The UNAIDS Report

Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
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List of abbreviations

AIDS	acquired immunodeficiency syndrome
APN+	Asia-Pacific Network of People Living with HIV/AIDS
ASEAN	Association of South-East Asian Nations
AusAID	Australian Agency for International Development
AZT	zidovudine (azidothymidine)
CARICOM	Caribbean Community Secretariat
CCO	Committee of Cosponsoring Organizations
CIDA	Canadian International Development Agency
CONASIDA	Consejo nacional de Prevención y control de Sida [Mexico]
CPA	Country Programme Adviser
DFID	Department for International Development [United Kingdom]
ECA	Economic Commission for Africa
FAO	Food and Agriculture Organization of the United Nations
GTZ	Gesellschaft für Technische Zusammenarbeit [Germany]
HDI	Human Development Index
HIV	human immunodeficiency virus
IPU	Inter-Parliamentary Union
NGO	nongovernmental organization
NORAD	Norwegian Agency for International Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO	Pan American Health Organization
PETRA	perinatal transmission trial
PSI	Population Services International
REDOVIH	Red Dominicano de Personas que viven con VIH/SIDA [Dominican Republic]
SHAPE	School-based Healthy Living and HIV/AIDS Prevention Education [Myanmar]
SIDA	Swedish International Development Cooperation Agency
SIDALAC	Iniciativa regional sobre SIDA para América Latina y el Caribe
STD	sexually transmitted disease
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
USAID	United States Agency for International Development
WHO	World Health Organization

Preface

We live at a turning point in human history. AIDS spotlights all that is strong and weak in humanity: our vulnerability and fears, as well as our strength and compassion, especially for those more vulnerable, less able, or poorer than ourselves.

There is still no cure and no vaccine for AIDS. In 1998, 16 000 individuals were infected with HIV every day, and by year's end over 33 million people, a number that exceeds the entire population of Canada, were living with HIV – although we estimate that nine-tenths of them are unaware of their infection. Most people with HIV or AIDS have no access to medication, even to relieve their pain and suffering. Over 14 million adults and children have already lost their lives to the disease.

UNAIDS Executive Director giving a press conference in Viet Nam, March 1999.

These deaths will not be the last – there is worse to come. Every year AIDS takes new directions: India and South Africa, both relatively untouched only a few years ago, now have among the fastest-growing epidemics in the world. New AIDS epidemics are emerging with frightening speed in Eastern and Central Europe. And sub-Saharan Africa remains the hardest-hit region in the world. Globally, young people – those who must build the bridges, create national wealth and conduct the research of the future – experience half of all new HIV infections. In many parts of the world, AIDS is the single greatest threat to economic, social and human development.

Even in countries where one adult in ten – or as many as one adult in four – is infected, a conspiracy of shame and silence surrounds AIDS. People who are known to have HIV often suffer rejection and discrimination. This stigma makes the AIDS challenge special. By the same token, people living with HIV have a special role to play in helping society to acknowledge and tackle the epidemic.

In the face of these enormous and frightening challenges, the strength to fight back comes from pooling our resources and working together. Founded just three years ago, in 1996, UNAIDS is an innovative joint programme that brings together the expertise and efforts of its seven Cosponsors – UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, the World Bank. Each of them has increased action against HIV/AIDS in its own sphere and is actively contributing to the UNAIDS response.

The UNAIDS Secretariat and Cosponsors can point to an expanding roster of advances based on partnership with one another and with governments and civil society around the world. For the first time in this epidemic, we can see progress on several fronts:

- In the developing world, strong prevention programmes are stabilizing HIV rates in Brazil and Senegal and have turned around major epidemics in Thailand and Uganda. Alongside these nationwide success stories, there are innumerable community-level successes on all continents.

- Political commitment has surged in several countries confronting major epidemics, from Brazil to South Africa, from India to Cambodia.

- New partnerships have been forged with mainstream youth organizations, religious groups, the corporate sector and global entertainment media.

- Pilot projects for preventing mother-to-child transmission of HIV are starting up in eleven countries, following the demonstration that a short course of antiretroviral therapy can dramatically improve an HIV-infected woman's chances of having a healthy baby.

- The first HIV vaccine efficacy trial began in the USA, followed in March 1999 by the first such trial in a developing country, Thailand.

Every day, we must balance our fears about AIDS against the certain knowledge that human action can make a difference. This report outlines the challenges that all of us face, and illustrates the difference that individuals and organizations can make by working together.

It is my privilege to share with you, in this report, highlights of what our partnerships have achieved thus far.

Peter Piot
Executive Director
Joint United Nations Programme on HIV/AIDS

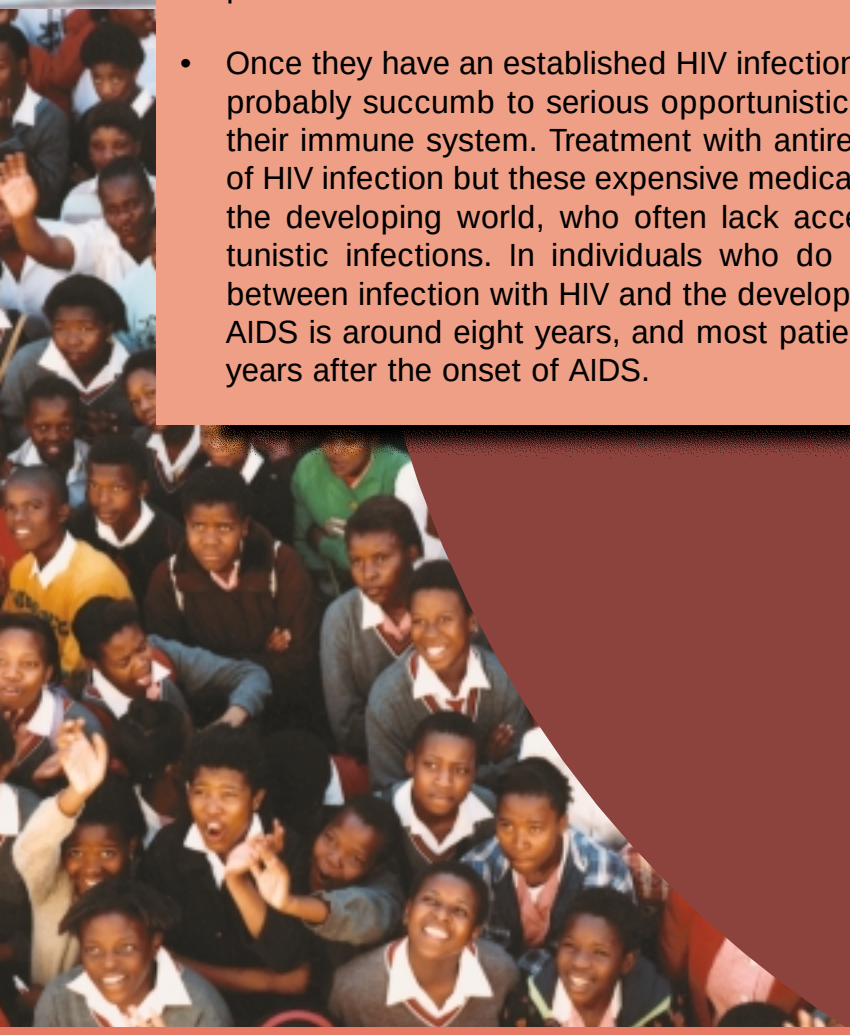
Facts about AIDS

- AIDS stands for “acquired immunodeficiency syndrome” – a syndrome being a cluster of medical conditions. It is caused by the human immunodeficiency virus (HIV), which weakens the body’s immune system.

- HIV spreads through unprotected sex (intercourse without a condom), transfusions of unscreened blood, contaminated needles (most frequently for injecting drug use), and from an infected woman to her child during pregnancy, childbirth or breast-feeding.

- HIV is a slow-acting virus. The majority of infected individuals look healthy and feel well for many years after infection; they may not even suspect they harbour the virus, though they can transmit it to others. Conservative UNAIDS estimates are that 90% of all HIV-infected people worldwide do not know they have the virus. A laboratory blood or saliva test is the only certain way to determine whether an individual is HIV-positive.

- Once they have an established HIV infection, individuals are infected for life and will probably succumb to serious opportunistic infections caused by the weakening of their immune system. Treatment with antiretroviral drugs can slow the progression of HIV infection but these expensive medications are not available to most people in the developing world, who often lack access even to drugs that combat opportunistic infections. In individuals who do not get antiretroviral therapy, the time between infection with HIV and the development of the serious illnesses that define AIDS is around eight years, and most patients do not survive much more than two years after the onset of AIDS.



1. The United Nations responds to AIDS

Why UNAIDS?

From 1986, the World Health Organization (WHO) had the lead responsibility on AIDS in the United Nations, helping countries to set up much-needed national AIDS programmes. But by the mid-1990s, it became clear that the relentless spread of HIV, and the epidemic's devastating impact on all aspects of human lives and on social and economic development, were creating an emergency that would require a greatly expanded United Nations effort.

Nor could any single United Nations organization provide the coordinated level of assistance needed to address the many factors driving the HIV epidemic, or help countries deal with the impact of HIV/AIDS on households, communities and local economies. Greater coordination would be needed to maximize the impact of UN efforts.

Addressing these challenges head-on, the United Nations took an innovative approach in 1996, drawing six organizations together in a joint and cosponsored programme – the Joint United Nations Programme on HIV/AIDS (UNAIDS). The six original Cosponsors of UNAIDS – UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank – were joined in April 1999 by UNDCP.

The goal of UNAIDS is to catalyse, strengthen and orchestrate the unique expertise, resources, and networks of influence that each of these organizations offers. Working together through UNAIDS, the Cosponsors expand their outreach through strategic alliances with other United Nations agencies, national governments, corporations, media, religious organizations, community-based groups, regional and country networks of people living with HIV/AIDS, and other nongovernmental organizations.

How UNAIDS works

The UNAIDS mission

As the leading advocate for worldwide action against HIV/AIDS, the global mission of UNAIDS is to lead, strengthen and support an expanded response to the epidemic that will:

- prevent the spread of HIV
- provide care and support for those infected and affected by the disease
- reduce the vulnerability of individuals and communities to HIV/AIDS
- alleviate the socioeconomic and human impact of the epidemic.

With an annual budget of US$ 60 million and a staff of 129 professionals, UNAIDS is a modest-sized programme with a substantial impact. The UNAIDS Secretariat operates as a catalyst and coordinator of action on AIDS, rather than as a direct funding or implementing agency.

The largest donors to UNAIDS in 1998 were the United States Government, which contributed US$ 15 million, followed by the Governments of the Netherlands, the United Kingdom, Sweden, Norway, and Denmark. UNAIDS also receives funds from non-traditional donors such as China, Thailand and South Africa.

Heads of UNAIDS Cosponsors and their representatives at a CCO meeting, April 1999.

UNAIDS is guided by a Programme Coordinating Board with representatives of 22 governments from all parts of the world, representatives of the 7 UNAIDS Cosponsors, and 5 representatives of nongovernmental organizations (NGOs), including associations of people living with HIV/AIDS. UNAIDS is the first United Nations programme to include NGOs in its governing body. The Cosponsors and Secretariat also meet several times a year as the Committee of Cosponsoring Organizations (CCO).

The Secretariat of UNAIDS is based in Geneva, Switzerland. Current priority areas for the Secretariat include:

- young people
- highly vulnerable populations
- prevention of mother-to-child HIV transmission
- developing and implementing community standards of AIDS care
- vaccine development
- special initiatives for hard-hit regions, including sub-Saharan Africa.

UNAIDS at country level

In developing countries, UNAIDS operates mainly through the country-based staff of its seven Cosponsors (*see Panel*). Meeting as the host country's ***United Nations Theme Group on HIV/AIDS,*** representatives of the Cosponsoring organizations share information, plan and monitor coordinated action between themselves and with other partners, and decide on joint financing of major AIDS activities in support of the country's government and other national partners. The principal objective of the Theme Group is to support the host country's efforts to mount an effective and comprehensive response to HIV/AIDS.

The UNAIDS Cosponsors

Working singly, jointly and with the UNAIDS Secretariat, the seven Cosponsoring organizations of UNAIDS offer countries a broad range of experience, efforts and resources of relevance to the fight against the epidemic.

UNICEF, the United Nations Children's Fund, mobilizes the moral and material support of governments, organizations and individuals worldwide in a partnership committed to giving children a first call on society's resources in both good times and bad. A decentralized operational agency, UNICEF works with governments and NGOs to improve the lives of children, youth and women. The epidemic is having a significant impact on adolescents, and adolescence is both a period of increased risk and a window of opportunity to develop the skills, attitudes and behaviour needed to prevent HIV infection in adulthood. UNICEF's priority programme areas in HIV/AIDS include youth health, school AIDS education, communications, assistance to children and families affected by AIDS, and the prevention of mother-to-child HIV transmission.

UNDP, the United Nations Development Programme, supports countries in strengthening and expanding their capacity to respond to the development implications of the HIV/AIDS epidemic. UNDP emphasizes support to initiatives which catalyse community and national mobilization; create a supportive ethical, legal and human rights framework; are gender sensitive; empower people to take charge of their own well-being, drawing on local resources and building on local knowledge and values; and foster an enabling political, economic and social environment. UNDP is responsible for assisting the Secretary-General in strengthening the Resident Coordinator system through which the UN Theme Groups on HIV/AIDS operate.

The mandate of **UNFPA**, the United Nations Population Fund, is to build the knowledge and capacity to respond to needs in population and family planning. Reproductive health is a major focus of UNFPA support and includes family planning and sexual health, of which HIV prevention is an integral component. In its reproductive health activities, UNFPA gives special attention to adolescents; to information, education and communication; and to the training of service providers. Among other things, UNFPA brings to UNAIDS a network of country-level offices which support national reproductive health programmes, its expertise in reproductive health

promotion and service delivery, with a special focus on the needs of women, and its experience in logistics management of contraceptives, including condoms.

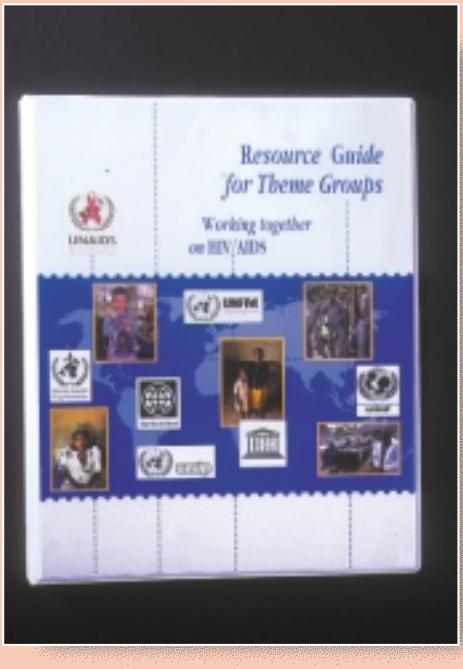
The United Nations International Drug Control Programme, **UNDCP**, which became a UNAIDS Cosponsor in April 1999, is responsible for coordinating and providing effective leadership for all United Nations drug control activities. Because HIV spreads through drug use, both via shared injection equipment and as a result of the disinhibiting effects of drugs on sexual behaviour, international drug control is a vital tool for HIV prevention. In this context UNDCP is active in supporting HIV/AIDS prevention programmes and including prevention in its own programmes to reduce the demand for illicit drugs. Youth and high-risk groups are of particular concern.

The mandate of **UNESCO**, the United Nations Educational, Scientific and Cultural Organization, is to foster international cooperation in intellectual activities designed to promote human rights, to help establish a just and lasting peace, and to further the general welfare of mankind. Thus, the ethical imperative is central to UNESCO's mandate. In its fields of competence – education, science, culture and communication – UNESCO can bring the vast network of institutions with which it collaborates into the fight against AIDS.

WHO, the World Health Organization, is the directing and coordinating authority on international health work. In 1986, WHO established the Special Programme on AIDS, later renamed the Global Programme on AIDS, which was dismantled in 1996 with the creation of UNAIDS. Through WHO's new Initiative on HIV/AIDS and sexually transmitted infections (STIs), the Organization contributes by providing countries with expertise in areas relevant to the health sector. These areas include: strengthening HIV and STI prevention (particularly for those vulnerable and/or at increased risk); ensuring safe blood supplies; surveillance of HIV, AIDS and STIs; developing health policies and standards; planning of integrated services; caring for people with STIs, HIV or AIDS; and evaluating STI/HIV policies and programmes.

The mandate of the **World Bank** is to alleviate poverty and improve quality of life. HIV/AIDS entails an enormous loss of human and economic resources and poses a substantial threat to the economic and social growth of many nations in the developing world. Between 1986 and early 1999, the Bank disbursed over US$750 million for more than 75 HIV/AIDS projects worldwide. Most of these resources were provided on highly concessional terms through the International Development Association. In its policy dialogue with borrowing countries, the Bank stresses that the epidemic is a development priority and highlights the need for top-level political commitment, systematic health sector reforms, human rights protection, and a range of multisectoral reforms to help reduce the factors contributing to HIV spread. Whenever possible, other Cosponsors or members of the UNAIDS Secretariat provide technical assistance to Bank-assisted activities.

In most cases, the host government is invited to be part of the Theme Group. Increasingly, other partners such as representatives of other United Nations agencies and bilateral organizations working in the country are also included.



In priority countries the Theme Group has the support of a UNAIDS staff member, called a Country Programme Adviser (CPA). Elsewhere, a staff member of one of the seven Cosponsors serves as the UNAIDS focal point for the country. In addition to supporting the UN system, these staff endeavour to build national commitment to AIDS action and provide information and guidance to a range of host country partners, including government departments and groups and organizations from civil society, such as people living with HIV/AIDS.

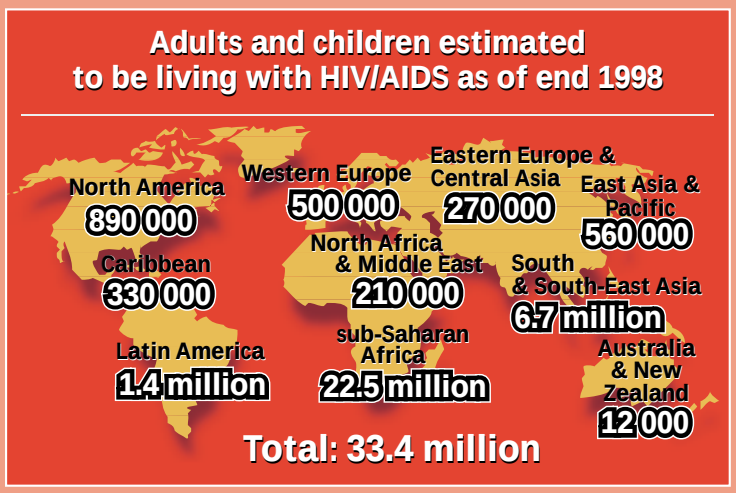
The UNAIDS Secretariat makes catalytic funding available for selected AIDS initiatives. Between January 1998 and May 1999, proposals were received and approved for projects in a total of 87 countries.

As of April 1999, the UNAIDS Cosponsors had established 132 United Nations Theme Groups on HIV/AIDS covering 155 countries. For their day-to-day operations, most Theme Groups have set up special working groups that involve donors, NGOs and groups of people living with HIV/AIDS.

HIV/AIDS: a still-emerging epidemic

In the industrialized world, where AIDS was identified almost two decades ago, treatment advances have led many people to assume that the epidemic is over. The facts tell us otherwise. New combination therapies have improved the quality of life and extended the survival of people with HIV, but they are far from a cure. The new antiretrovirals are expensive and often produce serious side effects. No one can predict how long their beneficial effects will last in a given patient, or how quickly the virus may mutate, becoming resistant to the drugs.

Most importantly, while the industrialized world chalked up important prevention successes in the 1980s, prevention has stagnated during the past decade. The yearly figures for new infections are staggering. In 1998, an estimated 75 000 people became infected in North America, Western Europe and the industrialized nations of Asia alone.



But the HIV/AIDS burden weighs most heavily on the developing world, which now accounts for over 95% of people currently infected and for 95% of the lives claimed by AIDS since the start of the epidemic.

In Latin America, infections with HIV are on the rise among women, poor and under-educated population groups, men who have sex with men, and people who inject illicit drugs. The Caribbean region shows some of the highest HIV rates in the world outside Africa.

HIV did not arrive in Asia, home to half the world's population, until the late 1980s and early 1990s. Today, the region accounts for 20% of all infections worldwide. Cambodia and Thailand are among the countries with the highest HIV incidence rates, although the rates in Thailand have receded thanks to a strong prevention programme. Experts worry about the potential for epidemic expansion in China and in the other giant of the region, India, where more than 4 million people have already been infected – the largest number of infected individuals in any single country in the world.

Central Europe and the former Soviet Union had hardly any HIV infections just a few years ago. Now, in places where health and social structures have crumbled, HIV is spreading rapidly through injecting drug use and through commercial sex. In some countries, infection rates have more than tripled since 1994.

Like the industrialized world, sub-Saharan Africa is struggling with an epidemic that is now entering its third decade. But, while a few African countries have succeeded in stabilizing or reversing HIV infection rates, the epidemic is out of control in many places, especially in the southern part of the continent.

- AIDS is now the leading cause of death in Africa. In 1998 alone, two million people died of AIDS in the African countries south of the Sahara, and millions of new HIV infections occur there every year, foreshadowing even greater losses in the future.

- In the world's nine most severely-affected countries (all of them located in Africa) where at least one-tenth of the adult population has HIV, life expectancy for a child born in 2000-2005 will drop to 43 years from the pre-AIDS expectation of 60 years of life.

The resulting impact on households, farms, businesses, schools and the economy as a whole is devastating (*see Chapter 5*). In many places, AIDS has become the single biggest threat to human and socioeconomic development.

2. Tracking the epidemic

Global surveillance

Accurate HIV/AIDS surveillance is a beacon for action against the epidemic. Since the founding of UNAIDS, the Secretariat, in close partnership with WHO, has emphasized the need for quality surveillance to map the global epidemic, region by region, country by country. These global surveillance efforts are the signposts for informed action against HIV/AIDS.

In 1997, UNAIDS and WHO, working with governments, epidemiologists, and specialist institutions, implemented a country-by-country reporting system for tracking HIV/AIDS. The dual aims of the global surveillance effort are: to enable countries to track their own epidemic accurately, and to make possible a mapping of the global HIV/AIDS situation that can inform effective AIDS prevention and care. From data collected in the new reporting system, UNAIDS and WHO were able to produce 180 country-specific Epidemiological Fact Sheets. Currently, UNAIDS and WHO are completing the second round of data collection to produce 1999 updates.

Tracking HIV can serve as an early-warning system, allowing countries to anticipate and counteract new waves of infection. At the same time, tracking focuses world attention on the epidemic and its dramatic impact in many countries.

- The publication of the first-ever country-by-country analysis of the global epidemic in June 1998 made front-page headlines around the world. One national media survey, conducted by Health Canada, noted that "the biggest event to drive coverage of HIV/AIDS in Canada was the release of the UNAIDS study…".

- In **Venezuela**, an assessment of the epidemic, supported by the Theme Group, showed that HIV/AIDS is an important issue for the country – a fact that many were still denying. The analysis also highlighted the factors that are fuelling the spread of HIV, such as male-male sex, and emphasized the need for special attention to them. The report has become a powerful advocacy tool, resulting in extensive media coverage and public discussion of Venezuela's response to HIV/AIDS.

- In the huge and diverse population of **China,** the UNAIDS Cosponsors and Secretariat provided technical and financial support for a wide-ranging assessment of HIV/AIDS, and of factors such as commercial sex, drug use and population mobility. Published with UNAIDS support, the report *China Responds to AIDS* proved valuable for both advocacy and resource mobilization by the Chinese authorities. Despite intense competition for internal resources at a time when China was dealing with enormous devastation from flooding, HIV prevention was maintained as a national priority. The Government of the United Kingdom pledged £15 million for a five-year health sector programme in China that includes HIV prevention, and a World Bank loan of US$ 25 million will help fund various initiatives, including the management of a safe blood supply, in four provinces with a population of around 120 million.

- In the former Soviet Union, UNAIDS-supported assessments revealed that HIV rates, while still low, are rising exponentially, especially in places where social and health infrastructures have crumbled. Situation analyses have been conducted in three countries and are under way in nine others. A major assessment of the burgeoning epidemic and of the response to date has now been initiated in the **Russian Federation** with the active participation of several Cosponsors (UNICEF, UNDP, UNFPA and WHO), bilateral partners, *Médecins sans Frontières*, the Open Society Institute, and local NGOs. The assessment will culminate in a national conference and a resource mobilization exercise in the autumn of 1999. And, for the first time ever in the former Soviet Union, the Theme Group has mobilized US$ 100 000 for HIV prevention from a private company.

Strategic planning

The global HIV/AIDS epidemic is actually a patchwork of complex epidemics driven by a variety of behavioural, societal, and economic factors. The diversity of the forces driving these epidemics, along with the need to employ scarce resources most effectively, underlines the need for strategic planning. This comprises:

- **Mapping the HIV/AIDS situation**: first, understanding the facts of the local epidemic through the identification of epidemic hotspots, the factors driving HIV spread, including attitudes towards sex and drug use, and the availability and use of HIV prevention tools such as condoms; second, analysing the strengths and weaknesses of the national response to date.

- **Making an action plan**: drawing up a plan for action that tailors the response to the epidemic and gets the most out of the country's limited resources. In the light of the HIV/AIDS map, should the country's prevention programmes focus more on young men who have sex with men, on truck drivers, or on seafarers? Should health care programmes already start to be strengthened in view of the projected increase in AIDS cases?

While strategic planning is a national responsibility, UNAIDS has developed approaches that also enhance regional cooperation.

- In June 1998, UNAIDS, the Caribbean Community Secretariat (CARICOM) and the European Commission jointly organized a Caribbean Consultation on HIV/AIDS with the participation of 22 countries. A task force was set up with a formal mandate from the Ministers of Health of the participating countries to coordinate and strengthen the regional response to the epidemic; the task force comprises regional institutions as well as governmental and United Nations representatives. This initiative has become the backbone of a US$ 7 million project with the European Commission and has triggered cooperation between countries in the region.

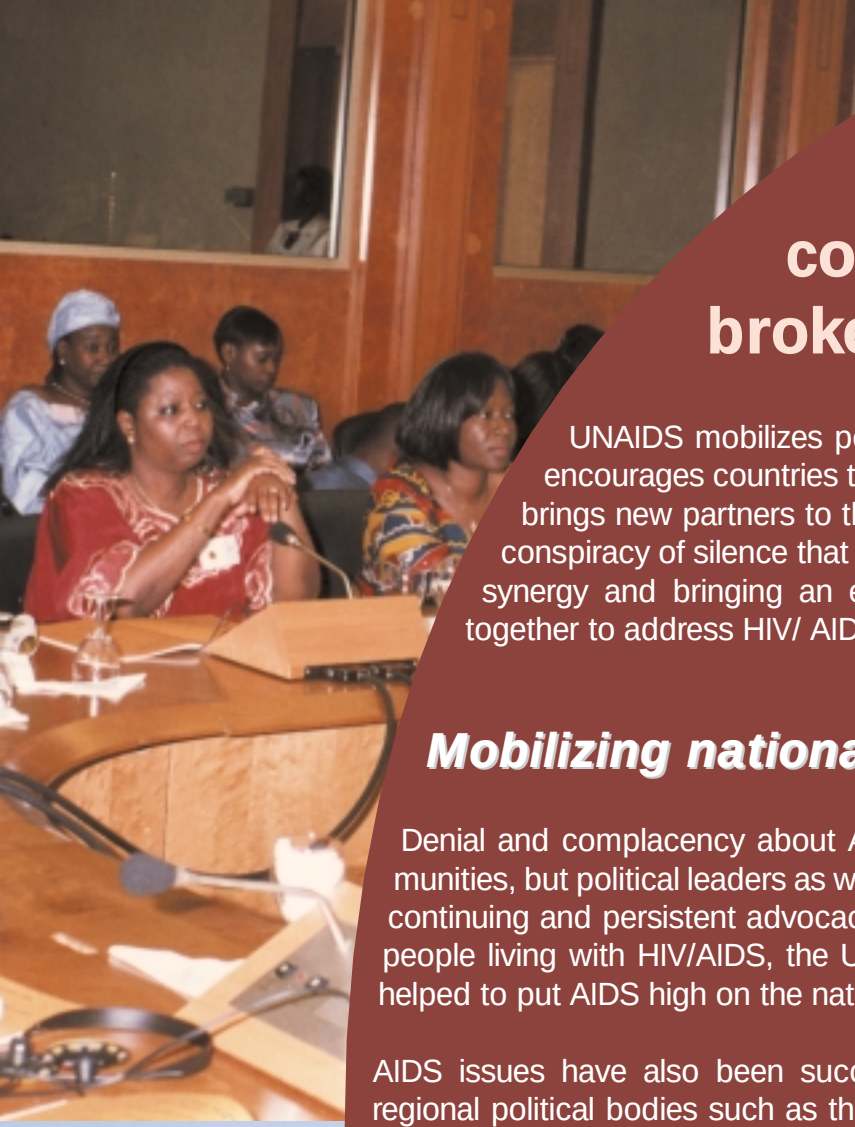
The UNAIDS Secretariat and Cosponsors also furnish direct support to countries undertaking strategic planning:

- In **Africa**, 11 out of 17 priority countries have completed or reached an advanced stage in strategic planning, and the remaining 6 have embarked on the planning process. Theme Groups have supported the strategic planning process in most countries, contributing funding and technical support by their staff.

- In **Asia**, as of early 1999, UNAIDS had supported strategic planning processes in 11 countries.

- In **Latin America** and **the Caribbean**, 20 countries have engaged in strategic planning at the national level; in some countries, such as **Mexico** and **Brazil**, strategic planning has also taken place at the state and municipal levels.

- In **Eastern Europe** and **Central Asia**, UNAIDS has contributed to national strategic planning in 7 countries whose economies are in transition.



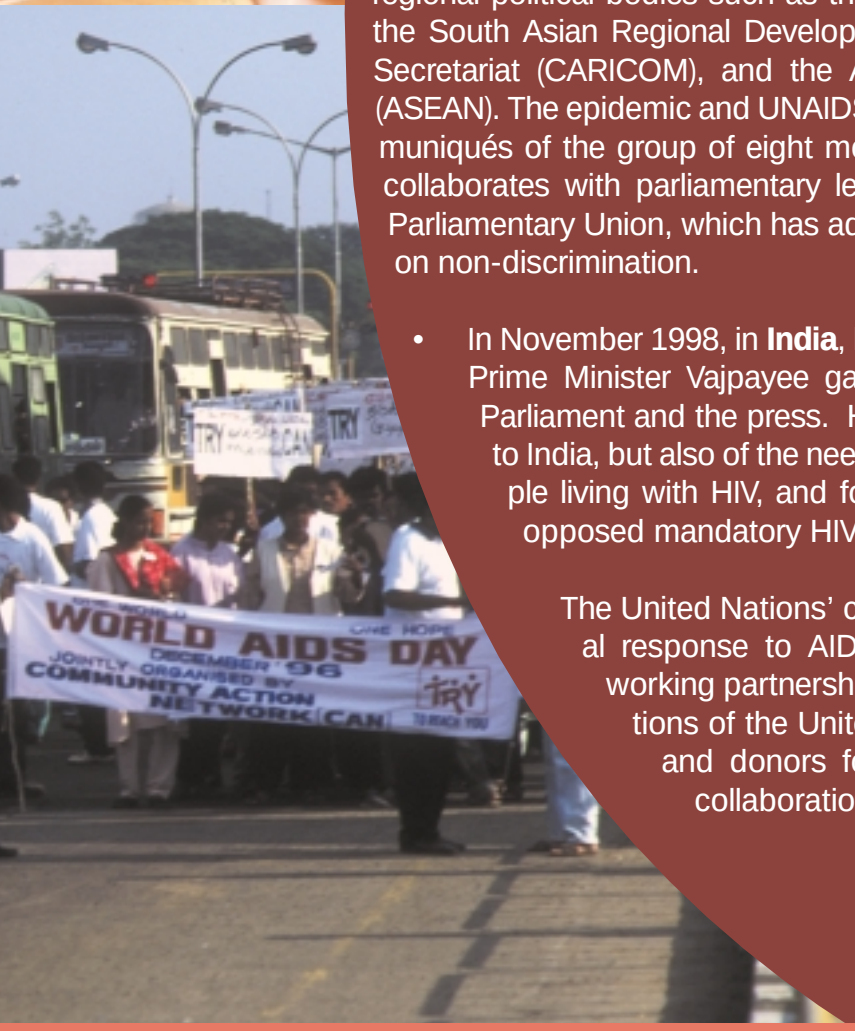
3. Mobilizing commitment, brokering alliances

UNAIDS mobilizes political commitment from national leaders, encourages countries to mount a broad-based response to AIDS, brings new partners to the fight against AIDS, and helps break the conspiracy of silence that can surround the AIDS epidemic. Creating synergy and bringing an expanding array of sectors and partners together to address HIV/ AIDS is the key to success.

Mobilizing national leadership

Denial and complacency about AIDS affect not only individuals and communities, but political leaders as well. Countering the forces of denial requires continuing and persistent advocacy. Working with local experts, NGOs, and people living with HIV/AIDS, the UNAIDS Cosponsors and Secretariat have helped to put AIDS high on the national political agenda on every continent.

AIDS issues have also been successfully introduced into the agendas of regional political bodies such as the Economic Commission for Africa (ECA), the South Asian Regional Development Council, the Caribbean Community Secretariat (CARICOM), and the Association of South-East Asian Nations (ASEAN). The epidemic and UNAIDS have been mentioned repeatedly in communiqués of the group of eight most industrialized countries (G-8). UNAIDS collaborates with parliamentary leaders and members, and with the Inter-Parliamentary Union, which has adopted resolutions on AIDS prevention and on non-discrimination.



- In November 1998, in **India**, home to at least 4 million persons with HIV, Prime Minister Vajpayee gave a watershed address to members of Parliament and the press. He spoke of the threat the epidemic posed to India, but also of the need for compassion and acceptance for people living with HIV, and for the protection of human rights, and he opposed mandatory HIV testing.

  The United Nations' contribution to India's reinvigorated national response to AIDS includes successful efforts to build a working partnership between the Government, the organizations of the United Nations system, and bilateral agencies and donors for the purpose of international technical collaboration.

With primary support coming from a new World Bank credit of over US$ 200 million, India's prevention efforts focus on behavioural risks and on AIDS stigma that increases vulnerability to HIV. The United Nations system staff support a wide range of "consortia" – national groups that bring together Indian expertise from Government and civil society and link them with international partners. Bilateral donors, such as the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), the Canadian International Development Agency (CIDA), and the Swedish International Development Cooperation Agency (SIDA), increasingly provide support to the international collaboration framework.

A recent study comparing the degree of political support for AIDS efforts in several **Latin American** countries – from the community level to the national government – found a greater increase in political support in countries such as **Guatemala** where the United Nations Theme Groups on HIV/AIDS were most active.

- The 1999 World AIDS Campaign was launched in **Brazil** by President Cardoso in the presence of Vice-President Maciel, cabinet ministers, members of the international diplomatic corps and representatives of United Nations agencies. At the launch, President Cardoso made a public commitment not to cut funding for the national AIDS programme despite Brazil's economic difficulties.

In **Eastern Europe** and the countries of the former Soviet Union, UNAIDS has helped speed up the normally lengthy process of awareness-building and mobilization of political commitment.

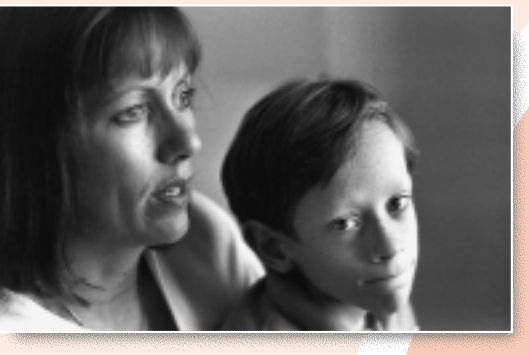
- In **Belarus**, the first signs of an HIV epidemic among drug users were reported in the summer of 1996 in Svetlogorsk. An emergency visit to the city organized by the UNAIDS Secretariat and the Theme Group convinced the representatives of five Government ministries that urgent measures were needed, including making sterile injecting equipment available to drug users to reduce the risk of harm from HIV. Before the end of the summer, this harm-reduction policy had been approved by the city council and endorsed by the national Cabinet of Ministers.

- In **Moldova**, a country where there was public resistance to harm reduction for drug users and to sexual health education in schools, UNAIDS brokered HIV prevention contacts with the Open Society Institute and other partners. In late 1998, the National Security Council overrode legislation prohibiting needle-exchange and endorsed this harm-reduction approach.

In **sub-Saharan Africa**, significant steps have recently been taken by a number of national political leaders. For example:

- In **Botswana**, where a full-scale epidemic was once ignored and denied, President Festus Mogae has announced plans for health care and social welfare programmes for people with HIV, as well as measures to prevent mother-to-child transmission. A Parliamentary Task Force on AIDS has been created to link operational-level AIDS work with high-level political commitment.

- **Côte d'Ivoire**, which benefits from both a Theme Group and a UNAIDS Intercountry Team based in Abidjan, has instituted huge annual increases in the country's AIDS budget since the establishment of UNAIDS in 1996.



7-year-old boy living with AIDS, who was publicly blessed by Pope John Paul II.

- In **Tanzania**, where approximately 10% of the adult population is already infected, President Mkapa spoke out publicly about the epidemic for the first time in January 1999 – an event that garnered wide media coverage. An Interministerial Technical Committee with leading public figures from all sectors was established and the Prime Minister now holds regular meetings with the UN Theme Group.

- **South Africa** has broken through its own wall of silence with major speeches on AIDS by then-Deputy President Thabo Mbeke and President Nelson Mandela *(see Panel)*. Deputy President Mbeke addressed the nation in October 1998, launching a partnership against HIV/AIDS which he now chairs through an interministerial committee. President Mandela has also worked with UNAIDS to advocate an expanded global AIDS response.

Heads of state are not the only ones whose leadership is needed. City leaders also have a major role to play. HIV rates are typically highest in urban areas, where demographic growth is also highest. The Alliance of African Mayors and Municipal Leaders, established in Abidjan following a UNDP-organized symposium in December 1997, has committed itself to take on these challenges and pursue intensified action on AIDS prevention and care.

South Africa confronts its epidemic

On 1 December 1998, President Nelson Mandela, with Peter Piot, UNAIDS Executive Director, at his side, spoke out in KwaZulu-Natal. Excerpts of his speech follow:

Although AIDS has been a part of our lives for 15 years or more, we have kept silent about its true presence in our midst. We want our communities to be able to say to our country: Come and witness the reality of AIDS; see the devastation in our community; see the fresh graves; see the courage of those who live with the infection and of the children who have lost their parents.

We must remove the silence that leads companies to say to a newspaper: "We want to put an advertisement in your paper, but it must not be near anything about AIDS." It is the silence that is letting this disease sweep through our country, adding 1500 people each day to the more than 3 million already infected.

Just as we defied the prophets of doom who foresaw endless conflict in our land, we can defeat this terrible disease by all of us accepting responsibility for prevention of infection and for care of those who have been affected. Let us build the Partnership Against AIDS so that it unites every community and sector of our society into a force for change.

Let us break the silence by speaking openly and publicly about AIDS, and by bringing an end to discrimination against those living with AIDS. Let us care for those living with HIV/AIDS and the orphans, and give them support, with love and compassion. And let us say that we will wear the Red Ribbon today, and every day, in remembrance of those who have died and in solidarity with those who are infected.

Involving people living with HIV or AIDS

The human desire to deny the enormity of the AIDS crisis is abetted by the fact that infected individuals can look and feel healthy for many years, in effect masking the epidemic. According to conservative UNAIDS estimates, nine-tenths of those living with HIV worldwide do not know they are infected.

One of the best ways of combating denial is to give AIDS "a human face" through what is called the Greater Involvement of People living with HIV/AIDS (GIPA), a principle formally launched at the Paris AIDS Summit on 1 December 1994. People who live with or are directly affected by HIV/AIDS bring personal experience to planning and carrying out a response to the epidemic. Those who are open about their own HIV status can help others come to terms with the invisible HIV risk, and to appreciate the need for solidarity between those living with HIV and those fortunate enough to have escaped infection so far.

The GIPA principle is strongly endorsed by UNAIDS, whose own governing body – the Programme Coordinating Board – includes representatives of AIDS-related NGOs and people living with HIV/AIDS. On all continents, UNAIDS works to put the principle into practice.

- In **Indonesia**, where official HIV figures are low and denial of the epidemic still runs strong, people with HIV infection or AIDS are often isolated with little help. UNAIDS Indonesia has provided financial support to allow an organization of people living with HIV/AIDS to strengthen itself institutionally and extend its valuable support and networking activities beyond the capital city of Jakarta. The Theme Group has linked the organization with the country's policy-makers with whom they are now engaged in constructive dialogue.

- In the **Dominican Republic**, the Theme Group was instrumental in organizing the national Network of People Living with HIV (Red Dominicano de Personas que viven con VIH/SIDA - REDOVIH). Seed money – US$ 30 000 – from the Theme Group led to the raising of a US$ 500 000 budget that supports Network activities and strengthens the Caribbean Network of People Living with HIV/AIDS. REDOVIH is now a full partner in the country's National Commission on AIDS.

- **Malawi** and **Zambia** were the first countries in the world to take part in a GIPA project started by UNAIDS and the United Nations Volunteers (UNV) that recruits openly HIV-positive people and places them within a host institution, which could be an NGO, a government department, or a private company. In addition to performing regular jobs, their mission is to make HIV/AIDS visible through personal testimony and positive example – using sensitivity training, prevention campaigns, and workplace counselling to bring AIDS into the open and encourage an effective and humane response by governments and civil society.

Promoting broad-based action in countries

Prevention, care, and addressing the impact of the epidemic are tasks for society as a whole, but the health sector has often been left with sole responsibility for dealing with the epidemic. A UNAIDS priority is therefore helping the different sectors in society understand their stake in mounting an effective response to AIDS.

All sectors, whether an education sector where 30% of all schoolteachers are infected, or a defence sector with infection rates of 60% in the military, stand to suffer the impact of an out-of-control epidemic. At the same time, all sectors have regular access to various population groups that they can educate about HIV/AIDS at little extra cost – the education ministry to schoolchildren, the police and military to the troops, the agricultural sector to farming families, the private sector to their own workforce. By tapping into the resources and purses of multiple sectors, a country is in a stronger position to sustain its AIDS response over time.

AIDS-related NGOs have been in the forefront of action since the epidemic began. Alongside these traditional partners, UNAIDS builds bridges to NGOs of other kinds – those not directly involved in AIDS action but working in relevant fields such as the advancement of women, human rights, child welfare, and poverty alleviation.

Thailand: a classic example of a multisectoral response

Thanks to courageous leadership, multisectoral action and decentralization, **Thailand** is turning around a runaway epidemic. Fewer girls go into the sex trade, brothel visits are down, condom use is up in both commercial and casual sex, and young men are postponing the age at which they first start having sex. In just five years, risk behaviour decreased significantly and the rate of new HIV infections among young men fell dramatically.

The key to Thailand's success is broad-based action implemented on a national scale within a short period of time. Thai society as a whole has worked to integrate a response to AIDS into almost everything, from defence to education, from planning to community development. AIDS is brought into a wide variety of planning and budgeting decisions, be it free education for village girls to discourage families from sending them into sex work, promotion of rural employment opportunities so as to decrease migration to the cities, or free condom distribution in all brothels. Mass media, outreach, counselling and peer education have been used to increase awareness and life skills among young people, those with high-risk behaviours, and the public at large.

Thailand's provinces receive AIDS funding both from the central government and through local taxation. The broad-based response to AIDS in Thailand has involved joint brainstorming, resource contribution, and action by most of the country's ministries and departments, along with NGOs, businesses, schools, communities and self-help groups of people living with HIV.

Building a chain of commitment in Ukraine

In 1996, the chair of **Ukraine**'s Theme Group brought twelve Cosponsor and donor representatives to Odessa to show them how rapidly HIV was spreading among injecting drug users there. The Theme Group quickly moved to build local resources for prevention, organizing workshops for staff from youth social services, STD clinics, drug clinics and police departments, and recruiting and training over 250 educators.

After receiving training, a local police chief started a new AIDS NGO – Truth, Hope and Love. In 1997, the new NGO took on HIV prevention work among drug users and female sex workers in Odessa. Truth, Hope and Love also set up a regional training centre for AIDS prevention among vulnerable groups, with funding from UNAIDS and from the World AIDS Foundation in France. Training requests have come from Moldova and the Caucasus.

Having succeeded in building up an association of female sex workers in Odessa, the same NGO worked with UNAIDS staff and the Theme Group to broaden the network through a meeting of sex workers from six Ukrainian cities. Based on this experience, the Theme Group has secured funding from the Ministry of Health of the Federal Republic of Germany to expand the network to 10-15 cities.

The World AIDS Campaign

For over ten years World AIDS Day – 1 December – has served as an international focal point for raising AIDS awareness. UNAIDS has acted to extend the reach and impact of this important opportunity by initiating year-long campaigns that culminate on World AIDS Day. While continuing to serve as a tool for advocacy, these campaigns also provide leverage for the implementation of policies and programmes.

With the first **World AIDS Campaign** in 1997, UNAIDS and its partners put the international spotlight on children who are infected, at risk of infection or living in families affected by AIDS. A Steering Committee composed of the UNAIDS Cosponsors and four leading institutions in the field advised the Programme on the framework of the Campaign. Reports from countries showed a high level of participation in promoting the objectives of the Campaign, which were as follows:

- increasing public understanding of the impact of the epidemic on children
- involving children and young people in the development of policies affecting them
- improving services and the access of children to prevention and care
- increasing children's access to quality education and information
- increasing understanding of the interaction between the epidemic of HIV/AIDS and efforts to protect children's rights.

New infections are increasingly concentrated among younger people. The 1998 World AIDS Campaign **Young People: Force for Change** addressed the epidemic's threat to those between 10 and 25 years old, and highlighted the contributions that young people can make to overcoming the epidemic through their energy and commitment and through the adoption of safe behaviour.

- At the launch in Moscow, **Russian Federation**, the Campaign highlighted the special challenges facing young people in a region where deteriorating health and social structures may increase risk for HIV exposure.

On World AIDS Day, leaders around the world issued messages of support and announced new measures to combat the epidemic. In **Mozambique** President Chissano addressed the nation, calling upon young people to organize themselves in churches, residential areas and workplaces to prevent AIDS. In the **United Kingdom**, Prime Minister Blair stressed his support for young people as a powerful force for change in fighting the spread of HIV and AIDS. In the **USA**, President Clinton announced a package of US$ 360 million for vaccine and other cutting-edge AIDS research, as well as additional financial support for AIDS orphans worldwide.

- Global media coverage of World AIDS Day reached a potential worldwide audience in the hundreds of millions. *Staying Alive, a* joint production by UNAIDS, the World Bank and MTV International, was broadcast around the world from morning to night on 1 December.

- Many countries developed peer education and social support services for young people. In **Romania**, for example, the Romanian Association against AIDS, with financial support from UNAIDS and UNICEF, initiated the Social Centre for People Living with AIDS Project to ensure equitable provision of services, treatment, counselling, and legal and social support to young people living with HIV/AIDS.

- Several countries reported on specific efforts made to promote the genuine participation of young people – with, for example, young people becoming members of United Nations Youth Theme Groups and of development committees for National AIDS Plans.

At the request of countries around the world eager to reach the age group at highest risk, the 1999 World AIDS Campaign, **Listen, Learn, Live!** continues to focus on people under 25. Speaking at the world launch in Brasilia in the presence of President Cardoso, UNAIDS Executive Director Peter Piot called on adults to listen to the concerns of young people and help them tackle forces in society, such as violence and *machismo*, that make them vulnerable to HIV.

Ronaldo, Special Representative of the World AIDS Campaign, at a press conference at the United Nations in Geneva, December 1998.

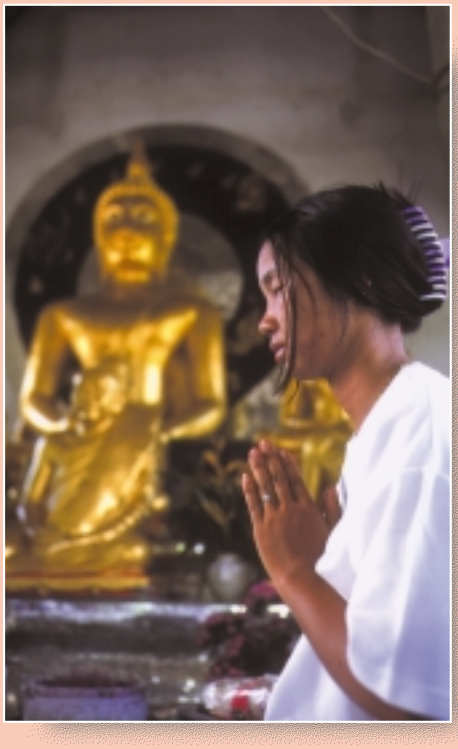
The 1999 World AIDS Campaign is an example of true collaboration between UNAIDS Cosponsors, key NGOs working in the fields of children, youth and human rights, and private sector organizations. The special representative of the Campaign, Brazilian football player Ronaldo, also heads the joint UNAIDS/UNICEF "*Play Safe*" football HIV/AIDS initiative which aims to mobilize organized football to promote HIV prevention messages.

Brokering global alliances

UNAIDS has worked to promote pluralistic efforts to address AIDS through a variety of approaches. For example, UNAIDS is committed to building relationships based on mutual respect with religious organizations that can influence the response of individuals and nations to AIDS.

- The UNAIDS Secretariat helped finance and support the First International Symposium on AIDS and Religion in Dakar, Senegal, in November 1997. Participants from a variety of religious backgrounds including Islam, Christianity and Buddhism took this unique opportunity to exchange their practical experience in AIDS care and support and to discuss the always-sensitive issues of prevention through abstinence, mutual fidelity within marriage, and condom use.

- With funding from UNDP, UNICEF, WHO, USAID, and World Learning, Inc., an education NGO, the Islamic Medical Association of Uganda has carried out effective AIDS prevention projects blending Islamic religious values with scientific medical information on HIV/AIDS. The innovative approaches used – including income-generating activities to enhance the position of women – are highlighted in *The long jihad: a bitter battle against AIDS*, a video produced with the support of the UNAIDS Secretariat.



- In January 1999, UNAIDS signed a memorandum of understanding with Caritas Internationalis, an international Catholic federation of 146 organizations involved worldwide in relief, development and social work. The agreement commits both organizations to cooperation in promoting AIDS awareness, responsible behaviour, and care and dignity for those affected.

Working with religious leaders in Argentina

UNAIDS collaboration with the Roman Catholic Church took a leap forward in Argentina, where the Conference of Catholic Bishops organized a meeting on HIV/AIDS in collaboration with UNAIDS in March 1998. At the time, the Government was concerned about possible opposition to a planned condom promotion and other prevention campaigns supported by a loan from the World Bank. On the other hand, the Church was concerned that its own prevention messages were not reaching the whole population, especially men – whose behaviour was driving the epidemic.

Following the 1998 meeting, attended by religious, government and NGO representatives from several Latin American countries and from Portugal, Spain, and the Vatican, the Church – already active in AIDS care and support – stepped up its prevention messages through its own network of schools, broadcast media and institutions. In order to share its practical experience and encourage its sister churches in Latin America to take on similar programmes, the Conference organized a second seminar in March 1999, bringing together high-level ecclesiastical authorities, a representative of the Vatican, and the UNAIDS Secretariat and Cosponsors.

Religious institutions represent a major resource in the fight against AIDS. A survey of Roman Catholic churches worldwide, undertaken by His Excellency Archbishop Javier Lozano Barragan, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, showed that in many countries churches account for a quarter of all the AIDS care provided.

UNAIDS works to reduce risk and vulnerability in other institutional settings as well. For example, the Secretariat has developed a partnership with the Civil-Military Alliance to Combat HIV/AIDS to help establish and strengthen AIDS programmes with military services in Africa, Asia and Latin America.

UNAIDS has also reached out to partners in the corporate sector. Alliances have been forged with pharmaceutical companies in a bid to secure lower prices for drugs or devices needed in developing countries. For example, the UNAIDS Secretariat successfully negotiated lower AZT costs for the prevention of mother-to-child transmission, as well as a lower public sector price for the female condom *(see Chapter 4)* and for HIV-related drugs for pilot projects on care (*see Chapter 5)*.

Broader alliances with industry are aimed at advocacy with, and by, the corporate sector:

- Joint workshops for business leaders in several developing countries have been organized with the Prince of Wales Business Leaders Forum. UNAIDS has also used the network of companies represented by this high-level forum to present a publication on how business can work on AIDS.

- In addition to the half-hour video *Staying Alive* made with funding from the World Bank, MTV International has worked with the UNAIDS Secretariat to produce publicity spots about HIV/AIDS and an attractive booklet with ready-made media messages that has been distributed worldwide. The President of MTV, Bill Roedy, has become an ambassador for UNAIDS.

- With technical assistance from UNAIDS, Rotary International, which currently involves 9000 Rotary clubs, has published a guide for clubs seeking to work on AIDS, and provided funding to local clubs for activities against the epidemic. The UNAIDS/Rotary International declaration *Working together with young people for a safer world* has received wide circulation.

The Global Business Council on HIV/AIDS

One of many notable elements of the private sector response to the epidemic has been the establishment of the Global Business Council on HIV/AIDS, which UNAIDS has helped launch in November 1997. The Honorary President of the Council is President Nelson Mandela.

The Council comprises a group of chief executives who represent companies committed to HIV/AIDS causes and who can mobilize and inspire others. By joining the Global Business Council on HIV/AIDS, member companies:

President Nelson Mandela of South Africa and UNAIDS Executive Director at the World Economic Forum in Davos, 1997.

- maintain an international focus on the epidemic
- learn from each others' experience of the impact of the epidemic, and exchange ideas towards a more effective response to HIV/AIDS
- take visible and effective action, becoming the leading players in helping all their stakeholders (customers, employees and the community) face the challenges of the epidemic
- cooperate with other companies in efforts to develop effective international, national or local responses to AIDS.

Mobilizing resources for an expanding epidemic

Twenty years into the epidemic, AIDS is expanding three times faster than the funding to control it.

This sobering conclusion emerges from a study carried out by UNAIDS and the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health. The study reviewed donor spending on national, regional and international efforts to tackle HIV/AIDS, as well as national HIV/AIDS spending among developing countries for the years 1996 and 1997.

The study found that the level of support from wealthy countries for the international fight against AIDS is not only inadequate but is being fast outpaced by the epidemic. In 1997, for example, donor nations plus the European Commission provided approximately US$ 150 million for HIV activities to African countries; at that time, there were some 21 million infected Africans and many more at risk. The report also indicates that after a quick influx of donor support, starting in 1990 the increase in annual AIDS funding began to slow. According to global trends in funding over time by an important group of donor countries, the resources made

available increased from US$ 165 million to only US$ 273 million between 1990 and 1997, a period during which the number of people living with HIV more than tripled – from just under 10 million to over 30 million.

In the report, 64 developing countries – home to approximately three-quarters of the world's HIV-positive population – reported allocations of US$ 548.5 million in 1996 from national and international sources, primarily for prevention efforts in country. Of this total, nearly US$ 178 million was provided by United Nations organizations, mostly in the form of loans from the World Bank. The USA was by far the largest donor of HIV-related assistance funds, contributing US$ 137.5 million in 1996 and US$ 135 million in 1997. When official development assistance for AIDS was broken down as a percentage of GNP, however, the Netherlands and Norway were found to be the biggest contributors in both years.

In 29 of the 64 respondent countries, national government funding represented less than 10% of total HIV/AIDS monies. In sub-Saharan Africa, despite the severity of the epidemic there, only Botswana, Kenya, Malawi and Uganda reported spending over US$ 1 million of domestic funds on AIDS activities.

Resource mobilization is becoming an increasing part of the national strategic planning process supported by the Theme Groups. By 1997, almost half the Theme Groups had mobilized funds at country level from Cosponsors, other UN agencies, bilateral donors and the private sector. To assist in this endeavour, the Secretariat is currently preparing detailed guidance on resource mobilization at the country level.

UN partnership in Brazil

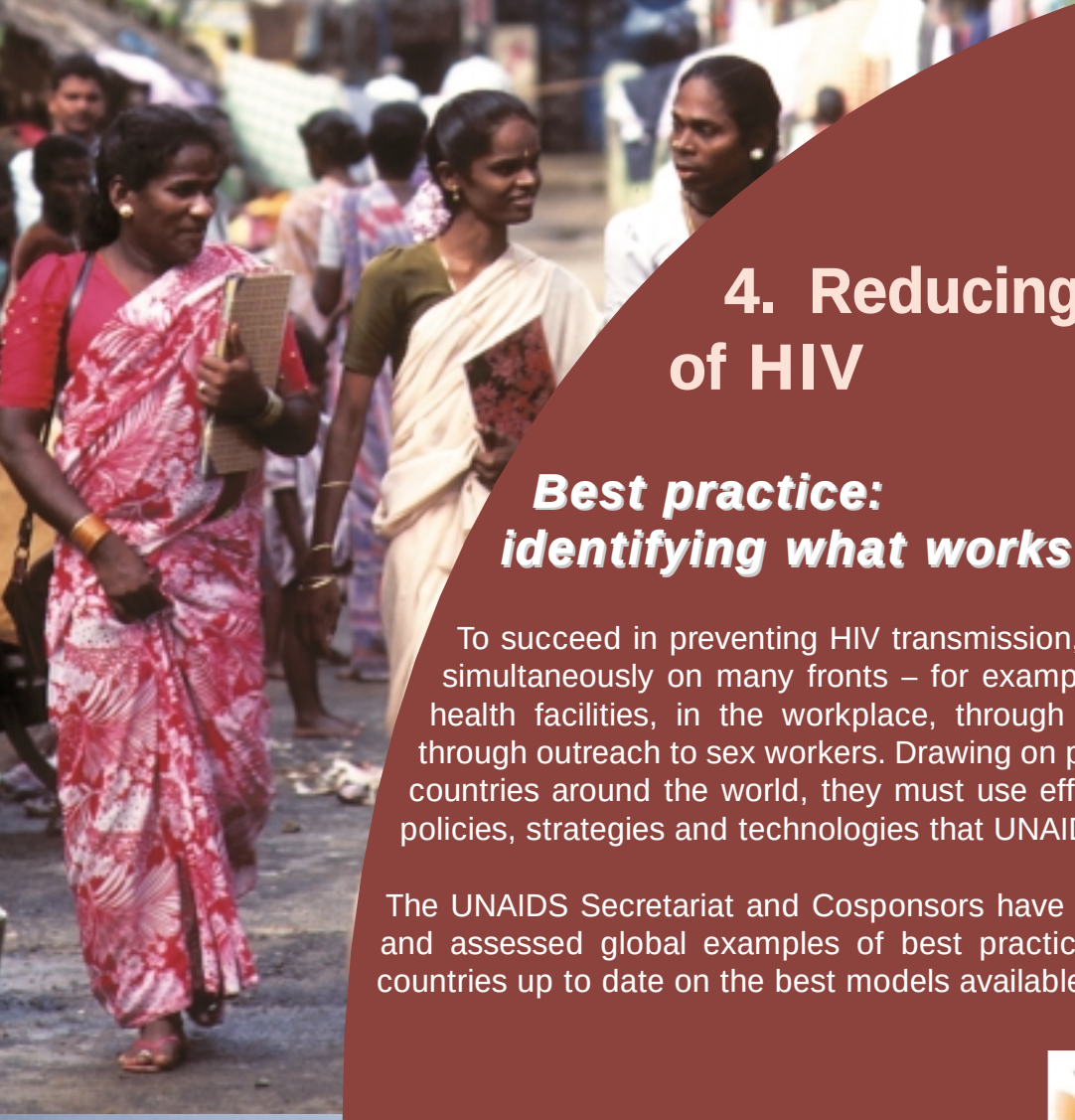
The Brazilian Government sought UN political support and technical input for the renewal of its World Bank project on HIV/AIDS. According to the UNAIDS-Harvard financing study, the World Bank has become the main external financing source for AIDS action in developing countries.

The UN system agencies prepared a workplan in collaboration with the loan renewal project. Along with bilateral organizations, NGOs and the National AIDS Programme, the United Nations Theme Group on HIV/AIDS:

- convened a strategic planning workshop on the subject of HIV and children living in poverty
- supported a national meeting for the coordination of NGO input into the project
- facilitated international technical input.

The HIV/AIDS project was successfully renewed for a four-year period and is being funded by a World Bank loan of US$ 165 million and a Government contribution of US$ 135 million.

The Theme Group in Brazil also serves as the main forum for coordination between the Government and bilateral agencies. A US$ 10 million USAID project covering prevention, NGO support, and evaluation, coordinated by the Theme Group, is now under way.

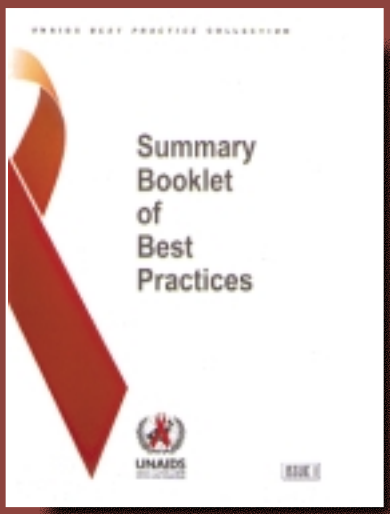


4. Reducing the spread of HIV

Best practice: identifying what works

To succeed in preventing HIV transmission, countries need to work simultaneously on many fronts – for example, through schools and health facilities, in the workplace, through media campaigns, and through outreach to sex workers. Drawing on practical experience from countries around the world, they must use effective approaches – the policies, strategies and technologies that UNAIDS calls “best practice”.

The UNAIDS Secretariat and Cosponsors have continuously sought out and assessed global examples of best practice, and worked to keep countries up to date on the best models available for HIV prevention.



Getting the word out

The UNAIDS Secretariat disseminates best practice information electronically and through its own publications, as well as through the Theme Groups and networks of experts that the Programme is helping to set up or strengthen.

The rapidly growing publication programme ranges from brochures to major reports and case studies. Topics addressed range from community mobilization and school education to economics, infant feeding and issues such as antiretroviral therapy and the control of sexually transmitted diseases. UNAIDS regularly reaches out to media to publicize the information contained in its publications.

Taken together, the catalogue of UNAIDS publications (including key Cosponsor materials) makes up the Best Practice Collection. Now numbering some 200 publications, most of which have been translated into several languages, the Collection is continually updated and enriched with:

- *Technical Updates* – 8-page summaries of the state of the art, for individuals working in HIV/AIDS
- *Points of View* – short advocacy pieces for journalists and the lay public
- *UNAIDS Case Studies* – illustrations of practical examples of best practice from around the world
- *UNAIDS Key Materials* – including the 1998 *Report on the global HIV/AIDS epidemic* and important policy statements prepared jointly with the Cosponsors, such as the *Policy on HIV Testing and Counselling* and the joint UNAIDS, WHO and UNICEF policy statement on *HIV and Infant Feeding.*

The Best Practice Collection *Summary Booklet* is a useful compendium of lessons learnt in many areas of AIDS work.

Information support centres in several countries help broaden the distribution of these publications, which are generally available in English, French and Spanish. Key materials exist in many other languages, such as Arabic, Chinese and Russian. The Secretariat regularly posts its publications, as well as national fact sheets, images, press releases and other materials, on the UNAIDS web site (www.unaids.org).

UNAIDS provides countries with the advocacy and technical support needed to implement best practice, especially for controversial or politically sensitive prevention approaches and for efforts which need broad social mobilization. For instance, the UN system helps countries mobilize many different sectors and partners to raise the status of women so that women have more economic autonomy, more say in sexual matters, and more control over their exposure to HIV. Other examples are AIDS education and needle-exchange programmes for those who inject drugs, and life-skills education in schools to help young people stay uninfected.

In the area of best practice, UNAIDS stands by the facts. Its role as a source of neutral, validated information is particularly critical in the HIV/AIDS epidemic, where truth can get lost in rumour, political controversy, and the desperate search for a way to stop the spread of HIV.

Youth, AIDS and education

Does sexual health education lead to earlier or increased sexual activity? A major literature review, carried out by the UNAIDS Secretariat, confirmed that it does not. Instead, such education encourages young people to postpone their sexual initiation and lowers their risk of unwanted pregnancy, sexually transmitted disease and HIV infection. To be effective, education on AIDS and sexual health must impart not only knowledge, but also useful life skills – such as how to stand up for one's own decisions about sex or drug use, avoid risk situations, and negotiate safe behaviour. In a world where more than half of all new infections occur in people under age 25, the Secretariat and Cosponsors strongly advocate HIV-related education as a best practice, and they are all active in promoting education and services aimed at HIV prevention among young people. For example:

- UNICEF is helping countries to develop youth-friendly health services and to promote life-skills education that includes information on HIV/AIDS. Through the Mekong Project funded by the Netherlands, starting in 1996, it has supported the development of a range of responses to HIV/AIDS in six countries (Cambodia, China (Yunnan Province), Laos, Myanmar, Thailand and Viet Nam). These responses have included a focus on work with children and young people on STD/HIV behaviour development and change, notably through a life-skills approach. In this context, Myanmar has implemented a comprehensive schools-based pilot programme called School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE) in 30 schools, and out-of-school youth have also been reached through the networks of Red Cross societies in Viet Nam, Yunnan province in China, and Myanmar.

- UNDP is working with the Alliance of African Mayors and Municipal Leaders on HIV/AIDS to mobilize young people to respond to the epidemic by promoting solidarity, creating awareness about HIV, and leveraging support for people affected and infected by the disease.

- UNFPA has worked to integrate HIV and sexually transmitted disease prevention into family life and reproductive health programmes for young people in more than 150 countries.

- UNDCP organized the Drug Abuse Prevention Forum in Banff, Canada. The outcome of the meeting was *Vision from Banff*, a document stating young people's goals to achieve demand reduction for drugs and to provide support for young drug users. *Vision from Banff* was presented at the United Nations Special Session of the General Assembly in June 1998 by four young people present at the Banff conference.

- UNESCO has worked in curriculum development and teacher training in India, and conducted planning seminars in Cambodia and Nepal.

- WHO is integrating a similar prevention dimension into its *Health-Promoting Schools Network* in all six regions in which the organization works.

- The World Bank is including HIV/STD education in its negotiations on Bank loans for more efficient school systems and in its training programmes for World Bank Task Managers.

Condom promotion

Along with approaches such as encouraging sexual abstinence, the postponement of sexual debut, or mutual fidelity, condoms are an indispensable part of HIV prevention.

Opponents of safer sex campaigns have disseminated misinformation about condoms – one of the most effective tools in stopping HIV transmission – alleging that they do not work or actually contribute

to the spread of HIV. Persistent advocacy is needed to counter unscientific arguments and to support those governments and institutions who implement best practice.

- In **Mexico**, the UNAIDS Cosponsors immediately swung into action when the Government's condom promotion programmes came under attack from various quarters. The United Nations Theme Group played an important advocacy role, providing strong support for the interventions promoted by the Consejo nacional de Prevención y Control de Sida (CONASIDA), Mexico's national AIDS programme.

- From being a country with hardly any AIDS response or coordination before 1996, the **Lao PDR** has moved into the forefront of action on AIDS. Under the impetus of the UNAIDS Country Programme Adviser, the country's Theme Group established the Lao PDR AIDS Trust Fund to mobilize resources and coordinate donor support. In addition to financing from the UNAIDS Cosponsors, the Trust Fund has already attracted funds from the Australian Agency for International Development (AusAID), the Norwegian Agency for Development (NORAD), and the Canadian International Development Agency (CIDA), and has financed the country's first condom social marketing programme, carried out in partnership with Population Services International (PSI), an NGO dealing with population problems. Social marketing makes use of the profit motive: vendors buy condoms wholesale at a subsidized price, then attract clients so they can sell at a profit.

Women-controlled barriers to HIV

Women aged 15-49 years represent 43% of all new HIV infections, up from 40% a few years ago. For anatomical reasons, women are about four times more vulnerable than men to sexually transmitted diseases, including HIV. Women's vulnerability is further compounded by their lower social or economic status in many societies, which leaves them in a weak position to demand fidelity from a husband, or use of the male condom – until recently, the only barrier method available to prevent HIV transmission during intercourse.

As a result, many women are infected by their sole sex partner – their husband. Women with more than one partner, such as those driven by economic necessity into sex work, are often in an even weaker position to insist on condom use, for fear of loss of income or even violence.

The need for women-controlled barrier methods to complement the male condom is acute.

A UNAIDS staff member helps prepare a shipment of female condoms.

UNAIDS research has helped prove the efficacy of the female condom, a polyethylene vaginal sheath which women can insert before sex. Since 1997, when the Programme successfully negotiated a two-thirds reduction in its public sector price with The Female Health Company, the sole manufacturer of female condoms, over 6 million of the protective devices have been distributed in 34 countries.

At the same time, the Programme encourages research to develop vaginal microbicides. These are products that women can apply vaginally for protection against HIV and/or STDs – if necessary without the knowledge of their partner. (The female condom, in contrast, remains visible externally.) The UNAIDS Secretariat supports the International Working Group on Microbicides, in which agencies that develop microbicides coordinate their efforts in order to facilitate and accelerate progress. It also supports Change, a women's NGO that campaigns to mobilize greater attention and funding for microbicide development from governments and the pharmaceutical industry. Trials of safety and efficacy are still in progress.

Voluntary HIV counselling and testing

HIV counselling and testing has long been valued as a strategy for providing psychological support, especially to infected individuals. However, its usefulness for HIV prevention was questioned. Now, research supported by WHO, the UNAIDS Secretariat, USAID and other institutions has shown that voluntary counselling and testing can help reduce HIV risk behaviour. In a multi-site study, people who had been counselled and tested were found to have less unprotected intercourse outside their primary partnerships than people who had only received health information. The effect was particularly marked in couples who had been counselled and tested together. The study also showed that prospective clients were willing to pay a small fee for counselling and testing.

This finding is a much-needed breakthrough in a world where there are 16 000 new HIV infections a day, and where 9 out of 10 seropositive people do not know they are infected. It opens the door to the introduction of voluntary counselling and testing services on a wide scale in developing countries. One such opportunity already being advocated by UNAIDS is to offer such services to women (and couples) so that pregnant women found to be seropositive can be offered a package of preventive measures to improve their chances of having an uninfected baby.

To be effective, counselling and testing must be offered, not imposed. Mandatory testing or disclosure of a person's serological status is a human rights violation that can end in tragedy. All too often, HIV-positive people run the risk of discrimination, rejection, violence, even murder, when their status becomes known. When appropriately counselled and tested, however, an individual who knows his or her HIV status can seek health care and also help others to stay uninfected. With support from a counsellor and from the community, HIV-positive individuals can be helped to take the difficult decision to share the knowledge of their infection status with their loved ones, not only to protect a spouse from infection but to gain family support. Shared confidentiality can also be promoted by offering testing to couples.

Helping HIV-positive mothers to have healthy babies

Of all the technical areas in which UNAIDS has worked to promote policy consensus and practical action, perhaps the most controversial is that of mother-to-child transmission of HIV. Not only can the child of an HIV-positive mother be infected before or during birth, but there is also a risk of transmission through breastfeeding – a natural practice that has long been promoted as a major way of enhancing child survival.

Previous studies indicated that a long and costly drug regimen, combined with avoidance of breastfeeding, could drastically cut mother-to-child HIV transmission in the industrialized world. These findings prompted a focused effort to develop regimens more suited logistically and financially to the developing world, where breastfeeding is common and the overall risk of maternal HIV transmission to infants is around 35%. UNAIDS quickly started a global coordinating group for researchers to help ensure that different studies would be comparable and, above all, directed to the needs of women of developing countries. In parallel, the Secretariat, along with WHO, UNICEF and UNFPA, began preparing detailed guidelines for the use of decision-makers and health officials.

In February 1998 the results of a Thai study – in which pregnant HIV-positive women were given a 4–5-week course of zidovudine pills (AZT) and provided with safe alternatives to breast milk – showed that the risk of mother-to-child transmission could be reduced by half, from around 18% to 9%. As soon as these findings were announced, the UNAIDS Secretariat, UNICEF and WHO started planning concrete action to help countries translate the research into preventive action. Following negotiations with Glaxo Wellcome, the company made a donation of AZT and announced a substantial reduction in the price of the drug for the public sector of developing countries. This enabled planning to start on a major initiative for the reduction of mother-to-child transmission in 11 pilot countries.

The Programme continues to facilitate research towards even more practical ways of helping HIV-positive women improve their chances of having a healthy baby. One strategy is to use a combination of two antiretrovirals, but for a shorter period. This is being evaluated in the Perinatal Transmission (PETRA) trial, the largest clinical trial ever to examine mother-to-child transmission of HIV. Preliminary results show that when an HIV-positive mother begins a combined antiretroviral regimen at the time of delivery, and she and her newborn follow a postpartum regimen for just one week, the chances of the infant becoming infected are reduced by 37%.

Preventing HIV in mobile populations

HIV travels along the fault-lines of society. Vulnerability to HIV is aggravated by many factors – such as migration, economic disparities, inequalities between men and women, and industrial development policies that attract workers to jobs far from their families. Directly and indirectly, these factors rob individuals of their control over HIV exposure. In many contexts, AIDS prevention involves tackling the epidemic at its social, cultural and economic roots.

Two such factors are migration and sex work, which are receiving priority attention from UNAIDS.

Every year, about 120 million people move voluntarily within their own country or from one country to another. War and other circumstances account for an additional 38 million refugees and internally displaced persons. Refugees and migrants tend to be more vulnerable to infection than local populations because of the poverty, powerlessness, and precarious family situations that accompany their status. And, because of their high mobility, it is difficult to provide migrants with effective AIDS prevention programmes and health services.

- In **Africa**, projects aimed at reducing HIV vulnerability from mobility, migration and sex work (which often accompanies migration) are being carried out by the **West Africa Initiative**, for which the UNAIDS Intercountry Team based in Abidjan serves as the secretariat. Covering 17 countries and networks of NGOs and people living with HIV/AIDS, and funded by the World Bank, the West Africa Initiative has produced a practical manual for organizations implementing HIV prevention projects with sex workers and their clients, and has created a strong network of technical experts to assist countries in project development and implementation. The success of these projects in West Africa has stimulated interest in Central African countries, which are now initiating similar programmes.

- Mobility and sex work are also the focus of a subregional initiative in **Central America** and **Mexico** involving governments, bilateral agencies, NGOs and the UN system. The new initiative, launched at a meeting in 1999, will prioritize the prevention of HIV and sexually transmitted diseases among mobile populations, including sex workers and their clients living in border and port communities.

- In **South** and **South-East Asia**, a similar initiative is under way for truck drivers, whose lengthy absences from home increase their risk of acquiring and transmitting HIV to both casual partners and spouses. The initiative is intended to increase HIV awareness and condom use among drivers. As in many other instances, a small amount of seed money from UNAIDS is being used to leverage significant additional funding from other sources. In this particular example, starting with US$ 150 000, the Secretariat

is currently negotiating up to US$ 1 million from the Asian Development Bank. The German technical aid agency, GTZ, has already pledged funding.

Violence and the sex traffic

Another important source of vulnerability to HIV is violence against girls and women, a particularly insidious aspect of the AIDS epidemic that is only now beginning to receive the international recognition it deserves. Domestic violence, rape and other forms of sexual abuse are gross violations of human rights. They also contribute both directly and indirectly to the spread of HIV. Most countries have failed to deal appropriately with this issue, considering gender-based violence to be a taboo subject or a private matter, not to be discussed publicly.

The trafficking of girls and women is a particularly tragic context for sexual violence. Every year, hundreds of thousands of women and girls throughout the world are bought and sold into marriage, prostitution or slavery. Overall, as many as 200 million may be enduring this contemporary form of slavery.

- Young girls in Africa, the Middle East and Asia are regularly forced to take much older husbands, who are far more likely to be infected with HIV.

- Latin American, Caribbean and Eastern European women are increasingly susceptible to trafficking and abuse, especially in countries of the former Soviet Union where economies are faltering and HIV rates are on the rise.

- In Western Europe alone, the sex traffic involves up to half a million women.

- In Asia, a major initiative on Trafficking of Women and Children in the Mekong has been launched to discourage trafficking and punish the perpetrators. Planning began in February 1998, when UNAIDS established a United Nations working group to support countries in tackling this immensely complex problem.

Built on the UNAIDS model, the Mekong initiative brings together the complementary expertise and knowledge of an array of UN, government and NGO partners. With US$ 2.3 million in funding from the United Nations Fund for International Partnerships, the project is now under way in **Cambodia**, **China**, **Laos**, **Myanmar**, **Thailand** and **Viet Nam.**

Men who have sex with men

One significant source of HIV transmission is sex between men. This type of transmission is frequently difficult to address because, in many countries, men who have sex with men do not view themselves as non-heterosexual and, because of social stigmatization, may not wish to be identified to others as such. UNAIDS works to help government planners improve their understanding of this kind of male sexuality and apply the prevention approaches considered to be best practice. Donor and cosponsoring agencies are

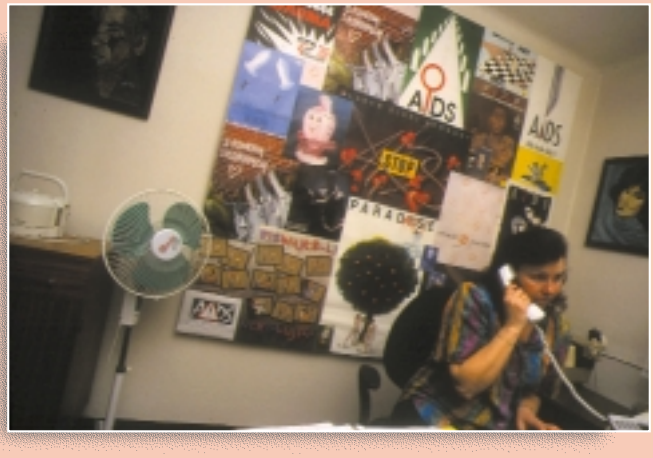
encouraged to include outreach to men who have sex with men when designing and funding national AIDS programmes.

- In **Latin America**, the Secretariat has begun to support various gay organizations in developing empowerment skills and technical training capacity for HIV prevention. For example, a Colombian NGO is producing a manual on prevention, care and support for use in Latin America and the Caribbean.

- Two consultations in Asia in early 1999 were aimed at developing more coherent collaboration between UNAIDS and various groups dealing with these issues on the Asian continent. One meeting was held in **India**, in partnership with the US Department of Health and Human Services, the Global Health Council, and the Naz Foundation, an NGO focusing on men who have sex with men. The other, in **Singapore**, was organized with the AIDS Society for Asia and the Pacific and included participation from the national AIDS programme managers. These meetings laid important cornerstones for future collaboration.

Preventing HIV and other harm among drug users

Drug use can entail considerable societal damage and health risks to the individual, including HIV infection. The strategy defined by UNDCP is to prevent the use of drugs, particularly by young people, by reducing both demand and supply. However, for those who do inject or otherwise use drugs, complementary strategies are needed to prevent them from becoming infected with HIV and passing on the virus to their sex partners and babies. These strategies typically include HIV education for users and their partners, drug treatment programmes, access to condoms, and access to bleach or to sterile injecting equipment.



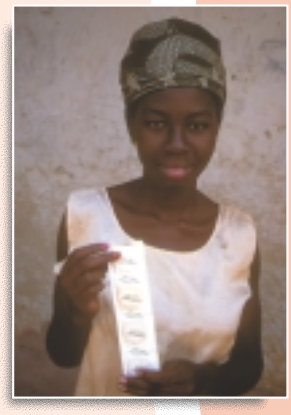
Because drug use is disapproved of and almost always illegal, drug injectors – often young people at a vulnerable stage in their lives – are driven underground and do not come forward for help or information, even where this is available. To maximize the chances of success for HIV prevention, it is important to reach drug injectors on the street and in the places where they congregate, to use former drug users as peer educators, and to win the cooperation of law-enforcement officials so that harm-reduction strategies are tolerated.

- A good example comes from **Viet Nam**, where UNAIDS is giving strong joint support to the Government's HIV prevention programmes for drug users as part of its *Partnership in Action* – nine strategic initiatives designed with local experts, NGOs, and people with HIV/AIDS. One such initiative is a joint UNDCP/UNAIDS project (1998-2000), aimed at building capacity for the prevention of HIV among drug users. It operates in five provinces and relies mainly on peer education and harm-reduction strategies. The Secretariat is funding the costs of a technical adviser while UNDCP is providing more than US$ 600 000 for activities. The Government of Viet Nam has also committed resources of its own to the project.

- In **Eastern Europe**, the Task Force on HIV Prevention among Injecting Drug Users has produced HIV prevention materials in Russian for drug injectors living in countries of the former Soviet Union. The Task Force has supported outreach projects for drug users and an information network of harm-reduction programmes in the region, working together with the UNDP country office in Poland, WHO, UNICEF, the UNAIDS Secretariat, and major NGOs including *Médecins du monde, Médecins sans frontières,* the International Harm Reduction Development Programme (Lindesmith Center, Open Society Institute), and the Trimbos Institute.

Sexually transmitted diseases

There is scientific evidence that a person with an untreated sexually transmitted disease (STD) is up to 6-10 times more likely to pass on or acquire HIV during sex. According to current hypothesis, the risk of becoming HIV-infected from a single exposure is increased 10–300-fold in the presence of a genital ulcer. In light of the rapidly accumulating evidence that STDs fuel HIV transmission, more attention has begun to be focused on STD prevention and care as a means of HIV prevention. This is an area in which the UNAIDS Secretariat collaborates closely with WHO.



- In Masaka, **Uganda**, the Secretariat is funding a communications study to see whether information and education alone (as compared with information plus improved STD case management) can help create awareness of the urgency of seeking treatment for STD symptoms and lower the incidence of HIV.

- Because laboratory facilities for diagnosing STDs are often unavailable or financially inaccessible to many people living in developing countries, and can be unsuitable for patients with a mixed infection, UNAIDS and WHO advocate a "syndromic" approach to diagnosis, based on the patient's history and physical signs and symptoms. Technical and policy guidance has been formulated for regional and country-level officials.

- For women of the developing world, a visit to the family planning or maternal and child health clinic may be the sole opportunity to consult a health worker. In October 1998, UNAIDS and WHO brought experts together to determine the role of STD treatment in HIV prevention and decide how best to deliver high-quality STD care through existing health facilities such as these.

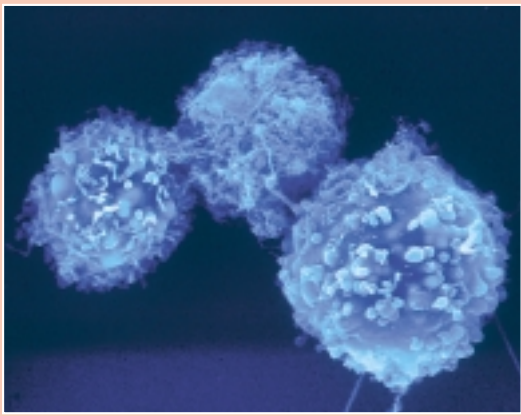
- UNAIDS and WHO have also set up task forces to implement regional strategies for STD prevention and care in **Africa** and **Eastern Europe**.

The search for a vaccine

While "behavioural prevention" can and does work, control of AIDS, as with other infectious diseases, may ultimately hinge on the development of a successful vaccine. Vaccine research is complex and the development of a safe, effective and affordable vaccine will take time. However, with so many millions of lives at stake, vaccine research and development must remain a top priority.

HIV vaccine development poses multiple challenges – not just scientific, but logistical and ethical. How can vaccines be tailored to the different strains of the virus circulating around the world? How can the scientific and institutional infrastructure needed to conduct vaccine trials be strengthened in developing countries? What forms of international solidarity and public-private sector partnerships will result in vaccines that are truly affordable to the developing world, where 95% of the epidemic is concentrated?

Challenges like these can only be met through intense international coordination and collaboration involving multiple partners in government, academic and research institutions and the vaccine industry, in both industrialized and developing countries. UNAIDS, through its international Vaccine Advisory Committee, provides a forum for discussion, planning, and coordinated action. Research partners in the industrialized world include the US National Institutes of Health, the Walter Reed Army Institute of Research, the International AIDS Vaccine Initiative, Japan's National Institute of Infectious Diseases, France's National Agency for Research on AIDS, and the Medical Research Council of the United Kingdom.



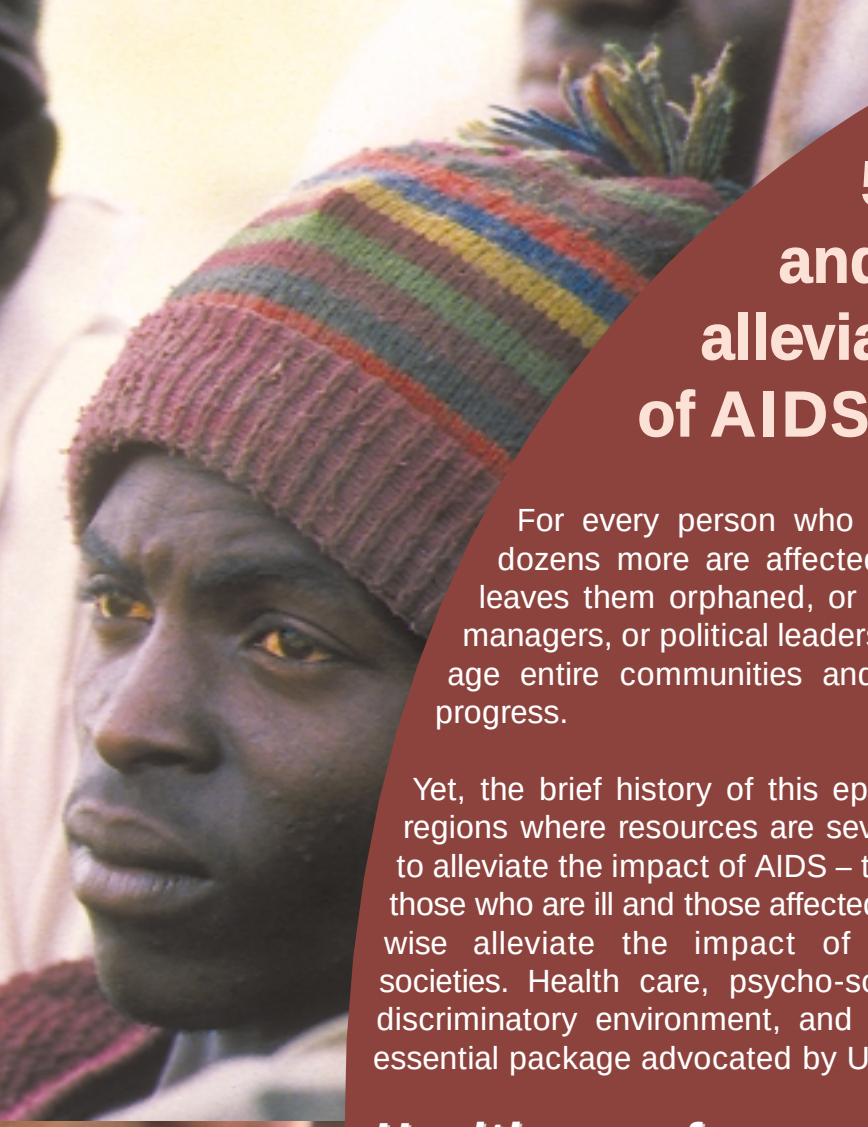
In efforts that go back to 1992, WHO and the UNAIDS Secretariat have assisted selected developing countries (**Brazil**, **Thailand**, **Uganda**) in drawing up and implementing national AIDS vaccine plans. Through their national plans, countries establish policy on AIDS vaccine development and strengthen their capacity to conduct trials of candidate vaccines. Key partners in these countries are the Oswaldo Cruz Foundation, the São Paulo Health Institute, and the University of Belo Horizonte (Brazil); Mahidol University and Bangkok Metropolitan Administration (Thailand); and the Joint Clinical Research Centre and Mulago Hospital (Uganda).

In addition, technical and financial support has been provided for targeted research to facilitate research and development activities on vaccines appropriate for developing countries. For example, the Secretariat is coordinating a major international study to determine the characteristics of HIV strains from developing countries and is facilitating their use by pharmaceutical companies working on vaccine development.

The preparatory work facilitated by WHO and UNAIDS helped to make possible Uganda's first HIV vaccine trial, in February 1999, and the developing world's first large-scale trial of a candidate vaccine, launched in Thailand a month later. Work is being pursued with other countries to accelerate vaccine development through the parallel testing of different types of HIV vaccine.

As part of its role as a neutral and impartial broker, the Secretariat organized a comprehensive process of consultations in 1998-99 to reach consensus on the ethics of the international conduct of HIV vaccine trials. Guidelines reflecting this consensus are being published.

New partnerships will be forged as HIV vaccine development progresses. With the World Bank and the European Commission, WHO and the UNAIDS Secretariat are exploring various options for ensuring that, once a safe and effective vaccine is found, it will be made available in all countries at affordable prices.

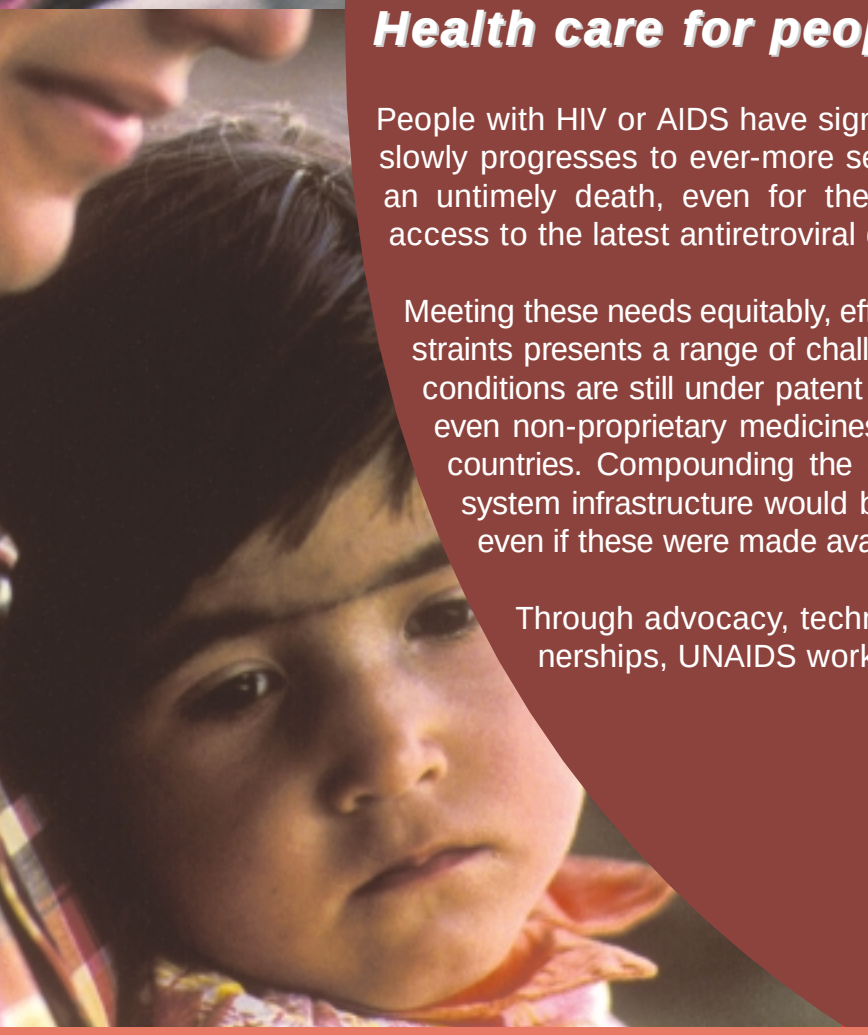


5. Providing care and support and alleviating the impact of AIDS

For every person who is infected with HIV or ill with AIDS, dozens more are affected as the virus enters their household, leaves them orphaned, or strips them of their teachers, workers, managers, or political leaders. Within a few short years, HIV can ravage entire communities and reverse dozens of years of human progress.

Yet, the brief history of this epidemic clearly shows that, even within regions where resources are severely constrained, action can be taken to alleviate the impact of AIDS – to improve access to treatment, support those who are ill and those affected by these devastating losses, and otherwise alleviate the impact of AIDS on individuals, families, and societies. Health care, psycho-social support, the creation of a non-discriminatory environment, and poverty alleviation are all part of the essential package advocated by UNAIDS.

Health care for people with HIV/AIDS



People with HIV or AIDS have significant health care needs. HIV infection slowly progresses to ever-more serious complications and most often to an untimely death, even for the minority of HIV-infected people with access to the latest antiretroviral drugs.

Meeting these needs equitably, efficiently and within existing resource constraints presents a range of challenges. The newest drugs for HIV-related conditions are still under patent and highly expensive, while the costs of even non-proprietary medicines can be difficult to cover in developing countries. Compounding the challenge, in many countries the health system infrastructure would be too weak to deliver the needed drugs even if these were made available at no cost.

Through advocacy, technical support and the brokering of partnerships, UNAIDS works to help overcome these barriers.

- At country level, as part of national strategic planning on HIV/AIDS, Theme Groups encourage communities to set their own locally-relevant standards of care with the involvement of people living with HIV. While taking resource constraints into account, community standards of care should be technically sound and satisfactory to those served. The standards should cover palliative care (the alleviation of pain and distressing symptoms), access to drugs for HIV-related opportunistic infections, such as tuberculosis and fungal infections, and, where resources permit, more sophisticated treatment such as antiretroviral therapy.

- At global level, in close collaboration with WHO and UNICEF, the Secretariat is working to expand access to nonproprietary drugs. Many of the medicines of special interest to those with HIV/AIDS have been incorporated into WHO's essential drugs list, and a list of suppliers and prices is being drawn up by UNICEF. Guidance on where to obtain essential drugs at affordable prices is being prepared for World Bank task managers, national AIDS programmes and NGOs. The Secretariat is also supporting a range of activities developed by WHO's Global Tuberculosis Programme to deal with the dual tuberculosis and HIV epidemics.

- While advocating an essential package of care, UNAIDS seizes every opportunity to open the door to an expansion of the medical response. This entails forging new partnerships with NGOs and the pharmaceutical industry, and supporting experimental approaches to drug access.

- In Latin America, UNAIDS has supported the development by PAHO/WHO of a revolving fund for the purchase of antiretrovirals at reduced rates. The Mexico-based Iniciativa regional sobre SIDA para América Latina y el Caribe (SIDALAC), with support from the Secretariat and the World Bank, is documenting case studies on the process of introducing antiretrovirals in **Argentina**, **Brazil**, **Colombia** and **Mexico**, where the drugs have been made available despite resource constraints. The objective of the studies is to learn about the challenges encountered in introducing the new therapies and assess the impact of their introduction.

- UNAIDS advocacy has been fundamental in drawing the world's leading pharmaceutical companies into cooperative efforts to increase access to HIV treatment and care in the developing world. Glaxo Wellcome pioneered with its collaboration on reducing mother-to-child transmission through AZT. The UNAIDS Drug Access Initiative, a bold experiment described below, had acquired seven industry partners by May 1999 – Glaxo Wellcome plc, F. Hoffmann-La Roche, Virco NV, Bristol-Myers Squibb Co., Organon Teknika, Merck and Co., and Dupont Pharma**.** Most recently, Bristol-Myers Squibb Co. announced US$ 100 million to fund new research trials, train more than 200 health professionals, and support community-based prevention and treatment programmes in **Botswana**, **Lesotho**, **Namibia**, **South Africa** and **Swaziland.**

- Through the experimental pilot projects of the Drug Access Initiative, the UNAIDS Secretariat is helping to broker partnerships for better care – among HIV-positive people, communities, health systems and the pharmaceutical industry – using HIV drug access as a step in expanding access to a variety of essential drugs. Pilot projects have

begun in **Côte d'Ivoire** and **Uganda**, and will be extended to **Chile** and **Viet Nam**. The Initiative supports participating countries in making necessary changes to their health infrastructure, designing stock management software and similar systems for health clinics and central management, monitoring progress, and evaluating outcomes of the pilot initiative. The seven pharmaceutical industry partners contribute in a range of ways, including through financial support and health worker training.

- UNAIDS staff are advising several additional HIV care projects, such as the Enhancing Care Initiative of the Harvard AIDS Institute.

The Malawi model

The UNAIDS/WHO *Alliance for Action* project in Malawi is designed to foster partnerships between communities, health systems and the private sector in an effort to improve access to HIV-related care. With an adult prevalence rate of around 15%, Malawi is typical of many resource-constrained African countries that have been severely affected by the epidemic. WHO estimates that fewer than half of Malawi's residents have access to essential drugs of any kind.

An *Alliance for Action* assessment team was set up with representatives of different sectors including Government, private business, NGOs, people with HIV, and local communities. The team reported that most seriously-ill Malawians with AIDS were cared for mainly at home; this put a considerable burden on households, many of which were already strained by other illnesses, previous AIDS deaths, and the need to care for children orphaned by AIDS. Obtaining sufficient food, clean water, and HIV drugs was almost always a problem. Health services were poor, and communication between health workers and patients was minimal. Prescribed drugs were frequently unavailable or too costly, and poor stock management and record-keeping meant that even essential tuberculosis drugs and antifungals were frequently unavailable, as were basic prevention tools such as condoms. Health care facilities lacked clinical guidelines and an essential drugs list. Health workers were overburdened and had little time to give their patients.

At the same time, the team found many resources within communities, such as families, church groups, farmers' associations, and simply neighbours helping neighbours. There was clearly a willingness to help, which could be tapped into with small interventions – a bicycle to improve transport, seed money to buy basic drugs, or more knowledge about HIV prevention and care.

With the collaboration of the UN Theme Group on HIV/AIDS, these findings and suggested interventions were channelled into Malawi's national strategic planning process.

Support for infected and affected individuals

While medical therapy and nursing care are desperately needed for people with HIV wherever they live, other forms of support are equally vital. These include emotional support for infected individuals and their family, and social measures to alleviate the economic and other impacts of AIDS on families and households, as described below.

H.M. Queen Fabiola visits HIV-positive children at St. Pierre Hospital in Brussels at the launch of the 1997 World AIDS Campaign.

Psychological support, an essential component of the care and support package, can help individuals to deal with the distress of discovering they have HIV, learn how to live positively for as long as possible, and cope with anticipated or actual consequences of having others know their infection status. It can help extend the individual's productive life, postpone orphanhood for the children, and allow the family more time to secure education and a food supply.

- In **Belarus**, **Kazakhstan**, **Russian Federation** and **Ukraine**, the UNAIDS Secretariat has provided technical expertise in the development of psychosocial support and counselling programmes.

- Training workshops for United Nations medical staff have focused on skills in psychosocial support and health care for people living with HIV/AIDS.

In many countries, emotional support is provided mainly by people living with or personally affected by HIV, who have come together as peer support groups. Apart from assisting individuals living with HIV, support groups have helped kindle AIDS awareness in the community, reduce the rejection and shame associated with AIDS, and influence public policy.

- The Secretariat has conducted case studies of support group initiatives in **Thailand** and **Uganda** – developing countries which can point to signal achievements in prevention and care.

Fighting discrimination and the stigma of HIV

Discrimination against individuals with HIV – an egregious violation of human rights – takes many forms, from losing one's job to being chased out of one's home or even beaten and murdered. Discrimination and stigmatization also affect communities, hampering HIV prevention by driving the problem underground and blocking access to much-needed services. People with HIV who fear disclosure are reluctant or unable to access help – including health care for themselves and the information and tools needed for preventing transmission to others.

Human rights protection is a mainstay of UNAIDS action and advocacy.

- At the global level, the Secretariat works with the Office of the UN High Commissioner for Human Rights (OHCHR) and with the UN Commission on Human Rights, as well as with treaty bodies. In 1998 UNAIDS and OHCHR jointly issued the *International guidelines on HIV/AIDS and human rights*, which provide governments, NGOs and others with comprehensive guidance embracing both broad policy issues and concrete measures that can be taken to protect human rights and health where AIDS is concerned. Over the years, through collaboration first with WHO and then with the UNAIDS Secretariat, the Commission has come to appreciate the links between human rights protection and effective AIDS action, and in April 1999 it unanimously adopted a particularly strong resolution along these lines.

- In the **Philippines**, the UN Theme Group provided important support during the preparation and passing of a landmark AIDS law which owed much to the personal leadership of then-President Fidel Ramos. Enacted in February 1998, the law instituted a nationwide HIV/AIDS information and education programme in schools and workplaces, for departing workers, and for tourists entering and leaving the country. The Philippines statute outlaws discrimination based on actual or perceived HIV status, bans mandatory HIV testing, strengthens social support and testing services in the country, and insists on confidentiality for people living with HIV. UNAIDS input into this model law took the form of a technical review of the bill and support for advocacy by the country's multisectoral National AIDS Council. Technical and financial assistance from UNAIDS is now being provided to help draft the law's implementing rules and regulations.

- In **Eastern Europe** and in the **former Soviet Union**, where mandatory HIV testing used to be the rule, it has been particularly important to demonstrate that human rights protection has a positive effect on HIV prevention. A regional network of lawyers and judicial institutions is being established to introduce the subject of AIDS prevention in the curricula of legal training institutions. A first regional workshop for high-ranking lawyers from 12 countries of Eastern Europe was organized in Moscow in October 1998 by the UNAIDS Secretariat in cooperation with the Government of the Russian Federation, NGOs and UNDP.

- The UNAIDS Secretariat is working with the Asia-Pacific Network of People Living with HIV/AIDS (APN+) to advocate for the rights of people with HIV. To facilitate their mutual support, an electronic-mail facility has been developed whereby Network members can communicate freely – and confidentially – through an email discussion group. Similar links have been established with networks of HIV-positive people both regionally and globally.

Alleviating the societal impact of HIV/AIDS

Nine million adults and nearly three million children have died of AIDS worldwide since the beginning of the epidemic. The epidemic has produced a tidal wave of societal impacts across many regions of the world. In sub-Saharan Africa, significant overall declines in life expectancy of between 10-15 years are destroying hard-won gains in development. Child mortality rates are rapidly increasing as more infants are born with HIV.

UNAIDS is committed to highlighting the costs of HIV/AIDS in lost lives and resources, and to supporting actions aimed at minimizing the devastating impact of these losses on households, communities and the public and private sectors of society.

Socio-economic impact

Even countries with relatively low HIV prevalence are experiencing or will experience significantly increased health care costs because of HIV/AIDS. In the public sector, health and other welfare system expenditures are increasing dramatically. In the private sector, AIDS-related costs, including absenteeism from work, insurance, recruiting and retraining costs, are having a substantial effect on businesses and business development. Globally, the macroeconomic impact of AIDS mirrors what the disease does on a family and individual level – draining resources from education, agriculture, and other development efforts to pay the rising costs of AIDS.

The health care system of many nations is strained to breaking-point by the number of people ill with HIV-related conditions. In **Zimbabwe**, 50% of hospital inpatients have HIV/AIDS symptoms. By 2005, AIDS treatment costs are expected to account for more than a third of **Ethiopia**'s government health budget, more than half of **Kenya**'s government health spending, and nearly two-thirds of government health spending in **Zimbabwe**.

Another sector feeling the impact of AIDS is education. A World Bank study in **Tanzania** estimated that AIDS would kill almost 15 000 teachers by the year 2010 and 27 000 by 2020. The approximate cost of training replacement teachers would be US$ 37.8 million. In **Côte d'Ivoire** a joint study by the UNAIDS Secretariat, UNICEF, UNESCO and the World Bank showed that during the 1996-97 school year, AIDS was responsible for around two-thirds of all deaths of known cause among the teaching staff. Around one schoolteacher dies of AIDS every school day.

According to a study initiated by USAID in 1996, between 1995 and 2005 AIDS will have led to a staggering 14.5% decrease in **Kenya**'s economic output. In other countries in sub-Saharan Africa, the impact of AIDS has been measured using a Human Development Index (HDI) that includes life expectancy and rates of literacy. Because of AIDS, the HDI in **Namibia** is expected to decrease by 10% by 2006, and in **South Africa** it is expected to drop by 15% by 2010. Losses of this magnitude stunt the lives of individuals and are certain to have a lasting economic impact on the development of entire nations.

Bringing these facts and projections to the attention of decision-makers is crucial. For example:

- In its *1997 Human Development Report,* UNDP called attention to the global impact of HIV in creating a new wave of impoverishment and undoing earlier development gains. The country-specific Human Development Reports for Namibia (1997) and South Africa (1998) were entirely devoted to the AIDS epidemic.

- The UNAIDS Secretariat collaborated with the World Bank in producing its policy research report *Confronting AIDS: public priorities in a global epidemic*, which makes the case for early and decisive action by governments.

- With the World Bank, the European Commission and USAID, the Secretariat has launched a web site on the economic aspects of AIDS.

At the same time, the Secretariat is working with the Cosponsors and other partners to move from problem analysis to problem solution. Research to evaluate the effectiveness of various interventions is already in progress. So is action at the sectoral level:

- In early 1999 the World Bank Agriculture Department established the Rural AIDS Initiative to ensure increased attention to the epidemic in its programmes and projects in rural areas, where many farming families are hard-hit by AIDS-related illness and death. For example, agricultural extension workers are being trained to bring families not just assistance with HIV prevention but practical advice on what crops to grow when there are fewer able-bodied adults left to work the fields. This initiative, in which FAO and the UNAIDS Secretariat are also involved, is ongoing in **Cameroon**, **Guinea** and **Malawi** and further expansion is planned.

- At the same time, the epidemic affects agricultural extension organizations themselves. In **Malawi** and **Zimbabwe**, a FAO/UNDP/UNAIDS Secretariat project is looking into ways of helping these organizations maintain their human and organizational capacity as extension workers fall ill and die.

Impact at the household level

Families with a person suffering from AIDS experience a dramatic decrease in income, consumption and savings. Studies have shown that the average income in families in which a member has AIDS dropped by 52-67% in urban Côte d'Ivoire and in rural Thailand. In **Côte d'Ivoire**, family spending on school education was halved, and food consumption dropped by 41%, while individual expenditures on health care more than quadrupled. In **Thailand**, one-third of rural families in which a member has AIDS experienced a halving of their agriculture output. Sixty percent of families spent all their savings, 57% of elderly people were left to take care of themselves because of the loss of their grown children to AIDS, and 15% of affected families had to take young children out of school.

The global orphan crisis is an area in which mere numbers do no justice to human suffering. By the end of 1997, 8.2 million children had lost their mothers or both parents to AIDS. Apart from the human tragedy of these enormous losses of young adults, the creation of millions of parentless children is having – and will continue to have – devastating impacts on societies already affected by war, famine, and illness. In many countries, family structures have been able to absorb some of the stress of increasing orphanhood. However, urbanization and the migration of labour are rapidly eroding those structures.

- UNICEF is supporting and studying community initiatives to help children who have lost their parents to AIDS, and to strengthen families that have taken in orphans.

- To ensure that impact alleviation builds on what is already being done in communities, the UNAIDS Secretariat undertook a review of household responses to the epidemic in rural areas in sub-Saharan Africa. The report highlights the importance of community savings clubs, credit associations, funeral insurance schemes, and voluntary labour to help neighbours – including child-headed households – with farming tasks and household repairs.

In the field of impact alleviation, the Secretariat cooperates closely with UNDP, FAO and the World Bank through joint projects, mainly in Africa.

Conclusion

There is understandable frustration on the part of all concerned that, twenty years on, HIV/AIDS is still an expanding epidemic. The frustration is compounded by the fact that, irrespective of real progress in many places in curbing the further spread of HIV, people infected in earlier years gradually continue to develop HIV-related illnesses and ultimately die of AIDS, leaving behind faltering households, communities and economies.

As this report shows, the spread of HIV can be curtailed and the impact of AIDS alleviated. Countries everywhere need to base their response on policies known to be effective against AIDS – and setting these policies can take political courage. Countries also need financial resources to confront AIDS. It is now clear that the funding available comes nowhere near the real funding needs of the developing countries, which bear the brunt of over 90% of the epidemic.

For this global epidemic, solidarity is vital. Working together, it is possible to meet the challenges of AIDS.

“The broad-based struggle against the epidemic carried out by the Joint United Nations Programme on HIV/AIDS is vital. Perhaps the most important message the United Nations system can convey is that we are not powerless against the epidemic.”

Kofi A. Annan, Secretary-General of the United Nations, 1 December 1998

AIDS orphans on the grave of their parents inside their home.

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