

## PREVENTION: OUR CHANCE TO REVERSE THE HIV/AIDS PANDEMIC

### A Synopsis of The Global Impact of Scaling-up HIV/AIDS Prevention Programs in Low-and Middle-Income Countries<sup>1</sup>

Imagine that in the next decade, more than 30 million people could be prevented from becoming infected with HIV, the virus that causes AIDS. Imagine that this can be done in the absence of an AIDS vaccine, which is unlikely to be available in that timeframe. In fact, experts have demonstrated that the ability to avert more than half of all anticipated new HIV infections is available to us, by expanding access to known, tested prevention strategies that have already prevented millions of people from becoming infected with HIV.

#### What is at Stake?

The HIV/AIDS epidemic has claimed more than 23 million lives and 40 million people are now living with HIV/AIDS. Recent advocacy efforts and the major share of funding have focused on expanding access to treatment and care. This expansion is essential to prolong the lives and improve the quality of life for those already infected. However, without an additional strong focus on prevention, the HIV/AIDS epidemic will continue to grow, and at an alarming rate. In less than 10 years, by 2015, it is estimated that nearly 62 million people worldwide will have become newly infected. Even with advancement toward universal access to treatment and low-cost drugs, the ever-growing demand for treatment implied by these numbers can easily outpace the availability of resources. The best hope for extending the lives of those needing treatment is to reduce the number of new infections by scaling up proven prevention strategies.

#### What Works?

Recently, international and country experts estimated the costs and benefits of significantly expanding prevention programs in 125 low- and middle-income countries.<sup>2</sup> Fifteen prevention strategies that have shown success in averting new HIV infections were analyzed.<sup>3</sup>

The projections were based on reasonable assumptions, including that by 2010, 80 percent of those in need would be receiving antiretroviral treatment, and prevention efforts would have reached 80 percent of the targeted populations and remain constant at that level. The percentages in the table (see next page) indicate the annual increase in scale-up required to achieve 80 percent coverage for each prevention intervention. They indicate that some prevention efforts have achieved greater coverage than others. Programs to prevent mother-to-child transmission, mobilize communities, reach commercial sex workers and those living with HIV/AIDS, for example, will require more rapid scale-up than will efforts to expand mass media or reach in-school youth.

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## Pay Now or Pay Later

Doubling global investment for the complete package is within reach and will have long-term payoffs. At present, prevention efforts are under-utilized and under-funded. Although the proposed scale-up would cost \$3,900 per new infection averted, experts also estimate that each infection prevented will yield a savings of \$4,700 in lifetime treatment and care costs. The suggested prevention package thus saves nearly \$800 in lifetime costs for every infection prevented by greatly reducing the number of infected people who will require care and antiretroviral treatment in the future. The nearly \$2.5 billion saved by averting 31 million HIV infections will free up financial and human resources to prevent even more new infections. As the ability of drugs to extend life increases, the savings per infection is also projected to increase dramatically. If life expectancy increased by only three years, projected savings per infection prevented would rise to more than \$1,800.<sup>5</sup>

Providing for treatment and care of people living with HIV/AIDS remains absolutely essential. At the same time, scaling-up prevention activities is not only cost-effective, but a sound and essential investment if we are to reverse the AIDS pandemic. An important window of opportunity has already closed due to the slow expansion of prevention services prior to 2003. A faster scale-up would have prevented millions of infections from occurring in the last several years. We must now pay the price for this delayed response. We can't afford further delays in bringing prevention programs to scale.

### References

<sup>1</sup>Stover J, et al., *Science* 10 March 2006 311: 1474-1476; online, *Science Express*, Feb, 2006.

<sup>2</sup> Ibid.

<sup>3</sup> Health services, including safe blood, universal precautions or post-exposure prophylaxis were not included in this analysis, although they are included in estimates of global resources needed for prevention. Male circumcision, currently being studied for its potential to reduce risk of HIV infection, was also not included.

<sup>4</sup> Special populations differ by country and typically include military, police, truckers, migrants, refugees and/or prisoners.

<sup>5</sup> Supporting online material for Stover, et al. 2006 at [www.sciencemag.org/cgi/data/1121176/DC/1/2](http://www.sciencemag.org/cgi/data/1121176/DC/1/2)

| Targeted Intervention   | Annual increase in coverage to reach 80% of targeted population by 2010 |
|---|---|
| Mass media  | 9%  |
| Community mobilization  | 30%   |
| Voluntary counseling and testing  | 23%   |
| Interventions focused on youth in school                                | 4%  |
| Interventions focused on youth out of school                            | 20%   |
| Interventions focused on commercial sex workers (CSW) and their clients | 25%   |
| Interventions focused on men who have sex with men (MSM)                | 25%   |
| Harm reduction programs   | 39%   |
| Workplace Interventions   | 21%   |
| Prevention programs among people living with HIV/AIDS                   | 48%   |
| Interventions for special populations <sup>4</sup>                      | 17%   |
| Condom social marketing   | 21%   |
| Public and commercial sector condom provision                           | 6%  |
| Improved management of sexually transmitted infections (STI)            | 7%  |
| Prevention of mother-to-child transmission                              | 25%   |

Achieving these prevention coverage goals would have a big payoff – preventing more than 28 million adults and 3 million children from becoming infected with HIV, equivalent to three-fourths of the number currently living with HIV/AIDS. The number of new infections occurring between now and 2015 would be reduced by more than half. Preventing millions of new HIV infections from occurring is a goal well worth striving for.

While the cost of averting these infections with a comprehensive prevention package is not cheap, it clearly is within our ability as a global society. Over a 10-year period, an estimated \$122 billion is needed to expand these prevention efforts. Projected global funding for the complete spectrum from prevention to treatment and care is \$27 billion for 2006-8, roughly half of the \$55 billion that UNAIDS has estimated is needed.

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urges that these proven prevention strategies be fully funded through increased support from all private donors and governments, and that they are fully implemented in the most expeditious and scientifically-based manner possible.

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