Strategies in HIV prevention: the A-B-C approach

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In your July 24 Editorial (p 303),[1] you write that the A-B-C (Abstinence, Be faithful, and use Condoms) HIV prevention strategy is difficult to achieve in developing countries, many of them with the highest worldwide prevalence of HIV. However, there is a growing amount of evidence, suggesting that this approach for HIV prevention is effective even in developing countries. Indeed, at the same AIDS conference

that Bush politics on AIDS were blamed for their focus on abstinence, the Ugandan President Yoweri Museveni remarked on the success of their programme,[2] which involves encouraging individuals to delay sexual intercourse (abstinence), reduce casual sex, and increase their use of condoms.[3] The reduction in HIV prevalence in Uganda has been remarkable, and is clearly associated with changes in sexual behaviour. The achievements of Uganda's comprehensive programme have been compared with those that might have been obtained with an HIV vaccine with 80% effectiveness.[4]

Comparison of changes in lifestyles in Uganda with those of neighbouring countries indicates that sexual partner reduction, more than condom use, has been of paramount importance in curbing the HIV epidemic.[4] Simplistic criticism of A-B-C strategies, based on moral or ideological grounds rather than science, should be avoided. This approach has had impressive results in the only country where it has been implemented. So, why should it not be tested in other countries? Make no mistake, those sociocultural determinants (such as forced intergenerational sex) that make abstinence difficult,[1] are the same determinants that make condom use difficult; women's empowerment is crucial.

In response to your Editorial,[1] I believe that to criticise president Bush over his spending on AIDS is indeed churlish. While your points are well taken that you would prefer he not set up a parallel structure, pick specific countries, or emphasise abstinence, I would choose to emphasise his position alternatively. While the governments of ravaged countries continue to waste precious donated resources on corruption, wars, the support of their brutal regimes, and even deny the role of HIV as the cause of AIDS, all of which have contributed to the explosion of the epidemic and the tragic death tolls, the world's scorn seems most fervently directed at the USA.

The truth of the matter remains, political preferences aside, that affected governments often spend money on their militaries, deny the problem of HIV/AIDS, or simply do too little too late. In the meantime, the USA's commitment of US$15 billion is, as noted in the Editorial, more than twice the amount donated by the rest of world combined. Even on a per-capita and per-gross domestic product basis, the USA is often committing more than many of the most affected countries, let alone other developed nations. Belittling president Bush's references to faith and seeing "a child of God" within the individuals infected with HIV as motivation to act, is what strikes me as churlish. If more of the tyrants and corrupt regimes affected had been so motivated maybe the epidemic would not have raged so fiercely.

References

1. The Lancet. Is it churlish to criticise Bush over his spending on AIDS? *Lancet* 2004; **364:** 303–04.

2. He Yoweri Kaguta Museveni. XV International Conference on AIDS and STDs on Political Commitment and Accountability. Bangkok, Thailand. July 12, 2004.

3. US Agency for International Development. What happened in Uganda? A case study.Washington:USAIDS,2003.http://www.usaid.gov/our_work/global_health /aids/Countries/africa/uganda_report.pdf (accessed July 26, 2004).

4. Stoneburner RL, Low-Beer D. Population-level HIV declines and behavioral risk avoidance in Uganda. *Science* 2004; **304:** 714–18.