

**EMBARGOED UNTIL 10:30 GMT, 21 NOVEMBER 2005**

## PREVENTION

*In 2005, there were close to five million new HIV infections worldwide, 3.2 million of these in sub-Saharan Africa alone. In the same year, 3 million people died of AIDS-related diseases; more than half a million were children. Today the total number of people living with HIV stands at 40.3 million, double the number in 1995. Despite progress made in a small but growing number of countries, the AIDS epidemic continues to outstrip global efforts to contain it.*

- Worldwide, less than one in five people at risk of becoming infected with HIV has access to basic prevention services. Of people living with HIV only one in ten has been tested and knows that he or she is infected.
- The number of people receiving antiretroviral treatment in low and middle income countries has tripled since the end of 2001. Yet, at best, only one person in ten in Africa and one in seven in Asia in need of treatment were receiving it in mid-2005.
- To get ahead of the epidemic, HIV prevention efforts must be scaled up and intensified, as part of a comprehensive response that simultaneously expands access to treatment and care.
- According to mathematical modeling, in sub-Saharan Africa, a comprehensive prevention and treatment package would avert 55% of new infections that otherwise could be expected to occur until 2020.
- Evidence and experience show that rapidly increasing the availability of antiretroviral therapy leads to greater uptake of HIV testing. Kenya, for example, has seen a dramatic increase in testing and counselling uptake in 2000–2004, while in Brazil uptake increased more than threefold in 2001–2003.
- A health survey conducted after the introduction of an antiretroviral programme in Khayelitsha, South Africa, found higher condom use, willingness to join AIDS clubs, and readiness to be tested for HIV than in any of the seven other sites surveyed.
- Around the world an increasing number of women are being infected with HIV. Widespread inequalities including political, social, cultural and human security factors often exacerbate the situation for women and girls.
- In many countries, marriage, and women's own fidelity are not enough to protect them against HIV infection. Among women surveyed in Harare (Zimbabwe), Durban and Soweto (South Africa), 66% reported having one lifetime partner, 79% had abstained from sex at least until the age of 17. Yet, 40% of the young women were HIV-positive.
- If HIV-prevention activities are to succeed, they need to occur alongside other efforts, such as legal reform (including property rights) and the promotion of women's rights that address and reduce violence against women.

- It is equally important to engage men and boys in HIV prevention efforts. Men, like women, are influenced by traditional gender norms. These need to be challenged and changed if both men and women are to be protected from HIV infection and if men are to be encouraged to play a more responsible role in HIV prevention.
- An emerging trend of rising infection rates being observed among older generations in some countries may point to an important gap in prevention efforts with this age group. In Botswana—among pregnant women aged 15–24, HIV infections have remained steady since 1999, but among their counterparts 25 years and older, prevalence has been rising constantly since 1992 reaching 43% when last measured in 2003. Infection levels among older men and women in Botswana were unexpectedly high: 29% for those 45–49 years old and 21% for those in early 50s.
- Stigma and discrimination simultaneously reduce the effectiveness of efforts to control the epidemic and create an ideal climate for its further growth. Stigma prevents many people from negotiating safer sex, taking an HIV test, disclosing their status to their partners or seeking treatment, even when prevention services are made available.
- Ensuring that prevention strategies include those most marginalized, who are often most at risk of infection, such as sex workers, injecting drug users, prisoners, and men who have sex with men, can play a significant role in stemming the rate of spread in many parts of the world.
- Preventing and treating sexually transmitted infection reduces the risk of HIV transmission. Infection with other sexually transmitted infections—such as syphilis, gonorrhoea, Chlamydia, trichomoniasis and genital herpes—increases the chance that HIV will be transmitted during unprotected sex between an infected and an uninfected partner.
- The male latex condom is the most efficient available technology to reduce the sexual transmission of HIV and other sexually transmitted infections.
- Expanded efforts are urgently needed to discover, manufacture, and deliver new prevention tools that will have a sharp downward impact on new infections and reverse the AIDS epidemic – especially microbicides and vaccines.
- Without HIV prevention measures, about 35% of children born to HIV-positive women will contract the virus. The key to protecting children is preventing infection in parents. Implementation of comprehensive prevention, treatment, care and support programmes has virtually eliminated HIV transmission from mothers to their infants in industrialized countries. In high-prevalence countries, however, AIDS is responsible for an increasing share of under-five mortality. In Africa, its share rose from 2% in 1990 to 6.5% in 2003.
- In recent years, international consensus on the need for a comprehensive response to HIV comprising prevention, treatment and care has strengthened. Political will has increased, as has advocacy by civil society groups. International and national funding available to the response to AIDS has greatly increased. These advances present an important opportunity to further intensify efforts and increase the momentum towards universal access to prevention, treatment and care for all countries affected by AIDS.

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