

# AIDS PREVENTION AND CARE PROGRAMME IN SLOVENIA

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## SUMMARY

One of the objectives of the Slovene National AIDS Prevention and Care Programme is to prevent the spread of HIV infection. The prime focus of action for interrupting transmission is promotion of safe sexual behaviour: condoms and lubricants must be provided, good STD care must be available and STD care seeking behaviour must be promoted, voluntary confidential and anonymous HIV testing and counseling must be available, and partners of HIV infected persons should be notified. Educational and other relevant preventive measures should be available to, and understood by everyone in the community, which we aim for with mass media campaigns targeted at general public. Groups at higher risk of becoming infected through unprotected sex with multiple partners are sex workers and their clients, men who have sex with men, travelers to countries with high HIV prevalence, and injecting drug users. Youth is considered a vulnerable group and they should be educated about sex, family planning, STD, HIV and AIDS before becoming sexually active.

## KEY WORDS

*acquired immunodeficiency syndrome, prevention and control, HIV infection, sexual transmission, Slovenia*

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## INTRODUCTION

According to available information on reported acquired immunodeficiency syndrome (AIDS) and HIV infection cases in Slovenia (1) and to the results of unlinked anonymous testing for antibodies to HIV in different groups (2) the AIDS/HIV infection epidemic is at its very early stage. However, in future we can expect more extensive spread of HIV infection, particularly in groups at higher risk. Thus, it is important to develop strong and com-

prehensive national AIDS prevention and control programme (3) to effectively control the epidemic.

AIDS is essentially a sexually transmitted disease (STD) (4). As we can not cure it, the prime focus of action for interrupting transmission is obviously to promote safe sexual behaviour (5).

The Slovene AIDS Prevention and Care Programme has always been integrated within existing health care structure and also some other governmental sectors, for example education. Also many non-governmental organizations have contributed signi-

ificantly with interventions in vulnerable groups such as SKUC Magnus (an organization of male homosexuals) in male homosexual population, STIGMA (an organization for harm reduction in injecting drug users) in injecting drug using population and Red Cross and Slovenian Ecological Movement in youth and general population, to mention only some. However, the Ministry of Health is responsible for developing and revising the national strategy and overall co-ordination of the programme.

## Objectives of Slovene AIDS Prevention and Care Programme

The objectives of the National AIDS Prevention and Care Programme are:

- to prevent the spread of HIV infection,
- to reduce the personal and social impact of HIV infection and AIDS, and
- to mobilize and unify national efforts for prevention and care.

They are in line with:

- the promotion of healthy sexuality and prevention of HIV/AIDS as stated in the proposed Plan of Health Care of the Republic of Slovenia for the year 2000,
- they relate to the aim of target number 5 "Reducing communicable disease" of the Health for All Policy for Europe and
- they are consistent with the objectives of the Global Programme on AIDS.

As we all know, there is yet no cure for HIV and AIDS and thus prevention of the spread of HIV infection is indisputably the most important objective. AIDS is essentially a sexually transmitted disease, which can also be spread through blood and from an infected woman to her unborn or new-born child.

Thus, different strategies according to transmission modes are implemented to prevent HIV infection:

- prevention of sexual transmission,
- prevention of transmission through blood, and
- prevention of transmission from mother to child.

## Interventions to prevent sexual transmission of HIV

The prime focus of action for interrupting transmission is obviously to promote safe sexual behaviour, the use of condoms and lubricants to provide good STD care and promote STD care seeking behaviour.

HIV testing and counselling must be available, and partners of HIV infected persons should be notified (6,7).

## Promotion of safer sexual behaviour

The programme promotes the following five safer sexual behaviours:

- correct use of a condom every time an individual has a sexual intercourse at risk (e.g. sex outside a long-term relationship between HIV uninfected partners based on mutual fidelity),
- decrease in the number of non-regular sexual partners,
- engagement in safer sexual acts (non-penetrative rather than penetrative sex),
- mutual fidelity,
- abstinence from sexual activity (for example for youth to delay the first sexual intercourse).

Not all these messages are always promoted. When targeting interventions to different groups it is very important to promote only those safer sexual behaviours which are appropriate for the group. It would be unrealistic to promote abstaining from sexual activity among sex workers and their clients, however we should strongly promote correct and consistent condom and lubricant use.

Educational and other relevant preventive measures should be available to, and understood by everyone in the community. However, we know, that not everyone is at equal risk. Groups being at higher risk of becoming infected through unprotected sex with multiple partners in addition to sex workers and their clients are also some men who have sex with men, travelers to countries with high HIV prevalence, and also injecting drug users. These groups should be targeted with specific interventions developed in close collaboration with the group representatives (8) and peer education should be used whenever appropriate. Also, youth is considered to be a vulnerable group for sexual transmission and they should be educated about sex, family planning, STD, HIV and AIDS before becoming sexually active. The aim is to delay sexual activities and when becoming sexually active to adopt safer sexual practices.

## Provision of condoms and lubricants

Appropriate use of condoms and lubricants is of primary importance for prevention of sexual spread of HIV. People have to be able to obtain good

quality and low cost condoms and lubricants whenever they want or need them. Thus the Programme must monitor the procurement of condoms and lubricants and influence distribution channels and outlets (for example assist in installing vending machines).

### STD care and promotion of STD care seeking behaviour

As there is a strong association between the presence of other STD and the occurrence of HIV infection, accessible and acceptable STD medical care services is another high priority. Prevention of HIV and other STD should be integrated.

In Slovenia STD patients are traditionally managed through the dermatovenerological outpatient network, and through dispensaries for prenatal health care and family planning, urological outpatient services, at the STD outpatient service at the Infectious diseases hospital and occasionally by general practitioners. Consistent quality STD case management must be delivered through existing health services, including primary health care facilities and maternal and child and family planning health care services. Ideally a patient should receive treatment at his first encounter with a medical doctor and should be referred to other services only exceptionally. It is of extreme importance that case management does not involve only diagnosis and treatment but also counseling including promotion of safer sex, use of condoms and lubricants and partner notification. Ideally condoms should be distributed free of charge to all STD patients.

National guidelines on STD case management must be developed and distributed, and all health workers who care for STD patients must be trained accordingly.

In addition it would be important to provide easily accessible STD care services to populations at increased risk of STD/HIV.

To promote health care seeking behaviour, people at risk of acquiring STD should be educated recognizing the signs and symptoms of STD, the possibility of being infected without being aware, the close relationship between HIV and STD, and the need to seek care if the risk of acquiring an STD has been taken. This information must be incorporated in mass media campaigns directed at the general population, in school-based education, and in educational activities targeted to populations at higher risk. And most importantly it must be

provided to people with STD as a part of STD case management.

### Counseling and testing

Voluntary counseling and testing must be accessible to all who wish to be tested and counseled. Several testing sites for voluntary confidential and anonymous testing are available. HIV test can also be requested through any general practitioner, or other medical doctor. It must be stressed that, pre and post-test counseling is essential. It is a fact that the test itself does not prevent infections. Only if we can assist in inducing a behavioural change we can prevent new infections and a sustained behavioural change can only be supported by appropriate psycho-social counseling and support.

### Partner notification

Partner notification covers public health care activities in which sexual partners of individuals with HIV infection are notified, counseled about their exposure and offered services such as additional counseling and testing. The potential benefits includes the possibility of helping to prevent HIV transmission. Confidentiality must be assured so that partner notification does not cause individual or social harm. Usually the HIV infected persons notify their partners themselves and sometimes this is done by the health care worker with the consent of the patient. We must be aware that coercive policies for partner notification can lead to disappearing of those at highest risk to underground, where it is impossible to reach them with appropriate interventions.

### Conclusions and recommendations

The prime focus of action for interrupting sexual transmission of HIV is to promote safe sexual behaviour. It is important to promote only those safer sexual behaviours which are appropriate, when targeting different groups. Also, close collaboration with the group targeted is essential for success and peer education should be used whenever appropriate.

Secondly, the Programme must assure that people can obtain good quality and low-cost condoms and lubricants, whenever they want or need them.

Thirdly, provision of accessible and acceptable STD care services is a high priority. Prevention of HIV and other STD must be integrated. In addition

to diagnosis and treatment STD case management should include counseling with promotion of safer sex like use of condoms and lubricants and health care seeking behaviour for STD.

Fourthly, voluntary counseling and testing must be accessible to all who wish to be tested and

counseled. Pre- and post-test counseling is essential for inducing and supporting a sustained behavioural change.

And lastly, partner notification should be voluntary and confidentiality must be assured so that it does not cause individual or social harm.

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## REFERENCES

1. Klavs I. Okužba z virusom HIV in AIDS: pandemija ter epidemija v Sloveniji. *Zdrav Var* 1993; 32: 272-5.
2. Klavs I, Kristančič L, Piškur-Kosmač D. Unlinked anonymous HIV prevalence monitoring of pregnant women and STD patients in Slovenia: Results for 1993. *Zdrav Vestn* 1994; 63: 659-63.
3. World Health Organization: AIDS Series 1: Guidelines for the development of a national AIDS prevention and control programme. Geneva 1988:1-27.
4. World Health Organization. The HIV/AIDS pandemic: 1993 overview. Geneva, 1993: 1-17.
5. World Health Organization: AIDS Series 11: The Global AIDS Strategy. Geneva, 1992: 1-23.
6. World Health organization. WHO AIDS Series: Prevention of sexual transmission of human immunodeficiency virus. Geneva, 1990: 1-27.
7. World Health Organization. WHO AIDS Series 8: Guidelines for counseling about HIV infection and disease. Geneva, 1990: 1-48.
8. World Health Organization. WHO AIDS Series: Guide to planning health promotion for AIDS prevention and control. Geneva, 1989: 1-71.

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