



Key Recommendations at the *Leadership Forum on HIV Prevention* June 22, 2001

On Friday, June 22 in New York, on the eve of the UN Special Session on AIDS, more than 130 leading international public health experts and top health officials from more than 15 countries convened to examine effective strategies to contain the HIV/AIDS pandemic.

Sponsored by the Henry J. Kaiser Family Foundation, the Ford Foundation, and the Bill & Melinda Gates Foundation, the Leadership Forum on HIV Prevention attracted political leaders – including President Festus Mogae of the Republic of Botswana – as well as scientific researchers, senior officials of the world’s most prominent health and development agencies, and officials from governments and universities in the developing countries hit hardest by AIDS.

Recommendations

The meeting generated the following key recommendations –

- **Funding for HIV prevention efforts must be dramatically increased.** Although the Joint United Nations Programme on HIV/AIDS has determined that \$9.2 billion is needed annually to mount a comprehensive response to the pandemic in developing countries, only about \$1.8 billion – roughly 20% of what is needed – is currently being spent on HIV prevention and care programs. To turn the tide against the global epidemic, sufficient resources must be provided to enable pilot prevention interventions to be scaled up for maximum impact. The global AIDS and health fund currently being negotiated represents an important potential mechanism to strengthen the world’s response to AIDS, but substantial funding increases are also needed from bilateral and multilateral programs, from corporations, and from philanthropic foundations.

- **HIV prevention programs must be based on approaches that have been proven to work.** Rigorous scientific study in rich and poor countries alike has clearly demonstrated that HIV prevention programs help prevent new infections. Effective HIV prevention employs sound scientific principles, encourages frank discussion of sex, uses multiple means of encouraging behavior change, and is sustained over time.

- **The global community must pursue a *comprehensive strategy to fight AIDS.*** Prevention, care and treatment, and research are all essential components of an effective global response to AIDS. By preventing new infections, we make treatment programs in developing countries more feasible and affordable. By providing treatment to those infected with the virus, we reduce the stigma associated with the disease and provide powerful incentives for individuals to be tested for HIV. And with aggressive AIDS research programs, we learn better how to mount effective and efficient prevention and care interventions.
- **Prevention efforts must give priority to young people.** In the hardest-hit countries, young people are becoming infected at an alarming pace. Over half of all new HIV infections globally are among young people under the age of 25. Success in the fight against AIDS will be measured by our ability to encourage young people to avoid high-risk sexual behaviors.
- **Concerted efforts must be made to reduce the stigma associated with HIV.** The widespread silence surrounding the disease in many of the most affected countries contributes to rapid growth of HIV infection. People with HIV often remain hidden out of fear that they will experience discrimination, ostracism, or physical violence. Such a climate of fear is fundamentally inconsistent with the public health imperative for open discussion about the disease.
- **Structural barriers to effective HIV prevention must be removed.** Official policies and cultural norms often impede prevention efforts. These barriers include laws and practices that discriminate against or disempower women, who today comprise nearly half of new HIV infections. Prevention strategies are further hindered by officially sanctioned discrimination against men who have sex with men, commercial sex workers, and injection drug users.

Key Findings

Four research papers by leading HIV prevention experts, including Michael Merson, MD, Dean of the Yale School of Public Health, Allan Rosenfield, MD, Dean of the Mailman School of Health at Columbia University, and Thomas Coates, Ph.D., Director of the Center for AIDS Prevention Studies at University of California, San Francisco, were commissioned for presentation at the Leadership Forum. The papers included the following key findings:

- **Substantial evidence – from carefully controlled scientific studies and from analyses of various national experiences – clearly demonstrates that prevention is effective.** Where pursued aggressively on a major scale, prevention programs can help countries reverse serious epidemics, contain emerging epidemics, or prevent an HIV epidemic from taking hold entirely.

- **Very recent experience has further underscored the evidence of the effectiveness of HIV prevention.** In addition to Uganda, Senegal, and Thailand – whose successes in reducing infection rates have been extensively documented – Brazil, Zambia, and other countries have made significant progress against the epidemic by investing in HIV prevention. In Brazil, HIV prevalence remains below 3% among pregnant women, while infection rates among men who have sex with men in Rio de Janeiro declined by 65% between 1994 and 1996. Although it is too early to draw long-term conclusions, Zambia reports significant declines in HIV infection among 15-19-year-olds and major reductions in risk behaviors.
- **Experience in the U.S. and Europe underscores the challenge of maintaining prevention successes.** Although new infections declined markedly among gay men in the U.S. and Europe following implementation of HIV prevention programs, emerging evidence points to increases in risk behaviors and HIV transmission in these populations. Available studies link these increases to optimism regarding combination antiretroviral therapies.
- **Studies consistently show that HIV prevention is highly cost-effective in developing countries.** Seven HIV prevention strategies have been found to be highly cost-effective – condom promotion, STD control, voluntary counseling and testing, female condom promotion, injection drug user interventions, screening the blood supply, and antiretroviral drugs to prevent mother-to-child transmission.
- **Less than \$1 billion is spent each year on HIV prevention programs in low- and middle-income countries.** Despite the estimate by UNAIDS that between \$4 billion and \$5 billion annually is needed to mount an effective global effort to prevent HIV transmission, total spending on prevention amounts to approximately \$800 million.

The Challenge Ahead

The need for global leadership in preventing HIV transmission is clear: since 1990, the number of HIV infections has increased 10-fold, and more than 36 million people are currently living with the disease. Each year, more than 5 million people become infected with HIV, approximately half of whom are under the age of 25. Ninety-five percent of people living with HIV live in resource-poor countries. While sub-Saharan Africa remains the most devastated region, infection rates are growing exponentially in Russia, eastern Europe, and central and southern Asia.

The high rate of HIV transmission worldwide is testament not to the limitations of HIV prevention but rather to our failure to mount a meaningful prevention effort. At this unique historical moment in the epidemic – when key sectors in both industrialized and developing countries are ready to acknowledge their role in responding to AIDS – the world has an unprecedented opportunity to save many millions of lives. With sufficient resources, intelligence, and commitment, we can defeat the most devastating epidemic to affect modern civilization.