



# Fact sheet

## HIV Prevention

### Treatment and prevention challenge

- Expanding access to treatment is bringing hope to millions of people living with HIV – but this global movement must be matched with an equal commitment to expand access to HIV prevention services.
- Integrating prevention into treatment must be common practice – we must not sacrifice prevention at the expense of treatment. Today, less than one in five people worldwide has access to HIV prevention services and only 7% of people in developing countries have access to antiretrovirals.
- Only one out of nine people has access to voluntary counselling and testing. Stigma constitutes a major barrier to people coming forward for an HIV test. Knowledge of HIV status is the gateway to AIDS treatment and has documented prevention benefits.
- Expanding access to treatment is an incentive for people to get tested and know their status. It also reduces stigma, and can potentially bring millions into health-care settings to receive prevention interventions.
- Although HIV prevalence continues to rise in many countries, this should not be construed as a failure of proven prevention strategies, but rather a failure to ensure adequate access to these essential services.
- Without effective comprehensive prevention for all, the numbers of people living with HIV will continue to escalate, with disastrous short- and long-term effects.
- In high-income countries, prevention programmes must be reinvigorated to reduce prevailing prevention ‘complacency’ and to avoid the epidemic’s resurgence.

### Comprehensive prevention

- Comprehensive prevention involves all the strategies required to prevent transmission of HIV. These include AIDS education; behaviour change programmes for young people and other populations at higher risk of HIV exposure; promotion of male and female condoms, along with abstinence, being safer through fidelity and reducing the number of partners; voluntary counselling and testing; prevention of mother-to-child HIV transmission; preventing and treating sexually transmitted infections; blood safety, prevention of transmission in health care settings; community education and changes in laws and policies to counter stigma; vulnerability reduction through social, legal and economic change; and harm reduction programmes for injecting drug users.
- Combination prevention refers to strategies to prevent sexual transmission of HIV. The “A,B,Cs” of combination prevention are – **A**bstinence, **b**eing safer (by being faithful or reducing the number of partners), and **c**orrect and **c**onsistent condom use. A, B, and C interventions can be adapted and combined in a balanced approach that will vary depending on cultural context, the population targeted and the stage of the epidemic.
- For many women and girls in developing countries, the ABC approach is of limited value

due to their lack of social and economic power. They cannot negotiate abstinence from sex, nor can they insist their partners remain faithful or use condoms.

- Effective prevention requires policies that help reduce the vulnerability of large numbers of people- in effect, creating a social, legal and economic environment in which prevention is possible. Initiatives that enhance economic and social development and empower women and girls also contribute to effective AIDS responses.

### **Condoms and HIV prevention**

- Condoms continue to be one of the most effective weapons in preventing the sexual transmission of HIV.
- Condoms have been found to be greater than 90% effective when used correctly and consistently.
- Evidence shows that condoms, when part of a broader prevention package, play a key role in reducing HIV infections and prevalence as seen in several countries, including Brazil, Cambodia, parts of Tanzania, Thailand, Uganda, and urban Zambia.
- More data is now emerging that demonstrates the effectiveness of condoms in preventing HIV transmission in generalized epidemics. A study from South Africa, soon to be published in the journal *AIDS*, finds that when enough young men use condoms consistently, there is a clear protective effect for both the individual and the population at large.
- There is no evidence that promoting condoms leads to increased promiscuity among young people. Since the early 1990s, extensive research has shown that education about sexuality and access to condoms do not lead young people to begin having sex, or to have more partners.
- In fact, condoms, when distributed with educational materials as part of a combination prevention package, have been shown to delay sexual debut among those not sexually active. Among sexually active youth, HIV prevention education programmes have resulted in a reduced number of partners and increased condom use.
- The main reason that condoms can fail is due to improper use, breakage or slippage.
- Globally, condom distribution has increased substantially in recent years, but a large gap remains. According to UNFPA, the current supply of condoms is 40% short of what is needed. By 2015, an estimated 19 billion condoms will be needed to prevent HIV and other sexually transmitted infections. In Africa, despite progress made in some countries, current condom supplies fall far short – providing only three condoms per year for each adult male.
- While international funding for condoms peaked in 1996 at US\$68 million, it subsequently declined to US\$40 million annually in 1999 and 2000.

---

*For more information, please contact Dominique De Santis, UNAIDS, Geneva, tel. +41 22 791 4509 or mobile (+41 79) 254 6803, or Abby Spring, UNAIDS, Geneva, tel. +41 22 791 4577 or mobile (+41 79) 308 9861. For more information about UNAIDS, visit [www.unaids.org](http://www.unaids.org).*