

GLOBAL HIV PREVENTION WORKING GROUP

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LEADING AIDS EXPERTS CALL FOR MAJOR EXPANSION OF HIV PREVENTION

– Less than 1 in 5 at Risk Currently Reached; New Report Provides Blueprint for Dramatic Scale-Up of HIV Prevention Worldwide –

The Global HIV Prevention Working Group, composed of nearly 40 of the world's leading HIV prevention experts, today released a blueprint to prevent millions of new HIV infections before the end of the decade.

The blueprint calls for spending on global HIV prevention to quadruple to \$4.8 billion by 2004. This increase would allow for a massive expansion of effective prevention efforts, including HIV testing, condom promotion, STD control, and behavior change programs. Today, fewer than one in five people at risk for HIV infection receives basic prevention services.

“We failed to act decisively in the early stages of the epidemic in sub-Saharan Africa, and now we are paying the price,” said David Serwadda of Makerere University in Kampala, Uganda, and co-chair of the working group. “But we still have an opportunity to save the next generation in Africa from AIDS, and to prevent runaway epidemics in India, Russia, and China.”

“There is clearly a major gap in access to prevention worldwide,” said Helene D. Gayle, M.D., M.P.H., director of the Bill & Melinda Gates Foundation's global HIV/AIDS program and co-chair of the working group. “While we treat those infected, while we search for a vaccine, we have to embark on an unprecedented expansion of existing, proven HIV prevention programs.”

The report, *Global Mobilization for HIV Prevention: A Blueprint for Action*, was released in conjunction with a new study in *The Lancet*, which projects that there will be 45 million new HIV infections by 2010 without an expanded prevention effort. The study states, however, that 29 million of these could be prevented with the aggressive scaling up of existing prevention strategies. The study was conducted by UNAIDS, WHO, The Futures Group International, the U.S. Census Bureau and Imperial College, London.

Interventions cited in the working group's blueprint and the *Lancet* study include: mass media campaigns; condom distribution, promotion and social marketing; voluntary counseling and testing (VCT) programs (including those VCT programs linked to mother-to-child transmission prevention programs); blood screening; school-based programs; programs for out-of school youth; workplace programs; treatment of sexually transmitted diseases (STDs); peer counseling for sex workers and men who have sex with men (MSM), and harm reduction programs for injecting drug users (IDUs).

“Just as combination therapy attacks HIV from different angles, prevention requires a combination of approaches,” said Gayle. “There is no single magic bullet. ‘Combination prevention,’ however, has proven very effective.”

In the U.S., prevention programs have cut annual HIV infections by two-thirds since the mid-1980s. Prevention efforts have also contained the epidemic in countries such as Senegal, Thailand, and Uganda. More recently, Zambia, Brazil and Cambodia have seen significant results from prevention efforts. For example, as a result of a comprehensive prevention program in Cambodia, HIV among pregnant women has declined by one-third in the past three years.

The Global HIV Prevention Working Group is composed of 37 leaders in public health, clinical care, biomedical, behavioral, and social research, and people affected by HIV/AIDS from around the world. The working group was convened earlier this year by the Gates Foundation and the Kaiser Family Foundation to review scientific evidence on HIV prevention and assess the status of global prevention efforts. (A list of working group members is attached.)

The working group's blueprint strongly affirms the importance of a comprehensive approach to fighting the epidemic—one that combines both prevention and treatment.

“We have a moral imperative both to prevent millions of new HIV infections and to care for those who are already infected,” said Gayle. “Treatment not only prolongs lives, but it also supports prevention efforts by encouraging knowledge of HIV status.”

Recommendations

The working group's blueprint identifies the major obstacles to scaling up HIV prevention, and makes specific recommendations for overcoming them:

1. *Increase funding.* Annual investment in HIV prevention for low-and middle-income countries should quadruple by 2004 – increasing from approximately \$1.2 billion today to \$4.8 billion, as called for by UNAIDS. Annual funding must be sustained at this level through 2010 and well into the next decade.
2. *Scale up proven prevention strategies,* including voluntary counseling and testing, condom promotion, mass media campaigns, blood screening, STD treatment, peer outreach, workplace programs, school-based programs and programs for out-of-school youth.
3. *Train local personnel* to develop prevention expertise that can be sustained over the long-term.
4. *Encourage political leaders* to be vocal proponents of science-based HIV prevention policies and programs.
5. *Use prevention resources more strategically.* Today 1 in 4 developing countries lacks a strategic HIV/AIDS plan. In order to most effectively fight AIDS, all countries should have a strategic plan in place, tracking of HIV/AIDS should be improved, and prevention funding and programs should be coordinated.
6. *Expand access to prevention tools,* such as condoms and HIV test kits, while dramatically expanding access to HIV/AIDS therapies.
7. *Accelerate research* into new prevention technologies by increasing funding by \$1 billion for vaccines, and \$1 billion for microbicides by 2007, and expand research into female-controlled barrier methods.
8. *Confront the social factors that facilitate HIV,* such as AIDS stigma, poverty and women's disempowerment.

Global HIV Prevention Working Group

Co-Chairs:

- * Helene Gayle, Bill & Melinda Gates Foundation
- * J.V.R. Prasada Rao, formerly of the National AIDS Control Organization, India
- * David Serwadda, Makerere University, Uganda

Co-Convener:

- * Drew Altman, Kaiser Family Foundation, USA

Members:

- Judith D. Auerbach, National Institutes of Health, USA
- * Mary Bassett, Rockefeller Foundation, Zimbabwe
 - * Seth Berkley, International AIDS Vaccine Initiative, USA
 - * Jordi Casabona, Co-chair, Barcelona XIV International AIDS Conference; Hospital Universitari Germans Trias i Pujol, Spain
 - * Tom Coates, Center for AIDS Prevention Studies, University of California, San Francisco, USA
 - Awa Marie Coll-Seck, Minister of Health, Senegal
 - * J. Peter Figueroa, Ministry of Health, Jamaica
 - Geeta Rao Gupta, International Center for Research on Women, USA
 - * Catherine Hankins, UNAIDS, Geneva
 - Shen Jie, National Center for AIDS/STD Prevention and Control, China
 - * Salim Karim, University of Natal, South Africa
 - Milly Katana, Health Rights Action Group, Uganda
 - * Susan Kippax, University of New South Wales, Australia
 - * Peter Lamptey, Family Health International, USA
 - Kgapa Mabusela, loveLife, South Africa
 - * Marina Mahathir, Malaysian AIDS Council, Malaysia
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 - * Rafael Mazin, Pan American Health Organization, USA
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 - * Peter Piot, UNAIDS, Geneva
 - Vadim Pokrovsky, Russian Center for AIDS Prevention and Control, Russia
 - Tim Rhodes, Imperial College, University of London, United Kingdom
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Organizational affiliations are provided for identification purposes only, and do not indicate organizational endorsement of the report's recommendations.

** Members of the Working Group who have officially endorsed the report at the time of publication.*

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