

## **Prioritising prevention strategies for patients in Antiretroviral Treatment Programmes in Resource-Limited Settings**

*Objective:* To examine what preventive services have been integrated in Antiretroviral Treatment (ART) programmes in resource-limited settings.

*Setting:* Network of 27 ART programmes in Africa, Asia and South America.

*Methods:* Electronic survey using the World Health Organization Data Collector system.

*Results:* Twenty-two programmes participated; 8 (36.4%) from South Africa, 2 from Brazil, 2 from Zambia and 1 each from Argentina, India, Thailand, Botswana, Ivory Coast, Malawi, Morocco, Uganda and Zimbabwe. Twenty-one sites (95.5%) provided health education and social support, and 18 (81.8%) HIV testing and counselling. All sites encouraged disclosure of HIV infection but only 11 (50%) had a protocol for partner notification. Two sites (9.1%) required disclosure to initiate ART. Twenty-one sites (95.5%) supplied male condoms, 7 (31.8%) female condoms and 20 (90.9%) provided prophylactic ART for prevention of mother to child transmission (PMTCT). Seven sites (31.8%) regularly screened for sexually transmitted infections (STIs). Twelve sites (54.6%) were involved in activities aimed at women or adolescents, and 10 sites (45.5%) in activities aimed at serodiscordant couples. Stigma and discrimination, gender roles and funding constraints were perceived as the main obstacles to effective prevention in ART programmes. Only one site was involved in activities to reduce stigma in the community.

*Conclusions:* Preventive services in ART programmes in lower income countries focus on health education and the provision of social support and male condoms. Strategies which may be equally or more important in this setting, including partner notification, prompt diagnosis and treatment of STIs, and reduction of stigma were not widely available. There is an urgent need to promote these services.