



Comprehensive HIV Prevention

The ABC approach

- **Abstinence-until-marriage:** refraining from sexual intercourse until marriage, or returning to abstinence after a period of out-of-wedlock sexual activity
- **Be faithful:** committing to having sex with only one partner and avoiding casual sex; avoiding "grazing"
- **Condoms:** using condoms correctly and consistently. "C" also represents comprehensive prevention.
- The ABC approach is the HIV prevention model used by many organizations, including UNAIDS and PEPFAR.

Controversy surrounding comprehensive HIV prevention

- HIV prevention is an issue that has become widely politicized. Many critics of comprehensive prevention strategies argue that talking to individuals about safer sex and providing them with condoms promotes sexual behavior. Harm reduction strategies, such as providing condoms to sex workers or doing needle exchange with intravenous drug users (IDUs) have been harshly criticized as encouraging people to continue engaging in harmful behaviors.
- However, an overwhelming body of evidence and research indicates that comprehensive HIV education—including comprehensive sex education, condom distribution, and harm reduction strategies—is the most effective way to prevent HIV. A 2005 report from the WHO shows decreased HIV incidence as a result of comprehensive prevention strategies in youth in Uganda and Tanzania, sex workers and their clients in Thailand and India, and injecting drug users in Spain and Brazil.
- Another point of controversy in the fight for comprehensive HIV prevention is the Prostitution Loyalty Oath. This sanction, set in place by USAID in 2004, requires that HIV/AIDS organizations that seek funding to provide services in other countries pledge to oppose commercial sex work. This policy alienates and stigmatizes a high-risk community in severe need of HIV/AIDS prevention and treatment services.

Continuing the ABCs ...

- Some HIV/AIDS organizations have further developed the ABC model into an ABCDEF approach which takes into account social and economic factors that affect the spread of HIV/AIDS through communities. These additional prevention components also help to address the disproportionate impact that HIV/AIDS has on women and girls.
- **Abstinence:** refraining from sexual intercourse until marriage, or returning to abstinence after a period of out-of-wedlock sexual activity
- **Be faithful:** committing to having sex with only one partner and avoiding casual sex; avoiding "grazing"

- Condoms: using condoms correctly and consistently. “C” also represents comprehensive prevention.
- Defending against gender-based violence
- Education: Improving girls’ education
- Fix property and inheritance laws

More about D-E-F

Defending against gender-based violence

- Women who experience domestic violence, sexual assault or rape are more likely to become infected with HIV. These women, who may be beaten or otherwise abused on a daily basis, are often powerless to resist sex with their partner or to insist that their partner remain faithful or use condoms.
- Education and economic and social empowerment for women are crucial in lowering HIV rates, as women require the skills to negotiate sexual situations and leave abusive relationships.

Education: Improving girls’ education

- In many countries, women and girls are the primary caregivers for their families. However, when they are prevented from accessing resources or learning about nutrition and health, entire families suffer. Additionally, lack of education is often a barrier for women who are attempting to leave an abusive relationship.
- Eliminating school fees is a crucial first step to improving girls’ education. By eliminating these fees, all families will be able to afford to send their children to school. Girls who receive an education are more likely to be economically independent and understand the risks and prevention methods of HIV. Further, when educated girls grow up and have families of their own, they will be more likely to send their children to school, helping to break cycles of abuse and poverty. (See Education and AIDS factsheet for more.)

Fix property and inheritance laws

- In many developing countries, women are prohibited from owning or inheriting property. This means that if a woman’s husband or parents die, she loses her home. Not only does she become homeless, but she loses the farmland that provided her family’s livelihood and now must resort to other means to provide income for herself and her children. Often, women in this position who lack education or marketable skills may turn to sex work in order to provide for their families, which greatly increases risk for HIV exposure.
- Property and inheritance laws must be changed to give women the ability to own land and thus provide for themselves and their families.

The SAVE approach: Another method for comprehensive prevention

This model, developed by ANERELA (the African Network of Religious Leaders Living with or personally affected by HIV/AIDS) includes components to counter the stigma that many believe is inherent in the ABC approach, as well as including both prevention and care components.

- Safer practices: This includes safer practices for all modes of HIV transmission, including barrier methods for sexual intercourse (condoms), safe blood for transfusion, sterile needles and syringes, and abstinence.
- Available medications: Antiretroviral therapy is not the only medical intervention needed by individuals with HIV/AIDS. These individuals also need to be treated for HIV-associated infections such as pneumonia and tuberculosis. Treatment of opportunistic infections results in better quality of life and longer-term survival.

- Voluntary counseling and testing: People who know their HIV status are better equipped to protect themselves from infection, and, if they are HIV-positive, protect themselves from infecting others.
- Empowerment: Individuals are empowered through education. It is not possible to make informed decisions regarding HIV prevention and treatment without access to all relevant information. Correct, non-judgmental information must be distributed to all.

Harm Reduction: Critical in comprehensive HIV prevention

- The goal of harm reduction is to mitigate the potential harm associated with engaging in certain risk behaviors without prohibiting these behaviors and while respecting people's right to choice. Most often, harm reduction targets individuals who engage in sex work and intravenous drug use.
- Common harm reduction strategies for sex workers include safer sex education and condom distribution so that when sex workers have intercourse, they do so safely and at the least possible risk of becoming infected with HIV or other sexually transmitted infections.
- Needle exchange programs, safe injection rooms, and methadone clinics are common harm reduction techniques used for individuals who use injectable drugs. Having access to clean injection equipment and supervised injection facilities can help users lower their risk of contracting HIV through contaminated needles or syringes.

Prevention of Mother-to-Child HIV Transmission

Without treatment, between 15% and 30% of babies born to HIV-positive mothers will become infected with HIV during pregnancy or delivery, and another 5-20% will become infected during breastfeeding. Prevention of mother-to-child-transmission (PMTCT) is critical in slowing the spread of HIV/AIDS. PMTCT can be achieved through antiretroviral drugs (ARVs), safer feeding practices, and other interventions.

To get involved in promoting HIV prevention awareness and generating the political will to end the HIV/AIDS pandemic by supporting evidence-based HIV prevention, join the Global AIDS Alliance Grassroots Network. Sign up at <http://www.globalaidsalliance.org/getinvolved.cfm> or email grassroots@globalaidsalliance.org.

Resources:

<http://www.avert.org/motherchild.htm>

<http://www.who.int/mediacentre/news/releases/2005/unaidswho/en/index.html>

<http://www.christian-aid.org.uk/news/media/pressrel/060321p.htm>