



[Originally published in 2004 updated in 2009]

Condoms and HIV prevention

Condom use is a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment

Prevention is the mainstay of the response to AIDS. Condoms are an integral and essential part of comprehensive prevention and care programmes, and their promotion must be accelerated. In 2007, an estimated 2.7 million people became newly infected with HIV. About 45% of them were young people from 15 to 24 years old, with young girls at greater risk of infection than boys.

The male latex condom is the single, most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections.

The search for new preventive technologies such as HIV vaccines and microbicides continues to make progress, but condoms will remain the key preventive tool for many, many years to come. Condoms are a key component of combination prevention strategies individuals can choose at different times in their lives to reduce their risks of sexual exposure to HIV. These include delay of sexual initiation, abstinence, being safer by being faithful to one's partner when both partners are uninfected and consistently faithful, reducing the number of sexual partners, correct and consistent use of condoms¹, and male circumcision.

Conclusive evidence from extensive research among heterosexual couples in which one partner is infected with HIV shows that correct and consistent condom use significantly reduces the risk of HIV transmission from both men to women, and also from women to men². Laboratory studies show that male latex condoms are impermeable to infectious agents contained in genital secretions³. To ensure safety and efficacy, condoms must be manufactured to the highest international standards. They must be procured according to the quality assurance procedures established by the WHO, UNFPA and UNAIDS and they should be stored away from direct heat sources. Prevention programmes need to ensure that high-quality condoms are accessible to those who need them, when they need them, and that people have the knowledge and skills to use them correctly.

Condoms must be readily available universally, either free or at low cost, and promoted in ways that help overcome social and personal obstacles to their use.

Condom use is more likely when people can access them at no cost or at greatly subsidized prices. Effective condom promotion targets not only the general population, but also people at higher risk of HIV exposure, especially women, young people, sex workers and their clients, injecting drug users and men who have sex with men. UNFPA estimates that the current supply of condoms in low- and middle-income countries falls well short of the number required (the condom 'gap')⁴. Despite the gap, international funding for condom procurement has not increased in recent years. Collective actions at all levels are needed to support efforts of countries, especially those that depend on external assistance for condom procurement, promotion and distribution.

HIV prevention education and condom promotion must overcome the challenges of complex gender and cultural factors.

Young girls and women are regularly and repeatedly denied information about, and access to, condoms. Often they do not have the power to negotiate the use of condoms. In many social contexts, men are resistant to the use of condoms. This needs to be recognized in designing condom promotion programmes. Female condoms can provide women with more control in protecting themselves. However, women will remain highly vulnerable to HIV exposure, until men and women share equal decision-making powers in their interpersonal relationships.

Condoms have played a decisive role in HIV prevention efforts in many countries.

Condoms have helped to reduce HIV infection rates where AIDS has already taken hold, curtailing the broader spread of HIV in settings where the epidemic is still concentrated in specific populations.

Condoms have also encouraged safer sexual behaviour more generally. Recent analysis of the AIDS epidemic in Uganda has confirmed that increased condom use, in conjunction with delay in age of first sexual intercourse and reduction of sexual partners was an important factor in the decline of HIV prevalence in the 1990s⁵. Thailand's efforts to de-stigmatize condoms and its targeted condom promotion for sex workers and their clients dramatically reduced HIV infections in these populations and helped reduce the spread of the epidemic to the general population. A similar policy in Cambodia has helped stabilize national prevalence, while substantially decreasing prevalence among sex workers. In addition, Brazil's early and vigorous condom promotion among the general population and vulnerable groups has successfully contributed to sustained control of the epidemic.

Increased access to antiretroviral treatment creates the need and the opportunity for accelerated condom promotion.

The success of antiretroviral therapy in industrialized countries in reducing illness and prolonging life can alter the perception of risk associated with HIV⁶. A perception of low-risk and a sense of complacency can lead to unprotected sex through reduced or non-consistent condom use. Promotion of correct and consistent condom use within antiretroviral treatment programmes, and within reproductive health and family planning services, is essential to reduce further opportunities for HIV transmission. Rapid scale-up of HIV testing and counselling is needed to meet the prevention needs of all people, whether they are HIV-positive or negative.

¹ UNAIDS. 2004 Report on the global AIDS epidemic, page.72.

² Holmes K, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin of the World Health Organization*. Geneva. June 2004.

³ WHO/UNAIDS. Information note on Effectiveness of Condoms in Preventing Sexually Transmitted Infections including HIV. Geneva. August 2001.

⁴ UNFPA. 2007 report on donor support for contraceptives and condoms for STI/HIV prevention 2007.

⁵ Singh S, Darroch J.E, Bankole A. A,B, and C in Uganda: The Roles of Abstinence, Mongamy and Condom Use in HIV Decline. *The Alan Guttmacher Institute*. Washington DC. 2003.

⁶ Gremy I, Beltzer N. HIV risk and condom use in the adult heterosexual population in France between 1992 and 2001: return to the starting point? *AIDS* 2004;18:805-9.