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## The ABCs of HIV Prevention

Abstaining from sexual activity, mutual monogamy, and condom use are three key behaviors that can prevent or reduce the likelihood of sexual transmission of the AIDS virus. These behaviors are often included together under a comprehensive "ABC" approach - A for abstinence (or delayed sexual initiation among youth), B for being faithful (or reduction in number of sexual partners), and C for correct and consistent condom use, especially for casual sexual activity and other high-risk situations.

Understanding and effectively promoting these behaviors are crucial elements in combating the spread of HIV/AIDS. Based on a growing body of evidence from a number of developing countries, USAID supports the ABC approach because it can target and balance A, B, and C interventions according to the needs of different at-risk populations and the specific circumstances of a particular country confronting the epidemic.

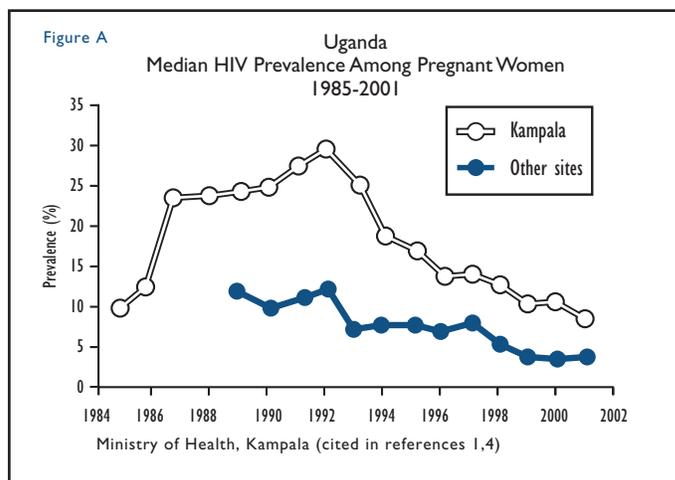
### Background: The Decline of HIV Prevalence in Uganda

As one of the world's earliest success stories in confronting AIDS - and probably the most dramatic - Uganda experienced substantial declines in HIV prevalence during the 1990s. According to estimates by the U.S. Census Bureau and UNAIDS, national prevalence peaked at around 15 percent in the early 90's and fell to 5 percent by 2001. Among pregnant women in Kampala, prevalence declined from a high of approximately 30 percent to about 10 percent, while among pregnant women in other areas it fell from more than 10 to less than 5 percent (figure A). Uganda's vivid decline in HIV prevalence remains unique worldwide. In other sub-Saharan African countries with epidemics of comparable severity and longevity, similar declines have yet to occur. Accordingly, Uganda's success has been the subject of intense study and analysis.

It appears that Uganda's decline in HIV prevalence was associated with positive changes in all three ABC behaviors: increased abstinence, including deferral and considerably reduced levels of sexual activity by youth since the late 1980s; increased faithfulness and partner reduction behaviors; and increased condom use by casual partners. The most significant of

these appear to be faithfulness or partner reduction behaviors by Ugandan men and women, whose reported casual sex encounters declined by well over 50 percent between 1989 and 1995 (figure B). This conclusion is supported by comparisons with other African countries.

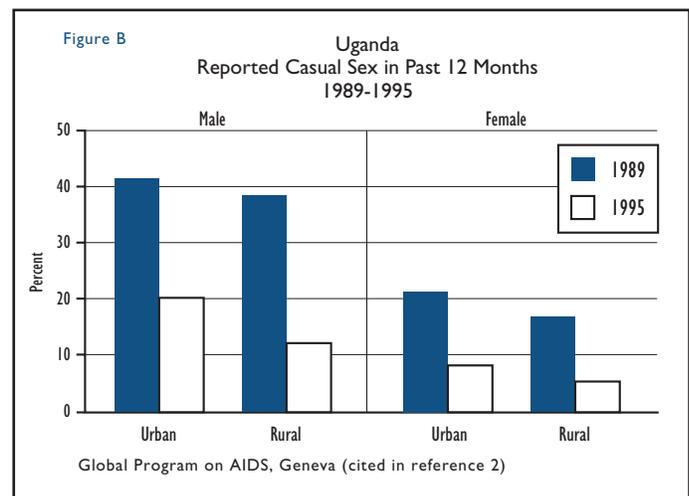
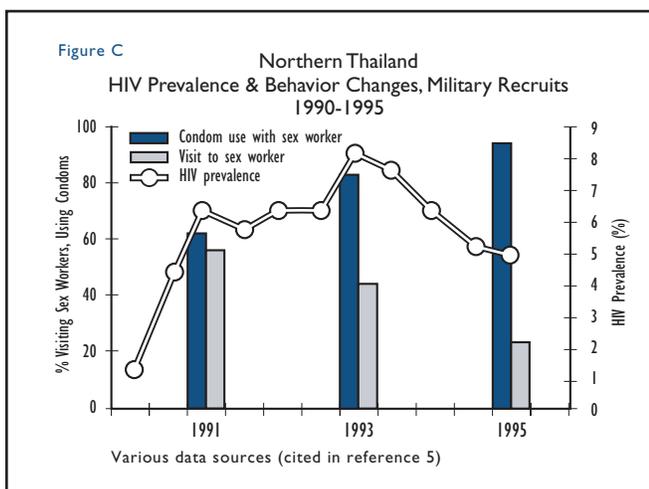
Uganda's successful combination of ABC strategies was rooted in a community-based national response in which both the governmental and nongovernmental sectors (including faith-based, women's, and other grassroots organizations) succeeded at reaching different population groups with different messages and interventions appropriate to their need and ability to respond. Young persons who had not yet begun to have sex were cautioned to wait, and if a young person had just begun to have sex, then he or she should return to abstinence. If a person was already sexually active, he or she should adopt the practice referred to locally as "zero grazing" - faithfulness in marriage or partner reduction outside of marriage. For those who continued to engage in risky behavior, condom use was urged to reduce their risk.



## Evidence From Other Countries

While Uganda provides the most dramatic example of the effect of ABC behavior changes on slowing the spread of HIV infection, there is growing evidence from other countries as well. In Thailand, the first Asian country to face a serious AIDS epidemic, prostitution was the main source of HIV infection. In the early 1990s, the government instituted a "100 percent condom use" policy in brothels, which was widely credited with sharply reducing the spread of HIV infection. Between 1990 and 1995, the proportion of men reporting paying for sex declined by more than 50 percent (figure C). In this more concentrated epidemic, therefore, partner reduction along with condom use for commercial sex undoubtedly had a substantial effect on slowing HIV transmission. As in Uganda, the government's willingness to address the epidemic openly was also essential.

Zambia, Cambodia, and the Dominican Republic are other countries in which various combinations of ABC behavioral changes appear to have contributed to declines in HIV prevalence. In Zambia, a decline in prevalence seems to have occurred among urban youth during the 1990s, during which time national surveys reported clear,



positive changes in all three ABC behaviors. The grassroots involvement of faith-based and other community-based organizations was crucial in promoting these changes. As occurred in Uganda, the main reported change was a large decline in casual sex among both men and women. Cambodia is replicating Thailand's success in applying a 100 percent condom policy in brothels. Similar to Thailand, the country has experienced a steep decline in the number of men paying for sex (from 27 to 11 percent between 1996 and 2000). In the Dominican Republic, partner reduction by men and increased condom use with prostitutes and other non-regular sexual partners also appear to have slowed the spread of HIV.

## Balancing and Targeting a Comprehensive ABC Approach

The findings of a recent extensive review of survey data are consistent with the need for appropriately balanced and targeted ABC approaches. This study analyzed how ABC behaviors appear to have affected HIV prevalence in three developing countries where prevalence declined (Uganda, Zambia, Thailand) compared to three countries where there had been little evidence of a decline (Cameroon, Kenya, Zimbabwe). In the case of the five African countries, it found that significant delays in the onset of sexual activity, declines in premarital sex, and large declines in extramarital sex and multiple sexual partnerships occurred in Uganda and Zambia during the 1990s, while comparable changes did not occur in Cameroon, Kenya, or Zimbabwe. Condom use increased greatly in all of the countries.

In September 2002, USAID hosted a meeting of technical experts from HIV/AIDS programs and research institutions to consider the evidence regarding ABC behavior change approaches to HIV prevention. The meeting identified areas of consensus that may have important implications for program planning and decision making:

- There is a clear need for a balance of A, B, and C interventions. Approaches should be combined as appropriate based on the local cultural context as well as the state of the AIDS epidemic. In Southeast Asia, HIV is still largely confined to high-risk populations, in which correct and consistent condom use is relatively

easy to implement. In many African countries, the epidemic is more generalized and thus requires an appropriate mix of A, B, and C approaches.

- Interventions need to be targeted for efficiency and respond to crucial differences among target groups. For example, balanced ABC approaches might be implemented in the form of A interventions emphasizing sexual deferral to youth; B interventions promoting partner reduction to those not in monogamous relationships; and C interventions promoting condom use to highly sexually active groups, especially sex workers and their clients, as well as people living with HIV/AIDS.
- Political leadership and community involvement are key. There is a critical need for government and community leaders to promote open communication about the problem of HIV/AIDS, address stigma, help empower women and girls to avoid sexual coercion, and develop a multisectoral response to enhance the success of ABC behavior changes.
- Partner reduction is emerging as a key element of successful HIV prevention. Amid the debate over abstinence versus condoms, partner reduction and fidelity have been an often neglected component of behavior change efforts. Yet, as suggested by the experience of the very different epidemics in Uganda and Thailand, "B" could become the centerpiece of a unifying, evidence-based ABC approach. As partner reduction becomes an expected "normative" collective social behavior (as seems to have occurred in both Uganda and Thailand), the impact of B could become even more significant in many countries.
- Further research is needed. Continuing studies in other countries will yield more evidence of the most effective balance of ABC approaches in different settings. Senegal, for example, has achieved Uganda-like behavior change with a balanced ABC program in a low-prevalence setting. Further study of such successes is needed to consider their potential application elsewhere.

The USAID meeting also noted that the ABC approach to HIV prevention has ample room for the participation of a diverse range of partners in the global fight against HIV/AIDS. The approach helps clarify the complementary roles of program partners in overcoming the epidemic, and all partners - governments, international organizations, donor agencies, faith-based and other nongovernmental organizations, and many others - can contribute to ABC programming according to their particular organizational orientation, capacity, and strengths. This enhanced collaboration will serve to broaden the ABC strategy and maximize its impact across a wide spectrum of program and national needs.

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