

HIV prevention principles are the foundations on which HIV prevention efforts must stand.

These principles are applicable universally. These principles do not stand alone but collectively nourish HIV prevention efforts.

HIV prevention principles



Essential Policy Actions for HIV prevention

- All HIV prevention efforts/programmes must have as their fundamental basis the promotion, protection and respect of **human rights including gender equality**.

- HIV prevention programmes must be **differentiated and locally-adapted** to the relevant epidemiological, economic, social and cultural contexts in which they are implemented.

- HIV prevention actions must be **evidence-informed**, based on what is known and proven to be effective and investment to expand the evidence base should be strengthened.

- HIV prevention programmes must be **comprehensive** in scope, using the full range of policy and programmatic interventions known to be effective.

- HIV prevention is for life; **therefore, both delivery of existing interventions** as well as research and development of new technologies require a **long-term and sustained effort**, recognizing that results will only be seen over the longer-term and need to be maintained.

- HIV prevention programming must be at a **coverage, scale and intensity** that is enough to make a critical difference.

- Community participation** of those for whom HIV prevention programmes are planned is critical for their impact.

To sustain and enable HIV prevention efforts, effective policies are required. HIV prevention policies must address the behaviours and situations that increase the risk of HIV and enhance people's vulnerability, and the situations in which risk and vulnerability converge. HIV prevention efforts have largely ignored the structural factors that increase vulnerability. These policy actions are key to creating an enabling environment for HIV prevention to work.

1. Ensure that **human rights** are promoted, protected and respected and that measures are taken to eliminate discrimination and combat stigma. All over the world, AIDS has thrived on stigma, shame and discrimination and has given rise to the abuse of human rights. Protecting and promoting human rights are therefore an essential part of any comprehensive AIDS prevention strategy, as is promoting the dignity of people living with HIV/AIDS.

2. Build and maintain **leadership** from all sections of society, including governments, affected communities, nongovernmental organizations, faith-based organizations, the education sector, media, the private sector and trade unions. National governments have the mandate to direct policy, provide resources, and offer leadership at a scale that will arrest and turn back the HIV epidemic. Numerous opportunities exist for the display of leadership and a significant scaling up of the national response. Politicians and leaders in all sectors including religious, business and community must use every opportunity available to speak out openly about AIDS and its growing impact on individuals, families, communities and societies.

3. Involve **people living with HIV, in the design, implementation and evaluation of prevention strategies**, addressing the distinct prevention needs. Since the beginning of the epidemic prevention strategies have been more effective when they have meaningfully



involved people living with HIV in their design, implementation and evaluation. HIV prevention strategies have, however, often failed to address the distinct prevention needs of people diagnosed with HIV and/or to build capacity for their meaningful participation. The aim of prevention for people living with HIV is to empower them to avoid acquiring new sexually transmitted infections, delay HIV disease progression and avoid passing their infection to others.

4. Address **cultural norms and beliefs**, recognizing both the key role they may play in supporting prevention efforts and the potential they have to fuel HIV transmission. HIV transmission is fuelled by a variety of factors, including most importantly, the local context created by local norms, myths, practices, and beliefs, as well as social, economic and human security realities. HIV prevention efforts must be tailored to respond to those norms, practices and beliefs that hamper HIV prevention. Simultaneously, those norms, practices and beliefs that potentially can support HIV prevention need to be fully harnessed.

5. Promote gender equality and address **gender norms and relations** to reduce the vulnerability of women and girls, involving men and boys in this effort. Gender inequalities as well as gender norms and relations, including practices around sexuality, marriage and reproduction; harmful traditional practices; barriers to women's and girls' education; lack of access for women to health information and care; and inadequate access to economic, social, legal and political empowerment are major contextual barriers to effective HIV prevention. Worldwide, women and girls have been rendered vulnerable to infection by widespread inequalities and economic, political, social, cultural and human security factors. Action in each of these areas and towards the broader goal of gender equality is necessary to turn back the increasing feminization of the epidemic globally. In addition, it is important to engage men and boys in these efforts for a long-standing impact



on gender inequalities. Involving men is important not only because they often control women and girls' vulnerability to HIV. Societal norms about masculinity and gender also heighten men's vulnerability to HIV since they encourage men to engage in behaviours that put their health at risk and deny them needed protective information and services.

6. Promote widespread **knowledge and awareness** of how HIV is transmitted and how infection can be averted. AIDS is an epidemic of the information age. Yet it is precisely those tools of the information age that are our strongest weapons to fight the AIDS epidemic to fight denial, inaction, ignorance, stigma and discrimination: the key forces that allow this epidemic to spread. Since there are many variations in the contexts that determine behaviour; communication approaches to promoting HIV prevention need to be specific to be relevant to local situations. Government policy and an understanding of social and economic context, culture, and gender relations must inform the development of communication strategies for HIV prevention.

7. Promote the links between HIV prevention and **sexual and reproductive health**. The overwhelming majority of HIV infections are sexually transmitted

or associated with pregnancy, childbirth and breastfeeding. Sexual and reproductive health initiatives and HIV prevention initiatives should be mutually reinforcing. Both HIV and sexual and reproductive health are driven by many common root causes and stronger linkages between them will result in more relevant and cost effective programmes with greater impact. Integrating HIV prevention in existing reproductive and sexual health programmes can rapidly scale up coverage of HIV prevention programmes.

8. Support the mobilization of **community-based responses** throughout the continuum of prevention, care and treatment. Communities have been at the forefront of the response to AIDS since the emergence of the epidemic. Mobilizing communities to act collectively ensures that the AIDS epidemic is owned and responded to by all levels of society. Not only is this in keeping with the rights of communities but it also ensures that the response is sustainable, reaches the necessary populations, and achieves impact. Community mobilization is therefore central to effective HIV prevention and the AIDS response as a whole. It requires investment and support and cannot be taken for granted.

9. Promote programmes targeted at HIV prevention needs of **key affected groups and populations**. Although comprehensive prevention programmes must be made



available to the general population, actions must be taken to identify key populations based particularly on epidemiological data both those most at risk of HIV infection and those living with HIV and to address their specific prevention needs and that of their sexual partners, where applicable.

10. Mobilizing and strengthening **financial, and human and institutional capacity** across all sectors, particularly in health and education. There are a range of resources needed to mount and sustain an effective HIV prevention response as part of a comprehensive AIDS programme. These include expanding and making more effective use of existing finances, and strengthening institutional and human capacity. Strengthening the capacity of key institutions in several sectors is critical to ensuring adequate HIV prevention. There has to be some breakthrough in ensuring that health systems are strengthened to ensure rapid and adequate HIV prevention (particularly in a context where access to treatment is increasing), that the education sector fully play its role especially in the area of comprehensive and appropriate sexual education, and that social services (particularly those concerned with the care of orphans and vulnerable children, including girls) and the private sector and civil society organizations are fully engaged in this intersectoral effort. Strengthening civil society capacity (and especially the capacity of organizations of people living with HIV) to raise resources, build institutions and undertake HIV prevention is crucial.

11. Review and reform **legal frameworks** to remove barriers to effective, evidence based HIV prevention, combat stigma and discrimination and protect the rights of people living with HIV or vulnerable or at risk to HIV. Effective HIV prevention programming takes place within the existing legal framework of a country. However, review, and if necessary, reform of the existing legal frameworks is essential to ensure that people's ability to control their risk of infection through comprehensive programmes is protected. This would include the elimination of the gender-based inequalities that fuel the epidemic through



sexual exploitation and gender-based violence; access to health care and other services free from discrimination; the provision of opportunities for work and a safe work environment; removing barriers to effective evidence-based HIV prevention, including among sex workers, injecting and other drug users, and men who have sex with men; and access to education. In particular, existing national legislation should be reviewed, and reformed if necessary, to ensure that it is consistent with international human rights obligations.

12. Ensure that sufficient investments are made in the research and development of, and advocacy for, **new prevention technologies**. New technologies, such as HIV preventive vaccines and microbicides, offer hope for sustained control of the HIV epidemic, particularly in the world's most vulnerable and marginalized populations, of which women constitute such large proportions. Policy makers and donors need to generate sufficient support for research and development in ways that promote efficiency and coordination and are based on ethical principles, as well as contributions of intellectual and financial capital by the private sector. Developing countries, in collaboration with those who can provide support where it is required, need to build capacity for clinical trials, social research, licensing and acces.