Welcome to the twelfth issue of *HIV This Week*! This issue features the “Three Ones” (the way forward for national AIDS commissions), *behaviour change* (the evolution of HIV-related risk behaviours in US high-school students in the last 15 years), *men who have sex with men* (the meaning and prevalence of barebacking in London), *condoms* (factors influencing condom use among youths in Tanzania), *HIV testing and counselling* (the meaning of culturally appropriate HIV testing among Canadian Aboriginal women), *commercial sex* (the proportion of US adolescents who engage in transactional sex), *informed consent* (use of an educational video among research participants in Haiti), *women* (the effect of binge drinking and ART prescription on sexual behaviour), and *conspiracy beliefs* (are HIV conspiracy beliefs restricted to segments of African-American population?).

To find out how you can access a majority of scientific journals free of charge, please see the last page of this issue or check the *HIV This Week* blog on the UNAIDS website at [http://hivthisweek.unaids.org](http://hivthisweek.unaids.org).

We want to be as helpful to you as we can, so please let us know what your interests are and what you think of *HIV This Week* by sending a comment to hivthisweek@unaids.org or by posting one on the *HIV This Week* blog. If you would like to recommend an article for inclusion in *HIV This Week*, please let us know.

Don’t forget that you can find a wealth of information on the HIV epidemic and responses to it at [http://www.unaids.org](http://www.unaids.org).

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1. “Three Ones”


In a Lancet article published on 27 May 2006 (*Lancet* 2006;367:1786-89), Roger England criticised the current structure and functioning of national AIDS commissions (NACs). He suggested radical changes to the planning, coordinating, and monitoring of national HIV control efforts. He went further to propose that NAC functions be put out to tender and provided by a private organisation; contracted by and reporting to a steering committee of donors, UNAIDS, and representation from the presidency and the health ministry, overseeing a funding basket and held together with a joint memorandum of understanding. Whym and colleagues agree that Roger England is right to press for more accountability and a stronger focus of resources on priorities. But they argue that he is inconsistent in laying the blame for many of the missed priorities and wasted efforts on NACs, when in reality the bulk of resources do not go through the hands of NACs at all. He seems to point the finger of blame only at the failure of national public institutions, and not see the challenges posed
by the practices of international partners in a crowded institutional landscape. Privatisation as suggested by England in low-capacity countries does not guarantee better performance. Whyms and colleagues suggest that what is needed is for national AIDS authorities to develop prioritised and costed AIDS plans that are aligned with national development plans, with the goal of scaling up towards universal access to prevention, treatment, care and support. Civil society and vulnerable groups should be fully engaged in developing national plans, and countries should ensure the accountability of all partners through transparent peer review mechanisms for monitoring processes and targets. At country level, the AIDS response is often complex and fragmented. Thus, Whyms and colleagues conclude, without a clearer focus on harmonising the disparate players and resources, and aligning these behind the single national response, simply contracting out the NAC functions will not address this fragmentation, and will impede our aspiration to most effectively scale up towards universal access.

2. Behaviour change


Young persons who engage in unprotected sexual intercourse or use injecting drugs are at increased risk for HIV infection. To examine changes in HIV-related risk behaviour among high school students (age 15-18) in the United States during 1991-2005, CDC analyzed data from eight national Youth Risk Behaviour Surveys conducted during that period. This report summarises the results of that analysis, which found that, during 1991-2005, the percentage of U.S. high school students engaging in HIV-related sexual risk behaviours decreased. During this period, the proportion of U.S. high school students who had had sexual intercourse decreased from 54.1% to 46.8%, who reported multiple sex partners (at least 4 lifetime partners) decreased from 18.7% to 14.3%, who reported sexual activity within the previous 3 months decreased from 37.4% to 33.9%, and the prevalence of condom use increased from 46.2% to 62.8%. In addition, the proportion of U.S. high school students who ever injected drugs remained less than 4%. However, many students still engage in HIV-related risk behaviours. Measures aimed at changing these behaviours should be strengthened to decrease the incidence and prevalence of HIV among young persons and meet the national (US) 2010 objective for adolescent sexual behaviour.

3. Men who have sex with men


The objectives of this study were to examine the extent to which HIV-positive gay men in London intentionally seek unprotected anal intercourse ("barebacking") and the contribution this makes to total sexual risk. In 2002-2003, HIV-positive gay men surveyed in an HIV outpatient clinic or on the internet were asked whether they had intentionally looked for anal sex without a condom in the previous 12 months. Of 481 men in the clinic, 59 (12.3%) said they had intentionally looked for anal sex without a condom, 34 (7.1%) only with another HIV-positive man and 25 (5.2%) with a man of unknown or discordant HIV status. Overall, 85 men reported unprotected anal intercourse (UAI) with a casual partner of unknown or discordant HIV status; 20 (23.5%) had intentionally looked for UAI with such a partner,
whereas the remaining 65 (76.5%) had not. Of 66 men surveyed on the internet, 32 (48.5%) said they had intentionally looked for anal sex without a condom. Elford and colleagues conclude that although barebackers made a disproportionate contribution to sexual risk, three-fourths of high-risk sex reported by HIV-positive gay men in London was not intentional. The internet sample overestimated the prevalence of barebacking among HIV-positive gay men because of sampling bias.

4. Condoms


AIDS has become a major cause of death in Tanzania and young people represent the most vulnerable group. Recent HIV prevalence data showed that young women are more likely than young men to become infected. This paper examined commonalities and differences in the socio-demographic and ideational predictors of condom use among young men and women in Tanzania. The data derive from a 2004 sample survey among young people aged 15-24 years in five regions of Tanzania. The sample on which the analyses were based included 1,523 single women and 1,200 single men. An ideation framework guided the analyses of the predictors of consistent condom use. Logistic regression was the main analytic method used and separate models were estimated for men and women. The most significant correlates of consistent condom use for men included perceived self-efficacy for correct condom use, discussing condom use with friends, and perceived self-efficacy for using condoms with a long-term partner. Discussing condom use with a sex partner and the perceived self-efficacy to refuse sex if the sex partner refused to use a condom were the most significant predictors for women. The authors conclude that one implication of the findings is that for men, effective interventions should emphasize correct condom use know-how and address the issue of negative peer pressure and group norms around condom use. For women, interventions should focus on sexual empowerment.

5. HIV testing and counselling

Bucharski D, Reutter LI, Ogilvie LD. "You Need to Know Where We're Coming From": Canadian Aboriginal women's perspectives on culturally appropriate HIV counselling and testing. *Health Care Women Int* 2006;27:723-47.

The purpose of this qualitative descriptive study was to determine Canadian Aboriginal women's perspectives on culturally appropriate HIV counselling and testing. Data were collected through semi-structured individual interviews with 7 Aboriginal women, and one focus group, in a western Canadian city. Four major categories were elucidated through thematic content analysis: Aboriginal women's life experiences that may influence their risk of HIV infection and their response to testing; barriers to HIV testing; guiding principles of the ideal HIV testing situation; and characteristics of culturally appropriate HIV testing. The fear of being judged by both the Aboriginal and non-Aboriginal communities and the need for sensitivity to the historical and current context of Aboriginal women's life experiences were pervasive themes throughout the findings.

6. Commercial sex

This study examined the prevalence and correlates of exchanging sex for drugs or money among a nationally representative sample of 13,294 adolescents in the United States. Data are from the National Longitudinal Study of Adolescent Health, waves I and II. The lifetime prevalence of exchanging sex was estimated and a cross-sectional analysis of socio-demographic and behavioural correlates was conducted. Unadjusted odds ratios were obtained. 3.5% of adolescents had ever exchanged sex for drugs or money, two-thirds of whom were boys. The odds of having exchanged sex were higher for youth who had used drugs, had run away from home, were depressed, and had engaged in various sexual risk behaviours. 15% of boys and 20% of girls who had exchanged sex reported they had ever been told they have HIV or another STI. Edwards and colleagues conclude that adolescents with a history of exchanging sex have engaged in other high risk behaviours and may experience poor health outcomes, including depression and HIV/STIs. These findings should help inform strategies to prevent this high risk sexual behaviour and its potential consequences.

7. Informed consent


Research volunteers from low- and middle-income countries who enrol in HIV clinical trials may be illiterate and unfamiliar with the conduct of medical research. Educating volunteers about the contents of the consent form is essential but can be difficult and time consuming. Joseph and colleagues evaluated the feasibility and effectiveness of an educational video during the informed consent process for an HIV clinical trial conducted in Port-au-Prince, Haiti. HIV-seronegative volunteers were recruited into a longitudinal cohort to study rates of high-risk sexual behaviour and incidence of HIV-1 infection. Before enrolment, all volunteers received information about the consent form during 2 educational sessions. In the first session, groups of 5 to 10 volunteers viewed an educational video on the essential elements of the consent form. In the second, the volunteers met one-on-one with a social worker. Volunteers’ comprehension was then evaluated orally by 16 true-false questions and 4 open-ended questions. Volunteers who failed the first evaluation received additional education and had a second evaluation. Two hundred fifty volunteers received education, and 186 (74%) passed the first evaluation. Higher formal education was a significant predictor of passing the first evaluation (OR 1.60, 95%CI 1.05-2.44). Of the 64 who failed, 47 returned for a repeat one-on-one education session and a second evaluation. Among these 47, 39 (83%) passed, and 8 (7%) failed the second evaluation. In total, 225 (90%) of 250 individuals passed either the first or second evaluation and were eligible to enrol in the study. The authors conclude that informed consent using an educational video ensured good comprehension in most of the volunteers. Additional educational sessions may be necessary for some participants with lower educational level.

8. Women


The authors examined the role of alcohol consumption on sexual risk behaviour among a cohort of 187 sexually active HIV-infected women (aged 18-61 years) in care at an urban ambulatory clinic in New Orleans, Louisiana, USA. Sexual risk behaviour among women on and
off ART and the relationship between alcohol use, ART, and behaviour was also explored. One-fourth of respondents were classified as binge drinkers and the average number of drinking occasions per week ranged from none to 10-12. Approximately 60% were prescribed ART and self-reported adherence was 90%. One-third of the women reported no condom use at last vaginal sex, 62% reported inconsistent condom use for vaginal sex, and 7% had multiple male sex partners in the last month. Binge alcohol users and women on ART were significantly more likely to participate in each of the sexual risk outcomes examined. Partner refusal of condom use was also significantly associated with binge drinking patterns. The authors conclude that the results lend strength to the equivocal literature on the relationship between alcohol and sexual behaviour as well as prescription of ART and sexual behaviour. Enhanced detection of alcohol abuse, coupled with risk reduction counselling especially among women prescribed ART are important clinical practices in treating women with HIV.

9. Conspiracy theory


Although prior research shows that substantial proportions of African Americans hold conspiracy beliefs, little is known about the subgroups of African Americans most likely to endorse such beliefs. Bogart and Thorburn examined the relationship of African Americans’ socio-demographic characteristics to their conspiracy beliefs about HIV and birth control. Anonymous telephone surveys were conducted with a targeted random-digit-dial sample of 500 African Americans (15-44 years) in the contiguous United States. Respondents reported agreement with statements capturing beliefs in HIV conspiracies (one scale) and birth control conspiracies (two scales). Socio-demographic variables included gender, age, education, employment, income, number of people income supports, number of living children, marital status, religiosity, and black identity. Multivariate analyses indicated that stronger HIV conspiracy beliefs were significantly associated with male gender, black identity and lower income. Male gender and lower education were significantly related to black genocide conspiracy beliefs, and male gender and high religiosity were significantly related to contraceptive safety conspiracy beliefs. The set of socio-demographic characteristics explained a moderately small amount of the variance in conspiracy beliefs regarding HIV (R² range=0.07-0.12) and birth control (R² range=0.05-0.09). The authors conclude that findings suggest that conspiracy beliefs are not isolated to specific segments of the African-American population.

That was *HIV This Week*, signing off.

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