

Conclusion

It was the aim of this compendium to review the evidence on the effectiveness of behavioural components of combination prevention in relation to HTS, condoms, mass media programmes, individual and group interventions, HIV prevention education and comprehensive sexuality education, and community-wide interventions on HIV incidence and HIV preventive behaviour. Even though biological outcomes (such as changes in HIV incidence) are considered the ultimate goal of prevention interventions, this review mainly presented evidence on outcomes linked to key preventive behaviours and prevention knowledge. This was attributed to the limited evidence on biological outcomes, which require large sample sizes and extensive resources.

- Review findings revealed that **HTS** is an indispensable element of a combination HIV prevention approach. While HTS can contribute to behaviour change—particularly among people who test positive for HIV—it is not sufficient on its own.
- The role of **condoms** in containing and reducing HIV incidence alongside other interventions is well-documented, even though the exact level of their population-level effect remains difficult to estimate. High effectiveness depends on consistent and correct use, which is not easy to reach, but evidence confirms that increased and sustained condom usage can be achieved.
- The evidence on the effectiveness of **mass media interventions** varies. Its role in improving HIV prevention knowledge, increasing HIV testing and reducing HIV-related stigma (particularly in high-prevalence settings) has been documented.
- **Individual and group interventions** have long been used in HIV prevention. Their scope and customizable approach to meet the needs of individuals contributes to the high costs of these interventions, making their use more practical for those at elevated risk of HIV. Evidence suggests that these interventions can be effective in bringing about behaviour change in some people, but that changes may not persist over time.
- The potential of **school-based HIV prevention and comprehensive sexuality education** lies in the opportunity to achieve high coverage rapidly. Integrating HIV prevention communication into school curricula offers a cost-efficient way to increase HIV knowledge and prevention skills. Mixed results and moderate effect sizes indicate that such programmes on their own are not reliable for reducing HIV incidence at the population level.
- Similarly, **community-wide interventions** by themselves may be inadequate to achieve the types of social and behavioural change widely seen as necessary for ending the HIV epidemic, although they are effective in some settings with high HIV prevalence.

More research is needed to gather evidence on the effectiveness of different behavioural components on biological outcomes. Yet, since data on sexual behaviour or the use of HIV prevention tools are an essential condition for reducing HIV incidence, those also merit a

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stronger research focus. Research gaps were identified regarding HCT and its effect on sexual behaviour change and uptake of HIV services, particularly among key populations. The individual effects of multiple communication channels and evaluation designs to detect the potential of mass media interventions on preventive behaviour need to be further explored. This also accounts for research on the effect of community-based interventions, such as economic incentives on sexual behaviour.

Furthermore, it should be taken into account that behavioural interventions play an increasing role in relation to demand and adherence to specific biomedical interventions such as HIV treatment and PrEP, as well as demand for VMMC. There is also a broad spectrum of new media interventions involving behavioural interventions for which evidence is only emerging.

All interventions included in this compendium represent important elements of a combination prevention approach. Integrating them with other behavioural, biomedical and structural elements of HIV prevention may enhance and extend their effect over time.