

HIV PREVENTION

HIV is preventable, so prevention is a critical component of the response to HIV/AIDS. HIV prevention includes both:

- Primary Prevention: to reduce the risk of becoming infected with HIV
- Secondary Prevention: to reduce the risk that a person infected with HIV will transmit HIV to others and to keep that person as healthy as possible

There are many success stories of prevention programs around the world that have helped bring about a leveling or even decrease in new HIV infections. A recent study projects that greater spending on a scaled up response to prevention would prevent more than half of the new HIV infections that would otherwise occur by 2015, and would produce financial savings to society as future costs for treatment and care are reduced. However, according to UNAIDS, there is a significant gap between current prevention spending and funding needs, and there are many obstacles facing prevention efforts. Globally, it is estimated that most people at risk for HIV do not yet have access to needed HIV prevention services, and that eight in ten of those already infected with HIV do not know their status.

Challenges to HIV Prevention include:

- Human behavior is difficult to change, as is sustaining behavior change over time; indeed, HIV prevention is for life, much like antiretroviral treatment for those who are living with HIV.
- There is strong stigma surrounding the disease, which may discourage those at risk from seeking information about HIV from getting tested, or from disclosing their HIV status to potential partners.
- Given the role that sex and drug use play in HIV transmission, there are often political and other sensitivities to addressing HIV prevention and a lack of consensus about approach.
- Most people with HIV do not know they are infected.
- Levels of knowledge of HIV and how it is transmitted are low in many countries.
- It is difficult to measure "what did not happen" (e.g., HIV infections averted) versus, for example, measuring the number of people receiving antiretroviral therapy. This makes it difficult to show impact.
- Prevention efforts need to be scaled up, at sufficient intensity, and for a sufficient amount of time to show impact, since it can take many years for declines in HIV incidence to manifest.
- Gender and cultural factors, severe poverty, other diseases and health threats, underdeveloped health infrastructures, and political instability existing in many of the countries hardest hit by the disease further complicate prevention efforts.

There is no single intervention to prevent the spread of HIV. Multifaceted, integrated, long-term strategies have been shown to have the greatest impact. Effective prevention efforts reflect a wide range of factors related to the epidemiology of the disease, as well as the specific socioeconomic and cultural norms and structures of specific populations. These factors are important to consider when targeting and designing prevention programs as, even within a country, the epidemic can be very diverse in terms of the extent of its impact, transmission patterns and the populations most affected. Further, it is important that prevention efforts address the underlying social factors that have been linked to contributing to greater risk for HIV infection, including poverty, gender inequalities, and stigma and discrimination. It is also important for programs to be culturally appropriate and to take into account the role of media, schools, parents, youth and leaders in a given area, engaging these groups in prevention efforts where appropriate. Finally, it has also been shown that HIV prevention efforts are most effective when integrated with HIV treatment.

Currently, research is being conducted on a range of new interventions and technologies that may have important implications for HIV prevention, including male circumcision, pre-exposure prophylaxis with

antiretroviral drugs (taking medication before possible exposure to HIV to reduce the likelihood of infection if exposed), microbicides and vaccines. Should these prove effective, they will provide additional prevention options. Recent results from randomized controlled trials of male circumcision demonstrated that circumcision is effective at significantly reducing the risk of HIV transmission from women to men, and it is now recommended by the WHO and UNAIDS as an effective component of a broader HIV prevention strategy.

An effective vaccine to prevent HIV transmission, which would offer the greatest promise for HIV prevention, is unfortunately many years away from being discovered, and even if discovered, will not prevent HIV transmission 100% of the time-this means that the broader HIV prevention strategies we use today will still be critical.

HIV prevention encompasses numerous types of interventions and programs and it is critical that prevention efforts be tailored to the target population(s) at risk and specific to the type of epidemic faced (low-level, concentrated, generalized, hyperendemic). As UNAIDS has stated, it is most important to "Know Your Epidemic" in order to respond effectively. Below is a list of some of the many interventions that encompass HIV prevention:

HIV Prevention Interventions

- Mass media efforts
- Community mobilization
- Voluntary counseling and testing
- Partner notification and referral
- Programs for youth in school
- Programs for youth out of school
- Programs focused on sex workers and their clients
- Programs focused on men who have sex with men
- Harm-reduction programs for Injection Drug Users
- Workplace interventions
- Programs for people already living with HIV to prevent them from transmitting the disease to others
- Programs targeting special populations
- Condom social marketing
- Public and commercial sector condom provision
- Improving management of sexually transmitted infections
- Prevention of mother-to-child transmission
- Blood safety
- Post-exposure prophylaxis
- Safe medical injections
- Universal precautions

REFERENCES AND RESOURCES

Global HIV Prevention Working Group Reports: <http://www.kff.org/hivaids/hivghpwgpackage.cfm>.

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