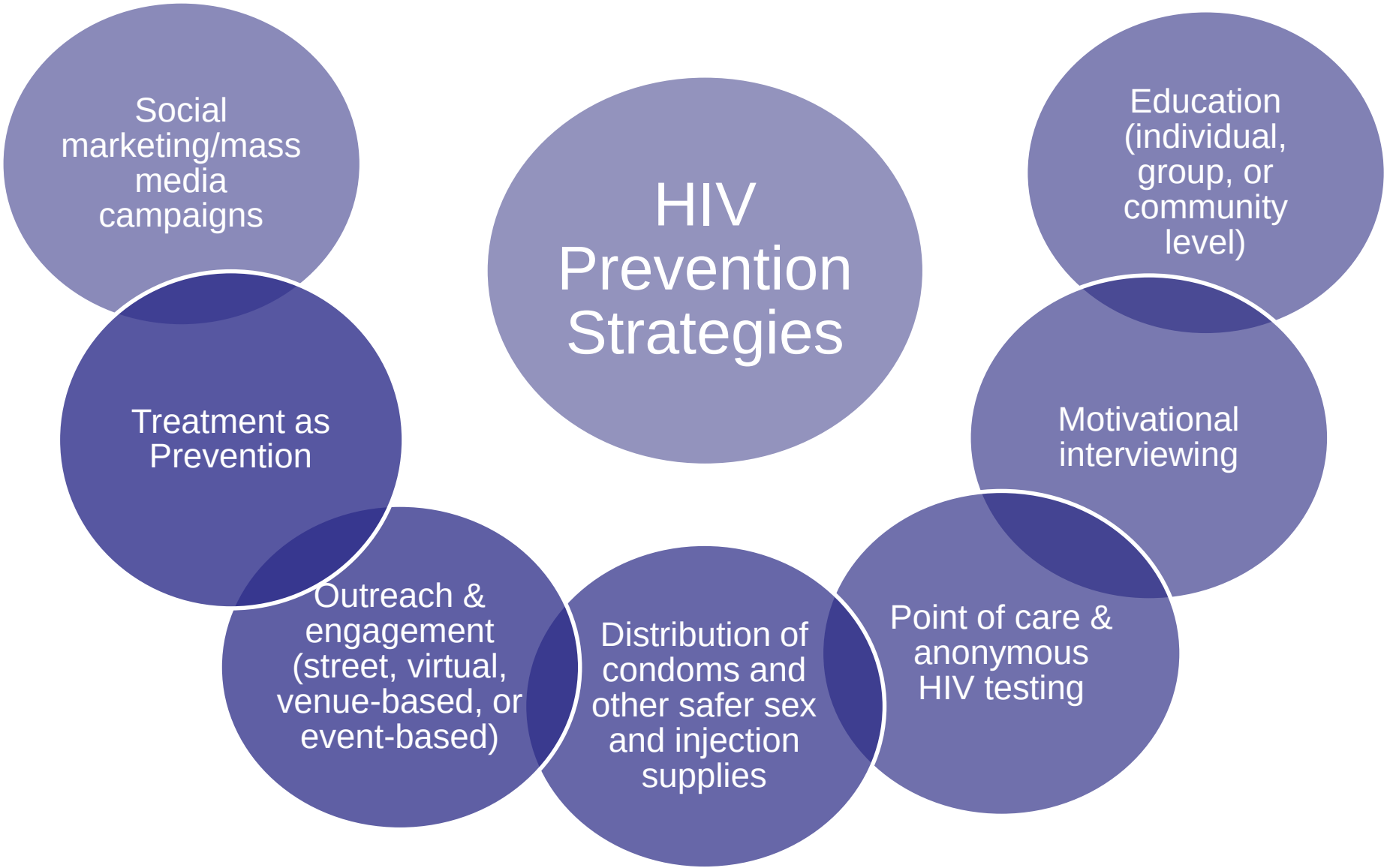
Examples of HIV Prevention Intervention Strategies



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Examples of Behavioural Interventions

- Learning how to disclose serostatus to sexual partners
- Being informed of where to access HIV testing and getting tested to know one's serostatus
- Learning strategies for adhering to ARVs to achieve undetectable viral load status
- Learning how to negotiate condom use or practice safer sex strategies with serodiscordant sexual partners
- Increasing awareness and knowledge of attitudes and behaviours that hinder the practice of protective behaviours and engagement in healthier lifestyle

Examples of Biomedical Interventions

- HIV testing
- Condoms
- PrEP and PEP (Pre- and post-exposure prophylaxis)
- Treatment as Prevention (TasP)

Biomedical interventions paired with behavioural interventions:

- Condom use + risk reduction counselling
- Unknown HIV Serostatus + HIV testing
- Newly diagnosed and on treatment + skills to improve adherence

Questions?