

The HIV/AIDS Pandemic

The Case for Prevention

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Balancing New Directions

In this paper we have outlined in broad terms the importance of HIV prevention efforts through behavior change. The review of scientific evidence demonstrates that behavioral interventions can impact levels of HIV by reducing high-risk behaviors associated with the spread of the disease. The case-studies of national responses to HIV give powerful evidence that prevention programs can provide an effective response to controlling HIV epidemics in various settings. The message is clear: prevention is effective and must play a central role in any attempt—be it global, regional or national—to address the crisis which HIV represents to humankind.

To place behavioral interventions for prevention at the center of the global response to HIV may appear obvious, but it appears to be receiving decreasing emphasis with recent developments in HIV-related care. The drugs necessary to treat HIV-positive persons are growing less costly, an exciting development which has spurred calls for making treatment of HIV *the* global priority in addressing the HIV/AIDS pandemic. More recently a number of voices have emphasized that the importance of access to treatment must not obscure the primacy of prevention, but rather that these needs demand careful balancing. We concur, and stress that in reaching this balance it is important to avoid competition, whether real or perceived, between these different approaches. Rather than positioning prevention *versus* treatment, we emphasize the importance of prevention *and* treatment as complementary strategies.

If we view prevention and treatment in a complementary light, there is exciting potential for the integration of these two approaches. This includes the possibility of using treatment services to identify HIV-positive populations

through voluntary counseling and testing, allowing in turn the targeting of prevention interventions to reduce high-risk behaviors among HIV-positive individuals receiving antiretroviral drugs. Similarly, high-profile treatment programs can reduce the social stigmas around HIV, and in doing so, allow prevention interventions to become more effective. Integrating behavioral and biological prevention with treatment, it should be possible to combine strategies for the prevention of vertical transmission with sustained treatment for HIV-positive mothers and behavioral interventions to reduce high-risk behaviors. Although many of these benefits of integrating prevention and treatment have been discussed [97], to date there are few well-documented evaluations of such an approach [98]. The example of Brazil is important here; more detailed evidence from the Brazilian experience can help to provide much needed insights into approaches for combining prevention and treatment strategies in an integrated response to HIV.

Finally, resource limitations represent a most formidable challenge to the global response to HIV/AIDS, and to the view of prevention, treatment, and vaccine development as balanced, complementary approaches rather than mutually exclusive options. Current resource constraints for HIV/AIDS programs contribute to the notion of responding to HIV as a zero-sum game: a limited pool of resources from which only a few priorities can be supported. This is in stark contrast to the needs demanded by the current state of the global pandemic, and the specter of how it may grow in the years to come. If we are to further develop and expand existing prevention efforts, and make antiretroviral treatment for HIV-positive individuals a reality, there must be a response from the global community of an unprecedented nature. There is no greater priority in global health.