

## Education And Debate

# Back to basics in HIV prevention: focus on exposure

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### [Preventing incident infections in long-term partnerships: a role for microbicides](#)

Pisani et al. (2003) advocate using evidence on the source of incident HIV infections to prioritise resources [1]. The paper focuses on HIV surveillance, and rightly argues that country-by-country monitoring of behaviour and patterns of incident infection would better inform the prioritisation of resources. However, it falls short when discussing the broader implications of the distributions of new HIV infections presented, as it does not acknowledge the limitations of current options to respond.

For example, in Cambodia, in part because of the successes of condom promotion among sex workers, in 2002 over 60% of incident infection were due to 'heterosexual sex with a partner at higher risk of infection', and the authors call for prevention strategies to reduce transmission between spouses who may previously have been exposed to HIV through buying and selling sex. Likewise, substantial proportions of incident infection in Honduras, Kenya and Russia were identified as being from heterosexual sex with a partner at risk. However, although high levels of condom use can be achieved in commercial and some casual sexual relationships, the desire to

conceive and the common association of condoms with a lack of intimacy make their consistent use in long-term partnerships difficult to achieve.

In representative household surveys of women in 14 African countries, less than 7% reported condom use in the last sex act with their main partner. Surveys of sex-workers in 4 states of India and of street sex-workers in 5 cities of Vietnam generally found that less than 40% reported condom use in their last non-commercial sex act (an exception is in Maharashtra brothels, where 70% reported condom use)[2]. Similarly, only 17% of injecting drug users in Togliatti, Russia reported condom use with their regular partner [3].

This highlights the urgent need for additional prevention methods for use in spousal and other long-term partnerships. Options include microbicides - gels, creams, and suppositories - that when used vaginally could reduce transmission of HIV (and potentially other sexually transmitted infections)[4]. Over 60 products are at different stages of development, including 17 in clinical trials. With sufficient funding one could enter Phase III effectiveness trials later this year, and an additional four could enter Phase II expanded safety trials in late 2003/2004 [5]. As microbicides could be promoted as a hygiene product for use in spousal partnerships and could potentially allow conception, they would be an important addition. Their development should be prioritised.

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Competing interests:

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**Competing interests:** No competing interests

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## [Back to basics in HIV prevention: need for a systemic approach](#)

Editor – The paper by Pisani et al reports that a commonsense approach based on simple country by country analyses could improve the efforts to prevent HIV infection.<sup>1</sup>

Therefore as public health doctors, we find that this approach is always too limited and we venture to say "we have never been modern". The partition of knowledges and expertises compels us, contemporaries, to redesign our modernity in front of constraints imposed to changes and innovations by man and society. New knowledges are emerging to fill the gap between theory and process to knowledge, between knowledge and psycho-social reality of individuals and societies.<sup>2</sup>

With AIDS, the question is to put our questioning in centre of the thinking. The AIDS problem puts forward the ambivalence of a systemic approach and different nets with individual training identities, specialisations, expertises, institutions. It is indeed a public health questioning : how far are we prepared to understand our systems and nets though such a complicated problem, AIDS.

And now we have this opportunity. Before analysing the situation or proposing strategies of action, we must first understand. Understand the individual, drug addict person, prostitute person, young person, person in the street, married person, the person him(her)self. The understanding of the personal and temporal vulnerability multiplies endlessly specific situations.<sup>3</sup> To understand this individual within his group, a closed or