The time has come for common ground on preventing sexual transmission of HIV

The HIV/AIDS pandemic is an urgent health and growing humanitarian crisis, especially in the high-prevalence regions of sub-Saharan Africa where most new infections continue to occur. On World AIDS Day (Dec 1), two decades after the discovery of the virus that causes AIDS and after many millions of deaths, we believe it is critical to reach consensus on a sound public-health approach to the prevention of sexually transmitted HIV. Although transmission from injecting drug use is a serious and increasing problem in some regions, here we focus on sexual transmission, which continues to account for most infections globally. Sexual behaviour is influenced by many factors not always under an individual's control, including gender norms and social and economic conditions. However, the public-health community has an obligation to offer people the most accurate information available on how to avoid HIV, and to encourage changes in societal norms to reduce the spread of the virus.

Although prevention should encompass multiple integrated elements, including links to expanded treatment access, changing or maintaining of behaviours aimed at risk avoidance and risk reduction must remain the cornerstone of HIV prevention. We call for an end to polarising debate and urge the international community to unite around an inclusive evidence-based approach to slow the spread of sexually transmitted HIV, on the basis of the following key principles.

First, programmatic approaches must be locally endorsed, relevant to the indigenous social and cultural context,[1] and respectful of human rights.[2] Interventions must also be epidemiologically grounded, addressing the main sources of new infections[3]—whether concentrated in high-risk settings such as commercial sex[1,3–5] or spread widely through multiple concurrent partnerships in the general population.[5–7]

Second, the ABC (**A**bstain, **B**e faithful/reduce partners, use **C**ondoms) approach can play an important role in reducing the prevalence of HIV in a generalised epidemic, as occurred in Uganda.[8–13] All three elements of this approach are essential to reducing HIV incidence, although the emphasis placed on individual elements needs to vary according to the target population. Although the overall programmatic mix should include an appropriate balance of A, B, and C interventions, it is not essential that every organisation promote all three elements: each can focus on the part(s) they are most comfortable supporting. However, all people should have accurate and complete information about different prevention options, including all three elements of the ABC approach.

Thus, when targeting young people, for those who have not started sexual activity the first priority should be to encourage abstinence or delay of sexual onset, hence emphasising risk avoidance as the best way to prevent HIV and other sexually transmitted infections as well as unwanted pregnancy.[14] After sexual debut, returning to abstinence or being mutually faithful with an uninfected partner are the most effective ways of avoiding infection. For those young people who are sexually active, correct and consistent condom use should be supported. Young people and others should be informed that correct and consistent condom use lowers the risk of HIV (by about 80–90% for reported "always use"[13,15]) and of various sexually transmitted infections and pregnancy, and they should be cautioned about the consequences of inconsistent use. Prevention programmes for young people in and out of school should be expanded, and parents should be supported in communicating their values and expectations about sexual behaviour.

When targeting sexually active adults, the first priority should be to promote mutual fidelity with an uninfected partner as the best way to assure avoidance of HIV infection. The experience of countries where HIV has declined suggests that partner reduction is of central epidemiological importance in achieving large-scale HIV incidence reduction, both in generalised and more concentrated epidemics.[9,11–13,16] People who have a sexual partner of unknown HIV status should also be encouraged to practise correct and consistent condom use and to seek counselling and testing with their partner.

When targeting people at high risk of exposure to HIV infection (ie, engaging in commercial sex, multiple partnerships, anal sex with high-risk partners, or sex with a person known or likely to be infected with HIV or another sexually transmitted infection), the first priority should be to promote correct and consistent condom use, along with other approaches such as avoiding high-risk behaviours or partners. The identification and direct involvement of most-at-risk and marginalised populations is crucial,[2] particularly (but not only) in more concentrated epidemics, where such populations account for a large proportion of infected people. It is also critical to expand prevention programmes designed specifically for people living with HIV/AIDS.

Third, community-based approaches involving religious organisations, women's and men's associations, care groups, youth organisations, health workers, local media, and both traditional and governmental leadership can foster new norms of sexual behaviour, as for example occurred with the successful zero-grazing strategy (fidelity and partner reduction) in Uganda.[1,8,12,16,17] Prevention programmes need to address issues such as stigma, gender inequality, sexual coercion, cross-generational relationships and transactional sex,[2,17–20] and directly involve people living with HIV/AIDS, in order to maximally achieve the behavioural objectives necessary to reduce HIV incidence at the population level.

To further achieve the prevention, care, and treatment objectives (including the goals for reducing HIV in women

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See Perspectives page 1929, Exhibition: Capturing the HIV/AIDS epidemic

National AIDS Trust (NAT) Virtual Red Ribbon campaign
The UK charity NAT is calling for 7000 businesses and organisations to wear a Virtual Red Ribbon on their website in the lead up to Dec 1, World AIDS Day. Each Virtual Red Ribbon will represent the 7000 people who became HIV positive in the UK in 2004. The red ribbon can be downloaded free from http://www.worldAIDSday.org and worn on your website or as email signature as sign of support for the global fight against HIV and AIDS.

Louis Ochero in 1988, former head of the Health Education Division of Uganda's National AIDS Control Program
Uganda's successful prevention approach involved the fostering of a broad social movement, which developed approaches such as "Zero Grazing" to promote new norms of sexual behaviour. Louis died in 1990.

and infants) specified by the United Nations General Assembly Special Session declarations (UNGASS), the US President's Emergency Plan for AIDS, the Millennium Development Goals, and other international initiatives, the global community will need to greatly expand access to services for testing, effective counselling for and treatment of HIV/AIDS and other sexually transmitted infections, prevention of mother-to-child transmission, and family planning.[21]

Given the critical importance of averting new HIV infections, emerging evidence on potential interventions such as microbicides or other female-controlled methods, treatment of genital herpes and other sexually transmitted infections, male circumcision, and vaccines should be continuously reviewed for inclusion in HIV prevention programmes, while doing so in a way that fosters overall risk reduction and minimally interferes with the adoption of essential prevention behaviours. The time has come to leave behind divisive polarisation and to move forward together in designing and implementing evidence-based prevention programmes to help reduce the millions of new infections occurring each year.

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From a vicious circle to a virtuous circle: reinforcing strategies of risk, vulnerability, and impact reduction for HIV prevention

UNAIDS supports the consensus statement[1] on HIV prevention because reducing individual risk is essential to people protecting themselves and others against sexually transmitted HIV infection. Nevertheless, we believe that it is equally critical to mount broad strategies that address vulnerability to HIV exposure—ie, the inability of individuals to control their risk of infection because of contextual factors that create situations of risk.[2]

Young people aged 15–24 years constitute half of all new cases of HIV infection worldwide,[3] and need access to the full range of prevention services, information, and commodities. Decreasing their vulnerability to HIV means providing educational opportunities and tackling unemployment and underemployment through job creation and job-training initiatives. Women and girls constitute almost half of all those living with HIV globally.[4] Situations of vulnerability that increase their risk of HIV exposure include unequal access to education, limited employment opportunities, economic dependence, lack of property and inheritance rights, exposure to physical and sexual violence and early marriage.[5] Protecting young people and women from exploitation, trafficking, and sexual abuse is also HIV prevention.

Equally important is the fight against the social exclusion of people living with HIV. Protecting their legal, political, and economic rights, while ensuring their active participation in policy development and in the design, implementation, and evaluation of prevention programmes, enables their healthy behaviours, reaps benefits from their engagement, and boosts their influence on others to adopt safer behaviours.

The impact of AIDS on societies and communities creates vulnerability to HIV. AIDS-related illness can reduce household revenue and increase health-care expenditures, leading to decreased family-food consumption.[3] Measures to alleviate impact that also reduce vulnerability include: assistance to enable families to maintain their homes; income-generating activities for vulnerable groups; food security programmes; community support for orphans, caregivers, and others seriously affected by the epidemic; and life-prolonging treatment with antiretrovirals.

An estimated 5 million people are being infected annually;[4] the epidemic is clearly outpacing a response which is not on the bold scale required to reverse its course. Scaling up risk-reduction programmes is not the whole answer. Programmes which assume that all individuals have autonomous decision-making capacity to make healthy choices will achieve, at best, partial success. UNAIDS supports comprehensive prevention strategies that go beyond creating awareness, building skills, and providing access to prevention tools. Such programmes foster supportive social norms, alleviate the impact of AIDS, address stigma and discrimination, and actively work to rectify underlying vulnerabilities that place people, particularly the young and women, in situations of HIV exposure risk.

Effective prevention requires policies that reduce the vulnerability of large numbers of people by creating social, legal, and economic environments in which prevention becomes possible—precisely because an effective response to AIDS goes hand in hand with basic socioeconomic development.

See Comment pages 1913, 1916, 1918, and 1919

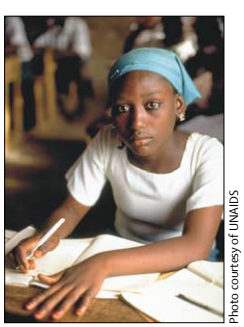

Photo courtesy of UNAIDS

ABC approach (Abstain, Be faithful/reduce partners, use Condoms) to prevention is essential but not enough
Women are getting infected not only because they do not have information but also because they do not have social and economic power to keep safe. Ensuring that girls complete secondary school can significantly reduce their vulnerability to HIV by boosting their skills and opening up opportunities they need to achieve greater economic independence.