AIDS prevention

Prevention approaches

Despite the devastating effect of the epidemic, it is important to remember that the vast majority of people throughout the world have not been infected; even in sub-Saharan Africa, the region most affected, more than 90% of all people are uninfected. Prevention remains an urgent priority to slow the spread of HIV and to protect future generations.

Most of the prevention approaches that have been used are based on awareness raising, education and interventions designed to produce changes in risk behaviour. Approaches to the prevention of sexual transmission of HIV have relied thus far on limited available technologies: male condoms and female condoms. Very recently, male circumcision has been recognized by the WHO and UNAIDS to be an additional important tool to reduce the risk of heterosexually acquired HIV infection in men.

Research to develop new prevention technologies (vaccines and microbicides) is underway and progress has been made, but it is likely to take some time before these new technologies are available. HIV/AIDS-related treatment, including treatment for opportunistic infections and antiretrovirals (ARVs) for HIV infection itself, has had a dramatic role in decreasing AIDS death rates in places where medications have been accessible. The developing world is only just beginning to obtain access to ARVs. According to the WHO, 24% of people in low and middle income countries who are in need of ARV received this treatment (statistics from June 2006).

Other approaches for addressing the epidemic include care and support; stigma reduction; community education and mobilization; and, most importantly, voluntary counselling and testing (VCT). VCT, for example, provides an important entry point for both prevention and treatment efforts and it is essential to an AIDS vaccine clinical trials programme to select volunteers not infected with HIV for study. It has become clear that no single approach works in the absence of others. All of these interventions must work synergistically as components of a comprehensive response to the epidemic.

Are these approaches successful?

All of these prevention approaches have had some degree of success in certain contexts. In particular, blood safety and the use of ARVs for PMTCT (Prevention of Mother-to-Child Transmission) clearly reduce the risk of transmission. Despite these successes in prevention efforts, more than 20 years into the epidemic it is apparent that progress has been limited, particularly in the prevention of sexual transmission. Behaviour is difficult to change, and social and cultural factors exert a strong influence, limiting the effect of behaviour-change interventions.

Women

Behavioural approaches to prevention are also particularly difficult for women. The social factors that increase women's vulnerability to infection limit their power to implement safer sex practices. For many women it is not their behaviour but that of their partners that renders them vulnerable to infection. Socially defined gender norms limit women's ability to protect themselves and also limit men's willingness and/or ability to change their behaviour.