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Combination
Prevention for HIV
Central America and Mexico



Success Story

Combination prevention: evidence of a formula with real impact on behavior change in high-risk groups

In Nicaragua and in Guatemala, men who have sex with men who were exposed to any of the Combination Prevention Program's activities were 2.21 and 4.08 times more likely to have taken an HIV test in the last 12 months, respectively.



In October of 2010, the Pan American Social Marketing Organization (PASMO), began the implementation of the USAID Combination Prevention Program for HIV in Central America. As part of initial efforts, PASMO defined an essential or minimum package of behavioral, biomedical and complementary (or structural) services to be offered to most at-risk populations in the region. Specifically, this package was defined per population most affected by HIV in the region: female sex workers (FSW), men who have sex with men (MSM), people living with HIV/AIDS (PLHA), transgender women (TW), and men at-risk for HIV.

Under the combination prevention approach, PASMO and other Program partners worked intensively to provide each individual of the target populations with at least 3 behavioral interventions, including behavior change communication participative methodologies and access to condoms and lubricants, at least one effective biomedical service such as HIV testing and counseling (HTC) or screening for sexually transmitted infections (STIs), and referral to complementary or structural services such as family planning for FSW, treatment for alcohol and drug abuse, violence prevention services, human rights and legal services, support groups for PLHA, among others.

In 2012, PASMO conducted a new round of quantitative surveys known as Tracking Results Continuously (TRaC) in Guatemala, El Salvador, Nicaragua, Costa Rica, Panama and Belize with FSW and MSM, including transgender women. Additionally, and for the first time, two regional TRaC studies were conducted with PLHA and men at-risk for HIV. Respondent Driven Sampling (RDS) was used for the TRaC studies with MSM and TW, and Time Location Sampling (TLS) was used for FSW. Additionally, the Program used the unique identifier code (UIC) to accurately track each individual of the target population and his or her participation in each of the components of the minimum package.

To analyze the data produced by these surveys in order to identify any possible impact on behaviors on those exposed to the Program's activities, a Coarsened Exact Matching (CEM) analysis was conducted finding the following results:

In Costa Rica and in Guatemala, men who have sex with men and female sex workers who were exposed to the Combination Prevention Program's interpersonal communication activities, were 1.93 times and 2.66 times more likely to use condoms consistently with their clients, respectively.

In Nicaragua and in Guatemala, men who have sex with men who were exposed to any of the Combination Prevention Program's activities (behavioral, biomedical or complementary/structural) were 2.21 and 4.08 times more likely to have taken an HIV test in the last 12 months, respectively.

In Guatemala and in Nicaragua, female sex workers who were exposed to any of the Combination Prevention Program's activities (behavioral, biomedical, or complementary/structural), were 2.61 and 5.62 times more likely to take an HIV test in the last 12 months, respectively.

