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Condom Programs in High HIV Prevalence Countries Should Include the General Population

The principle that condoms should be promoted to the general population as well as high-risk groups, particularly in places with high HIV prevalence, has broad support in the public health community and is supported by evidence and the facts.

Why Target the General Population?

In high-prevalence environments, where up to a third of the population is HIV positive, significant portions of the sexually active population are at high risk. Promoting condoms to the general population — a personal protection strategy that allows people to reduce their risk by “about 90% when used consistently and properly”¹ — is justified by the evidence. This protection strategy is supported by logic and a wide range of public health professionals:

- ❑ In a rigorous review of HIV/AIDS prevention strategies, the Cochrane Collaboration, a non-partisan international organization that prepares and promotes scientific reviews of public health strategies, found that programs that included the distribution of male condoms for AIDS prevention were “effective interventions” in high-risk groups and the general population.²
- ❑ One-hundred forty-five public health professionals called for an expansion of mass-marketing of condoms beyond high-risk groups to include the general population: “Access to prevention interventions must be vastly expanded, including voluntary counseling and testing, management of sexually-transmitted infections, risk reduction programs and life-skills education for youth, targeted programs for married couples, and access to condoms.”³

❑ The Center for Health and Gender Equity found that: “In many countries HIV infection rates in the general population are extremely high, with one-fourth to one-third of the population already infected. [As such] it is difficult to see the benefit in promoting safer sex only among ‘high-risk’ target groups in such settings when everyone is at risk, and everyone needs access to all available information and means of protection.”⁴

In discussing condom promotion as part of a balanced approach to HIV prevention, two issues are frequently raised.

The Relationship Between Condom Promotion and Sexual Activity

In the words of UNAIDS Executive Director Dr. Peter Piot: “There is no evidence that promoting condoms leads to increased promiscuity among young people. In fact, a study from South Africa soon to be published in the journal *AIDS* underscores that when enough young men use condoms consistently there is a protective effect for both the individual and population at large. Condoms must always be promoted as part of an HIV prevention package that includes sexual abstinence, delaying sexual debut, and reduced numbers of sexual partners.”

As Piot states, there are simply no studies or other evidence to support the ideologically motivated assertion that condoms promote promiscuity. A recent review of the research on condom distribution, condom promotion and sexual health education interventions and their effects on sexual behavior⁵ found ample evidence that these interventions do not increase sexual activity among

the target populations. **On the contrary, some of the studies found that the programs increased abstinence, delayed sexual debut and increased condom use at first sex.**

This is amplified by Christian Aid, the official relief and development agency of 40 British and Irish church denominations, which released a report based on an extensive review of the scientific evidence and found that⁶:

“Sexual health and HIV education, including information about and provision of condoms, does not hasten sexual debut or increase the number of sexual partners” and that “condoms, used correctly and consistently, are effective in preventing HIV infection among young people who are sexually active.”

Condoms Allow People To Avoid HIV Infection

There is no evidence of the purported and counter-intuitive relationship between growth in condom distribution and rising HIV prevalence. Rather, condoms allow people to avoid HIV. The dean of the London School of Hygiene and Tropical Medicine explained the misinterpretations of this issue⁷:

“We do understand that naïve interpretations of the available data on condom use and HIV prevalence may lead people to draw misleading conclusions. On the whole, we would expect that as people become aware of HIV infection in their community, condom use would rise rapidly in response, especially among those people who know or suspect that they (or their partner) are already infected. This is what we think is reflected in the positive association between trends in national HIV prevalence and condom use. It also explains why behavioural surveys often find a higher level of condom use amongst those who are infected than amongst the uninfected. The same kind of positive associations are seen between the use of analgesics and outbreaks of influenza.”

Condom Promotion Is Effective

The Cochrane Collaboration found that interventions for preventing sexual transmission of HIV, including *“the distribution and promotion of condoms,”* were found to be *“effective interventions”* among *“individuals whose behavior places them at high risk of infection”* and the **“general community.”**

Conclusion

Public health interventions must be based on scientific evidence, not ideology. Condom programs, and the donors supporting them, should not let the needed attention on high-risk groups undermine the parallel need to target the general community at the same time, particularly in high HIV prevalence countries. Condoms work. Let us make sure the word, and the products, get to those who need them.

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The Cochrane Collaborative Review Group
on HIV Infection and AIDS

Footnotes

¹ Condoms for AIDS Prevention in the

Developing World: A Review of the Scientific Literature, Norman Hearst and Sanny Chen, University of California, January 2003.

² Evidence Assessment: Strategies for HIV/AIDS Prevention, Treatment and Care, The Cochrane Collaborative Review Group on HIV Infection and AIDS, The Cochrane Collaboration, January 2004.

³ Letter from 145 members of Physicians for Human Rights to Global AIDS Coordinator Randall Tobias on World AIDS Day 2003.

⁴ Debunking the Myths in the U.S. Global AIDS Strategy: An Evidence-Based Analysis, Center for Health and Gender Equity, March 2004.

⁵ The Impact of Condom Promotion and Distribution on Sexual Activity, AIDSMark Project, PSI, April 2003.

⁶ Dying to Learn: Young People, HIV and the Churches, by Mary Garvey, former senior policy officer for HIV in Christian Aid's Global Advocacy and Policy Division and now director of international programs at the Catholic Institute for International Relations.

⁷ Letter from Dr. Andrew Haines, dean of the London School of Hygiene and Tropical Medicine, to Global AIDS Coordinator Randall Tobias, April 6, 2004.