Prevention options among MSM and transgendered people

Kane Race
University of Sydney
Kane.race@sydney.edu.au

ARV social research

Rosgenarten, Race & Kippax 2000

The introduction of HAART and viral load testing had unanticipated effects in Sydney, Australia, 1999/2000

e.g. the emergence of new practices aimed at preventing HIV transmission that demanded an educational response

HIV prevention: A continually evolving field of practice, which demands careful monitoring, tracking and ongoing evaluation/education – including on the part of the groups most affected

New strategies/ proposed options

- Treatment as Prevention (TasP)
- Pre-exposure Prophylaxis (PrEP)

… As part of 'combination prevention'.

Each of these strategies presumes/requires a much closer engagement between health services and groups most affected: i.e. MSM and transgendered people

HIV/AIDS Programme

PREVENTION AND TREATMENT OF HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE

‘Options’ in context

- ‘Biomedical option’s require closer and longer engagement between health services and affected groups

- BUT: MSM and TG groups experience significant barriers in accessing and maintaining care internationally,

  …linked to stigma, insensitivity, ignorance of sexual/ gender variance within health systems & society

- The effective enactment of biomedical options is contingent on other sorts of strategies that meaningfully counter stigma, prejudice, mistrust etc.

‘Combination prevention’

- Biomedical
- Behavioural
- Structural/systemic/ human rights

But are these ‘stand alone’ options?

Thinking the biomedical *with* the structural-systemic & behavioural

“Prehension”: A.N. Whitehead

: Manner in which an entity ‘grasps’ another entity

What matters is *how* an entity *affects* another entity

e.g. HIV testing: a different proposition depending on how it is enacted

"Affective climates" of HIV prevention

Climates of:

- Trust, hope, care, reciprocity, openness, respect
- OR fear, shame, suspicion, secrecy, rejection, avoidance

- Not psychological but *historical*
- Human rights aim to ameliorate affective climates and thus they have a practical dimension

Modelling futures

- Epidemiological modeling
- Randomised control trials
  - Predictions of efficacy often *dependent* on other factors, e.g.
    - Adherence
    - Uptake of services
    - Maintenance of behavioural prevention
    - Reliable knowledge of HIV status
    - Consistent supply of antiretroviral drugs
- *Affected groups have expert knowledge of the contexts of their lives that may/should be factored into these calculations*

Responsive social research

"Careful monitoring of what happens in the community when the intervention is scaled up will be essential".

Padian et al. 2008

- But *whose* monitoring of 'what happens' will be taken into account, & how can we expand this?
- Antiretroviral prevention will produce new expectations, understandings, identities and practices
- Need for research & reflection on how these interventions *impact social relationships* and how they are *given meaning* among those they target.

‘Ways of knowing’

- HIV is *grasped* in particular ways …. by members of affected groups, biomedical scientists, sociologists, psychologists, economists, policy makers, epidemiologists, virologists, etc.
- Each of these ‘graspings’ are consequential; they emerge from concrete practices which themselves are open to change.
- What are the *effects* of these graspings, both alone and in combination?
- How can we improve them and bring them into better coordination to bring an end to the HIV epidemic and greater wellbeing among affected populations?