CRS' Position on the Prevention of Sexual Transmission of HIV December 2007

Introduction

This CRS position paper on prevention replaces previous documents and provides updated information about the effectiveness of some preventive methods. CRS' policy has not changed. All HIV programs supported by CRS promote abstinence until marriage, and mutual fidelity within marriage. CRS does not finance, promote or distribute condoms. In line with its HIV Policy, however, CRS does provide complete and accurate information about condoms to its partners as part of its HIV activities. CRS already has produced a position paper on Mother-to-Child Transmission (October 2007) and will not address the issue of non-sexual HIV transmission in this paper.

Background

Since the early 1980s, the Catholic Church has been in the forefront of the response to the HIV pandemic. Often in many places Church-sponsored services responded more quickly to the needs of people living with or otherwise affected by the disease than local government services. Since the Church promotes integral human development, it does not restrict itself to a medical response to the HIV epidemic but extends its care to include the social, emotional, development, and spiritual needs of those affected by HIV and AIDS.[1]

The Catholic Church, including Catholic Relief Services (CRS), estimates that it provides care for one out of every four people living with HIV in the world today. CRS initiated its HIV and AIDS programs in 1986 in Bangkok, Thailand. The agency now supports more than 250 HIV and AIDS projects in many underserved areas of the developing world, reaching millions of vulnerable people with critical HIV services.

CRS' support to partners includes prevention activities. Worldwide partners include the local Catholic Church and other faith-based and secular groups. All HIV projects supported by CRS are implemented in accordance with the CRS HIV Policy, which includes providing full and accurate information on prevention. There are many excellent methodologies available and in use by CRS partners that convey successful approaches to prevention; moreover there is a wealth of new, evidence-based information available that demonstrates the effectiveness of these prevention methodologies.

Catholic Church Teaching[2]

Because heterosexual transmission is the most common mode of HIV transmission and because it relates to human sexuality, it raises perhaps the most controversial and crucial ethical issues related to HIV prevention.

It is the teaching of the Church that persons should observe sexual abstinence outside marriage and spouses should be mutually faithful to each other within marriage. Therefore for moral and ethical reasons, the Catholic Church promotes abstinence outside marriage and mutual, lifelong fidelity between two uninfected spouses as the only sure way to prevent HIV transmission. Most pubic health officials and religious leaders would agree that the only way to totally prevent the spread of HIV and other Sexually Transmitted Infections (STIs) through sexual means is to reserve all sexual activity for the commitment of a lifetime, monogamous, faithful marriage provided that neither partner already has been infected with HIV.

Early HIV prevention education programs concentrated almost exclusively on the promoting use of good-quality, latex condoms as the primary means of HIV prevention. Catholic and other religious leaders have protested against the massive promotion of condoms over the last 15 years. Their objections include concerns about promoting sexual activity outside marriage, which stands in direct conflict with the teachings of the church related to love, fidelity and responsible sexual behavior within the context of marriage.

With the advent of HIV and AIDS, the Church has re-emphasized its view about restricting sexual activity to marriage, which is why the Church does not promote condoms as an HIV prevention method. In their pastoral statements on AIDS, at least two Conferences of Catholic Bishops (of Chad and of Southern Africa) have specifically addressed the issue of prevention for discordant married couples (where one partner is infected with HIV and the other partner is not). In both cases, the bishops make the point that Church leaders cannot require married persons to abstain from sexual activity within their marital relationship. Thus the bishops make the point that such couples need to develop a well-formed conscience on what means they will take to reduce the risk of spreading the infection from the HIV-positive to the HIV-negative spouse. Thus it seems especially important that such couples should seek guidance and individual pastoral counseling with their pastors or spiritual directors.

Effectiveness of Condoms[3]

Even apart from the Church's ethical concerns about condom use, one should be alert to the fact that overly enthusiastic promotion of their use could generate an excessive feeling of security from sexual transmission of HIV. There are many obstacles to consistent and correct condom use. In order to contextualize the current evidence-based facts on condoms presented below, it is necessary to understand two related issues. First, the data on condom effectiveness is based upon correct and consistent condom use with every act of sexual intercourse. Second, condom effectiveness only represents a percentage reduction in the risk of HIV infection. When making a decision to use condoms, it is critical to understand all of the facts including the risk of sexual transmission of HIV. Consistent condom use is very difficult to achieve: it requires not only a long-term commitment to a specific behavior, it also requires a reliable supply and distribution of the condom.[4]

According to the Centers for Disease Control and Prevention (CDC), the surest way to avoid transmission of HIV is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who is known to be uninfected.[4] For persons whose sexual behaviors place them at risk

for HIV, correct and consistent use of latex condoms can reduce the risk of HIV transmission. No protective method is 100 percent effective, however, and condom use cannot guarantee absolute protection against any STI, including HIV. In order to achieve the protective effect of condoms, they must be used *correctly* and *consistently*. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g. failure to use condoms with every act of intercourse, can lead to HIV transmission because transmission can occur with a single act of intercourse.

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV. Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not (*discordant couple*), demonstrate conclusively that the consistent use of latex condoms significantly reduces the risk of HIV transmission from both men to women and also from women to men.[5] Some studies show that, with consistent condom use, the HIV infection rate among uninfected partners was less than 1 percent per year.[6] The CDC states that condoms are 80-90% effective in reducing the risk of HIV transmission when compared to non- use, when used consistently and correctly: condoms provided an approximately 85% reduction in HIV transmission risk when infection rates were compared in always versus never users across 12 studies that included serodiscordant, sexually active, heterosexual couples.[4] But recent research has shown that condoms alone have limited impact in generalized epidemics. Many people dislike using them (especially in regular relationships), protection is imperfect, and use seems to foster disinhibition, in which people engage in unsafe sexual acts either with condoms or with the intention of using condoms.[7]

The difficulty of achieving correct and consistent condom use in stable relationships is seen in the experience with known discordant couples. Numerous studies have followed discordant couples to examine factors, including condom use, which might affect HIV transmission. These studies encouraged condom use among the couples that they studied, nevertheless, in most studies only a minority of such couples consistently used condoms. [8,9] Many barriers to condom use in regular partners have been identified. These include: a desire for intimacy, gender inequality, and wanting to have children.[10, 11]

Effectiveness of Prevention Education

Prevention education is a powerful tool to help people learn about HIV transmission associated with behaviors that put them at risk. These activities focus on changing or maintaining behaviors aimed at risk avoidance and risk reduction. Learning this information moves people to make healthier choices about their sexual behavior such as reducing their number of partners and increasing abstinent behavior. Such interventions have proven to be effective.

For example, in Cambodia, after participating in a CRS HIV education project that promoted fidelity, young men self-reported a change in their attitude regarding sex outside of marriage including a preference for fewer sexual partners.[12] In Madagascar, after a three-year program focusing on HIV education and abstinence, the percentage of unmarried youth who never had sex increased from 45.8% in 2003 to 56.2% in 2006.[13] A recent evaluation of a mass media communication program in Uganda showed that nearly 60% percent of exposed youth aged 10-19 reported that the main message they had obtained from the program was abstinence, indicating that the program activities are encouraging young people to delay sexual activity. Indeed when asked what they were doing as a result of exposure to the program, the most common response was "continuing to abstain". The results also show that for girls, exposure to program materials is further associated with greater self assuredness, greater sense of gender equity, and the likelihood of having a boyfriend but not having a sexual relationship.[14]

Many researchers believe that abstinence and partner reduction are responsible for the rapid decline in HIV in several countries around the world. Many countries that have not experienced declines in HIV have seen increases in condom use, but in every country worldwide in which HIV has declined there have been increases in Abstinence and/or Be faithful behaviors (A&B).[15] These behavior changes (such as reducing partners) have resulted in downward trend in HIV transmission. For example, according to scientific evidence, beginning in 2000, HIV prevalence declined in Uganda, due to change in behavior and practices, primarily the practice of multiple sexual partners. Other countries such as Kenya, Haiti and parts of India have also witnessed a dual reduction: a reduction in the number of sexual partners and a reduction in prevalence.[16]

While Thailand is best known for its 100% condom policy, at a national level extramarital sex or sex with commercial sex workers among men decreased from 22% in 1990 to 10% in 1997. HIV prevalence among pregnant women decreased from 2% to 1.6% between 1995 and 2001.[17] Among young urban pregnant women in Cote d'Ivoire, HIV prevalence declined from 10% to 6.9% between 2001 and 2005. Fewer adults and especially youth reported multiple partners in the previous year. The percentage of young men reporting multiple partners in the previous year decreased from 49% to 32.6% and the percentage of young women reporting multiple partners in the previous year decreased from 10% to 6.2% in the previous year.[18]

CRS' Position on Prevention

Consistent with the policy of the United States Conference of Catholic Bishops, CRS' position is: all HIV programs supported by CRS promote abstinence until marriage, and mutual fidelity within marriage. These behaviors are the only means that completely avoid exposure to the risk of sexually transmitted HIV infection. These specific behaviors have always been the cornerstone of the Catholic Church's teaching with respect to human sexuality.

Additionally, CRS does not finance, distribute or promote the use of condoms. However in line with its HIV Policy, CRS provides full and accurate information about condoms as part of its HIV activities through implementing partner agencies.

All activities supported by funding provided by CRS are required to be in compliance with the CRS Policy on HIV. The full text of this policy entitled *Called to Compassion and Responsibility: A Response to the AIDS Crisis* was published by the United States Catholic Conference of Bishops in November, 1989. The CRS HIV Policy mandates educational efforts by stating that: "People need education and motivation, so that they will choose wisely and well. Providing information that is both accurate and appropriate is a logical and necessary starting point." Furthermore,

prevention education should be situated within a broad context that affirms the dignity of the human person, the morality of human actions, and considers the consequences of individual choices for the whole of society. Counseling and educational programs should emphasize abstinence outside of marriage and mutual fidelity within marriage.

Many of the persons served by CRS-supported HIV projects live in communities where people are highly vulnerability to HIV transmission and who themselves are either infected with HIV, or are at serious risk of becoming infected. These include persons who are in relationships in which one partner is faithful, but the other partner is not. Women in particular are disproportionately affected. CRS understands the importance of addressing the underlying factors that make people vulnerable to HIV transmission due to their unique socio-economic situation. Such situations negatively influence an individual's ability to make healthy choices or to make an informed decision. Individuals at risk need access to the best teaching on prevention and the latest evidence on risk reduction in order to make fully informed decisions that will prevent infection and reduce the risk of HIV transmission.

Recommendations

Each Country Program is responsible to ensure that all CRS supported HIV projects adhere to the CRS HIV policy, as explained above. Moreover, the country program must be assured that the CRS policy and practice is not in conflict with the local Church. CRS staff must ensure that partners implementing HIV programs are also clear about and comply with the CRS policy to provide full and accurate information about condoms as well as other prevention strategies, in the context of the Catholic Church's teaching on sexuality and condom use. If projects are not currently in compliance , CRS and partner staff should work together to develop a plan that ensures that the CRS policy is implemented as soon as possible.

- CRS projects should provide complete and correct information on all prevention methods. However these projects should always promote abstinence and fidelity and encourage project participants to engage in health-seeking behaviors. All forms of information, education communication methods and materials are acceptable provided that they adhere to CRS' policy.

  Abstinence programs promote:

  * Life skills for youth which include training on empowerment, anatomy, good personal hygiene, and awareness of sexual violence. For older youth such programs include skills development for practicing abstinence.

  * Programs which encourage the decision of unmarried youth to delay sexual debut until marriage through songs (radio, CDs, live concerts) and skits (video, TV, film)

- Specifically, CRS-supported projects should provide full and accurate, age-appropriate information about HIV prevention strategies including abstinence, fidelity and condoms in all of its HIV projects. However, these projects cannot purchase, distribute or promote condoms with funds obtained from CRS.

- The scientific data about condoms must always be conveyed in the context of the Catholic Church's teaching and CRS' HIV Policy which promote abstinence until marriage and mutual fidelity within marriage. This means that any information provided about condoms must be done within the context of promoting abstinence and fidelity with a life-long, mutually faithful partner .

- In addition to providing complete and correct information about condoms, CRS-supported prevention projects should also correct misinformation or false sense of security about condom use.

- Any information provided about condoms must be accurate; please refer to the above section on condom effectiveness for accurate information about condoms. All information provided about the use of condoms must be medically and scientifically accurate and include the public health **benefits** and **failure rates** of condom use (see reference materials).

  * This information must be age-specific; targeting young children to receive such information usually is not appropriate. Decisions about when and how to share such information need to be made on a case by case basis, depending on several factors including age, cultural mores and societal norms.

- Projects should provide information about all types of prevention methods to all appropriate target audiences, especially sexually active adults as well as people living with HIV (PLHIV). Projects should make a special effort to provide full and accurate information on *positive prevention* for HIV-infected individuals, so that they understand how to avoid HIV transmission including transmitting HIV to others and the risks of becoming re-infected with HIV themselves. Positive prevention refers to prevention efforts that support HIV-infected persons to reduce their risk of HIV transmission.

  * If there is no copy of the CRS HIV Policy (*Called to Compassion and Responsibility: A Response to the AIDS Crisis)* in the Country Program office, staff may contact the HIV Unit for a copy.

Frequently Asked Questions:

How is the CRS policy on prevention different from other agencies?

CRS' policy on full and accurate information is not very different from information available elsewhere except for two major factors: it is always presented in the context of behavior change (A&B), with age-appropriate sensitivity, and, for Catholic Church partners, within the context of the Church's teachings. CRS wants to ensure that partners are not giving inaccurate, misleading or no information at all on condoms – and that the focus and priority remain on abstinence and fidelity.

Why does the CRS policy emphasize the importance of providing full and accurate information?

Individuals at risk of HIV transmission need access to the best teaching on prevention and the latest evidence on risk reduction in order to make fully informed decisions in order to prevent infection and reduce the risk of transmission of HIV. Projects should teach this information employing methods commonly used in health education. Providing incorrect, incomplete, or misleading information can lead to significant harm, as those who have sought information from partners walk away confused, misinformed, or with information that is open to many different (and potentially dangerous) interpretations.

What does the policy say about providing information about condoms?

The policy calls upon CRS and partners to tell people the facts about condoms but does not suggest or urge them to use condoms. These facts can be used as a resource to assist CRS staff and/or partners with development of prevention education materials and programs, counseling sessions, meetings and workshops and talking points for interviews by the media by designated persons.

What level of information should the project provide? What does "full and accurate really mean"?

Information should be age appropriate. Information on condoms should be provided for all sexually active populations as an HIV prevention method, and within the context of A & B. Please see above for more details on information about HIV prevention. "Full and accurate information" means providing all of the facts about condoms. The facts include that condoms are not 100% effective and cannot eliminate HIV transmission risk 100% of the time. HIV programs must avoid giving vague prevention messages to clients like "be careful" or "be safe", as these statements can lead to confusion and, in the end, more harm than good.

What is the difference between promoting condoms and giving full and accurate information?

Promoting condoms means suggesting, encouraging or urging people to use a condom during sexual intercourse to prevent HIV transmission; providing full and accurate information means giving the fact about condom use including the benefits, risks and failure rates.

What advice does CRS provide to discordant couples?

CRS recommends that discordant couples are provided with full and accurate information about prevention; and then are referred to their spiritual/religious guide or pastor when in need of advice about condom use. By providing full and accurate information through counseling, people know what their options are and they know the risks involved with condoms.

How do I know what the partner's view is on HIV prevention?

CRS should meet with the appropriate Conference representatives to fully understand the local Conference's position on providing full and accurate information on all HIV prevention methods, including condoms, and share CRS' position. Before supporting a project with any HIV programming component, staff should discuss CRS' position so that local implementing partners understand that CRS does not promote, finance or distribute condoms and that any CRS-supported HIV project must provide full and accurate information on all prevention methods. CRS and partners should also fully understand existing donor requirements related to HIV prevention and ensure that they are able to comply with the policy before agreeing to accept the donor's resources.

Do partners need to provide full and accurate information:

Partners do need to provide full and accurate information in the context of programs funded by CRS. However, CRS cannot tell partners what to do in terms of their own policies, just like donors cannot tell CRS to change its policies. Faith-based partners follow guidance from their religious leaders.

What if partners do not want to provide information on condoms?

CRS cannot insist that partners provide all information about HIV prevention methods; but CRS can decide to discontinue support to a project if it does not comply with CRS' policy on full and accurate information.

What if partners provide inaccurate information on condoms?

CRS staff should discuss this issue privately, provide information to educate partners what the most accurate information is, and find out why they are not using it. Is it that they are not aware or that they are just ethically opposed? After discussing with the partner, if they do not change the information they are providing, CRS would be compelled to discontinue funding as per CRS' policy (see above).

How can CRS' name and logo be used in conjunction with information on prevention?

Any written educational material that contains information about condoms **must not** carry the CRS name or logo.

Where can I get more information if I still have questions about CRS' position?

For more information or questions, please contact the HIV Unit in PQSD.

ENDNOTES

[1] Compassionate Action: A Guide to CRS HIV Programming. Baltimore, Catholic Relief Services. 2007.

[2] Pastoral Training for Responding to HIV and AIDS: Caritas Training Manual Developed by Robert J. Vitillo ISBN: 9966-08-240-9; 216 pages; publication 2007; Nairobi: Paulines Publications Africa, Imprimatur by Most Rev. Raphael Ndingi, Archbishop of Nairobi.

[3] CRS' use of factual information on condoms from these sources does not imply endorsement of condoms as an HIV prevention method.

[4] Center for Disease Control and Prevention (CDC), Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted Diseases, August 2004.

[5] The Joint United Nations Program on HIV/AIDS (UNAIDS), The Male Condom: Technical Update, August 2000.

[6] Holmes K, Levine R, Weaver M. *Effectiveness of condoms in preventing sexually transmitted infections.* Bulletin of the World Health Organization. Geneva. June 2004.

[7] Shelton, James. Ten myths and one truth about generalized HIV epidemics. Lancet 2007;370:1809-1811

[8]Deschamps MM, Pape JW, Hafner A, Johnson Jr. WD, Heterosexual transmission of HIV in Haiti, Ann Intern Med, 1996; 125:324-330.

[9]Hira SK, Feldblum PJ, Kamanga J, Mukelabai G, Weir SS, Thomas JC, Condom and nonoxynol-9 use and the incidence of HIV infection in serodiscordant couples in Zambia, Int J STD AIDS, 1997; 8(4):243-250.

[10]Santos NJS, Buchalla CM, Fillipe EV, Bugamelli L, Garcia S, Paiva V. HIV-positive women, reproduction and sexuality, Rev Saude Publica 2002; 36 (4 Suppl):12-23.

[11]Paiva V, Segurado AC, Santos N, et al. Fatherhood and reproductive desires among HIV positive men who have sex with women in Sao Paulo, Brazil, 14th International AIDS Conference, Barcelona, 2002. Abstract We PeF68882.

[12] Karol and Setha Project Evaluation, CRS/Cambodia, 2006.

[13] Population Services International, Madagascar (2006): HIV/AIDS TRaC Study Evaluating Abstinence among Youth (15-24 years), Second Round, PSI Research Division 2007.

[14]Adamchak, Susan E., Karusa Kiragu, Cathy Watson, Medard Muhwezi, Tobey Nelson, Ann Akia-Fiedler, Richard Kibombo, and Milka Juma. 2007. "The Straight Talk Campaign in Uganda: Impact of mass media initiatives, summary report," Horizons Final Report. Washington, DC: Population Council.

[15] Hearst N, Chen S. Condom Promotion for AIDS Prevention in the Developing World: Is it Working? *Studies in Family Planning* 2004; 35 (1): 39–47

[16]Green, E.C., V. Nantulya, Y. Oppong, and T. Harrison.2003. "Literature Review and Preliminary Analysis of 'ABC' Factors (Abstinence, Being faithful or partner reduction, Condom Use) in Six DevelopingCountries." Cambridge, Mass.: Harvard Center for Population and Development Studies.

[17]Phoolcharoen W. HIV/AIDS Prevention in Thailand: Success and Challenges. *Science* 19 June 1998; 280 (5371): 1873–1874

[18]Cote d'Ivoire 1998/99 Demographic and Health Survey, Cote d'Ivoire 2005 AIDS Information Survey.

REFERENCES

1. Pope John Paul II, Christ, Hope for Africa, Message for the 13th World Day of the Sick marked on 11 February 2005 at Yaounde, Cameroon.
2. United States Catholic Conference of Bishops, Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis, November 1989.
3. Catholic Relief Services, Official CRS Statement on Condoms and HIV Prevention, December 2003.
4. Center for Disease Control and Prevention (CDC), Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention, June 2000. (http://www.niaid.nih.gov/dmid/stds/condomreport.pdf)
5. World Health Organization (WHO), Fact sheet No. 243, Effectiveness of male latex condoms in protecting against pregnancy and sexually transmitted infections, June 2000. (http://www.who.int/mediacentre/factsheets/fs243/en/print.html)
6. Mastro TD, Satten GA, Nopkesorn T, Sangkharomya S, Longini IM, Probability of female-to-male transmission of HIV-1 in Thailand, *Lancet* 1994; 434: 204-07. [PubMed]
7. Downs AM, DeVincenzi I. Probability of heterosexual transmission of HIV: relationship to the number of unprotected sexual acts. *J Acquir Immune Defic Syndr Hum Retrovirol,* 1996, 11:388-395.
8. Gray RH, Wawer MJ, Brookmeyer R, et al. Probability of HIV-1 transmission per coital act in monogamous, heterosexual, HIV-1-discordant couples in Rakai, Uganda, *Lancet* 2001; 357: 9263.
9. ABC Guidance #1 For United States Government In-Country Staff and Implementing Partners Applying the ABC Approach to Preventing Sexually-Transmitted HIV Infections Within The President's Emergency Plan for AIDS Relief, 2005, Office of Global AIDS Coordinator.
10. Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. Oxford: The Cochrane Library, Issue 2, 2002.
11. World Health Organization, The Male Latex Condom: 10 Condom Programming Fact Sheets, 2002.

Since 1943, Catholic Relief Services (CRS) has held the privilege of serving the poor and disadvantaged overseas. Without regard to race, creed or nationality, CRS provides emergency relief in the wake of natural and man-made disasters.

Through development projects in fields such as education, peace and justice, agriculture, microfinance, health and HIV and AIDS, CRS works to uphold human dignity and promote better standards of living. CRS also works throughout the United States to expand the knowledge and action of Catholics and others interested in issues of international peace and justice. Our programs and resources respond to the U.S. Bishops' call to live in solidarity-as one human family-across borders, over oceans, and through differences in language, culture and economic condition.

The Catholic Church estimates that it provides care for one out of every four people living with HIV in the world today. Catholic Relief Services (CRS) is uniquely positioned to make a difference in the lives of these patients. Catholic Relief Services initiated its HIV and AIDS programs in 1986 in Bangkok, Thailand. The agency now supports more than 250 HIV and AIDS projects in many underserved areas of the developing world, reaching millions of vulnerable people with critical HIV services

Acknowledgements

The CRS HIV Unit would like to acknowledge the contributions of the following reviewers and thank them for their efforts:

Staff from CRS in India including Sarah Cashore, Dr. Shubhra Phillips and Jennifer Podiatz who had significant input into the development of this document;

Staff from PQSD including Sister Phyllis Hughes, Dorothy Brewster-Lee, Jamie Mignano, Anna McCrerey, Shannon Senefeld, Carl Stecker and Daphyne Williams;

Staff from the CRS Regional offices: John Donahue (SARO), Susan Hahn (SEAPRO), Kevin Hartigan (South Asia), and Linda Lovick (SARO);

Staff from the CRS Country Programs: Greg Auberry (Vietnam), Michael Tewolde (Malawi) and, and William Canny (Haiti); and

Monsignor Robert J. Vitillo from Caritas Internationalis (Geneva).

Published in 2007 by:
Catholic Relief Services
228 West Lexington Street
Baltimore, MD 21201-3413 USA

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Acronyms:

A&B	Abstinence and Be Faithful
AIDS	Acquired Immune-Deficiency Syndrome
CDC	Center for Disease Control
CRS	Catholic Relief Services
HIV	Human Immunodeficiency Virus
PLHIV	People Living with HIV
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease