



# Preventing HIV Infection, Promoting Reproductive Health

UNFPA Response 2003





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Cover photo of a couple from Cuba by Alex Webb/Magnum Photos.

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# Preface

Previously known as *AIDS Update*, this is the 12th annual publication to provide information about actions taken by UNFPA, the United Nations Population Fund, to prevent HIV infection.

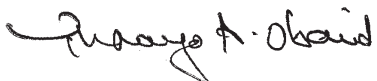
UNFPA has worked to improve reproductive health for more than 30 years; never has the need been more urgent. UNFPA is at the forefront of international prevention efforts, integrating HIV prevention throughout all reproductive health services. We work with countries, at their request, to plan and implement programmes that provide life-saving information and services.

Young people, especially if poor, are at great risk: nearly half of all new infections occur between the ages of 15 and 24. UNFPA supports programmes that provide the knowledge, skills and services young people need in order to protect their reproductive health and prevent HIV infection. Such programmes also strive to build a supportive environment free of stigma and discrimination. Moreover, ending the epidemic requires caring adults to arm adolescents against infection—through education, participation and decision-making that delays the start of sexual activity and keeps girls in school.

For UNFPA, 2002 represented a year of increasing internal commitment and focused action, and acceptance of greater responsibility and accountability for ensuring a strong and coordinated system-wide response to HIV/AIDS. Highlights of our many HIV prevention activities at the global, regional and country levels include:

- Establishing a dedicated HIV/AIDS branch within the UNFPA structure;
- Disseminating institutional guidelines on HIV prevention to all staff, and application of the strategy in several regions;
- Designation as the convening agency for the Joint United Nations Programme on HIV/AIDS (UNAIDS) on HIV/AIDS issues pertaining to young people and to condom programming;
- Establishing a position dedicated to HIV prevention programming on each regional UNFPA Country Technical Services Team (CST);
- Completing an internal independent evaluation of UNFPA's thematic work on HIV/AIDS, and participating in the five-year evaluation of UNAIDS.

UNFPA has a mandate to prevent sexually transmitted infections of all kinds and to promote reproductive rights. Our HIV prevention efforts are based on this mandate. We have found ways to work in diverse social, cultural and religious settings, based on decades of addressing sensitive issues that cut across many different sectors. This experience is directly relevant to the fight against HIV/AIDS. We bring this experience to our partnerships in UNAIDS and with governments and civil society, working together to bridge any differences and provide an ever more effective response. Partnerships are a priority upon which progress depends.



Thoraya A. Obaid  
Executive Director, UNFPA

# 1 Strategy for Prevention

“There is unequivocal empirical evidence that it is possible to change the course of the HIV epidemic on a national scale. Furthermore, existing affordable prevention and treatment technologies can clearly have a major impact on a much broader scale.”

— Future Directions for UNAIDS, November 2002

## THE CURRENT SITUATION

Several trends emerged in 2002: infections among women are rising, a food crisis is compounding the epidemic in Southern Africa, and the epidemic is gaining speed in other regions. Globally, 5 million people were newly infected in 2002—about 14,000 each day. Stopping new infections requires the kind of action that UNFPA supports.

- 42 million people are living with HIV/AIDS, and 90 per cent do not know that they carry the virus.
- Of the 5 million new infections in 2002, more than 95 per cent occurred in developing countries and almost half of new infections in adults occurred among women.
- Nearly half of new infections occur among young people aged 15 to 24, who now make up one third of those living with HIV/AIDS.
- In 2002, AIDS claimed 3.1 million lives. It is the leading cause of death in sub-Saharan Africa, and the fourth-biggest killer worldwide.
- A food crisis in Southern Africa is compounding the impact of HIV/AIDS with deepening poverty, hunger and illness, making it harder for people to cope.

While numbers never convey the depth of human loss, UN statistics such as these from *World Population Prospects: The 2002 Revision* provide some measure of the epidemic's impact:

- UN projections for world population at mid-century were recently revised downwards by 400 million people; half due to fewer births, and half due to higher numbers of HIV/AIDS deaths.
- Between 2000 and 2050, 278 million people will die earlier than they would have in the absence of HIV/AIDS in the 53 most-affected countries.
- The death toll in the five years from 2000 to 2005 will be 112 per cent higher in Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe than the number of deaths projected in the absence of AIDS.

- By 2005, life expectancy in Botswana is estimated to be 28 years lower than it would have been in the absence of AIDS, and 33 years lower in Zimbabwe.

Lives can be saved if people are willing and able to adopt safer and healthier behaviours for their sexual and reproductive health. How? Through abstinence, by delaying the age at which young people start having sex, and through safer sexual practices, including correct and consistent use of condoms. Nations need comprehensive reproductive health information and services.

UNFPA supports reproductive health programmes in more than 140 countries—nearly all with interventions to prevent HIV infection. The Fund focuses on HIV prevention among young people and pregnant women, as well as condom programming. This work is carried out through reproductive health programmes in diverse situations, from community-based services to humanitarian assistance in times of crisis.

### WHY FOCUS ON PREVENTION?

The epidemic is in the early stages in certain regions. National commitments to HIV prevention can be particularly effective *before* the virus spreads to a larger population.

Moreover, the age group likely to be most affected has yet to begin primary school. Most developing countries have very young populations and billions will become sexually active over the next decade.

- Since the epidemic began, more than 60 million people have been infected with the virus.
- Prevention can work on a large scale in poor countries, particularly among young people. In Addis Ababa, Ethiopia, for example, a 33 per cent decrease in HIV prevalence was observed among young women between 1995 and 2001 and, in South Africa, a 25 per cent decline was achieved from 1998 to 2001. Similar results were observed in Uganda and Zimbabwe.

Many countries have two choices: they can either act now to limit infections, or await a vastly accelerated epidemic. Prevention programmes help individuals avoid infection and ensure that HIV-negative women stay that way, especially when pregnant. Prompt, large-scale prevention efforts have reduced rates of HIV infection in Thailand, Cambodia and Uganda, and maintained low prevalence rates in Senegal.

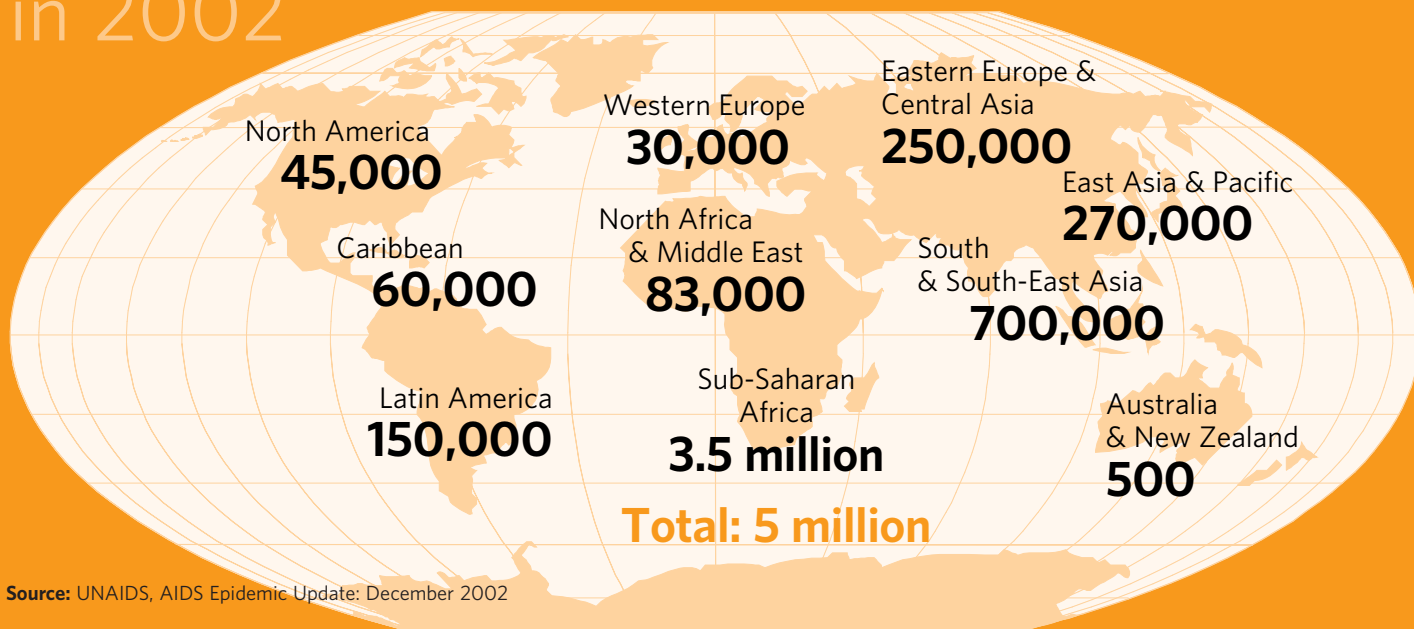
UNFPA can make its greatest contribution to the fight against HIV/AIDS by working to prevent its sexual transmission, which in most countries accounts for over 75 per cent of infections. The virus can be spread through unprotected sexual activity, unscreened blood and blood products, and contaminated needles. It can be spread during pregnancy and childbirth, and to infants and children through breastfeeding.

Prevention is linked directly to the Fund's mandate, which is to help ensure universal access to sexual and reproductive health to all couples and individuals. Efforts to prevent HIV infection build on decades of action to prevent the sexually transmitted infections that affect more than 300 million people each year. Longstanding involvement in sexual and reproductive issues, so often culturally and politically sensitive, also contributes to UNFPA's effectiveness.

Prevention is a priority of the global agreements that guide our work. UNFPA advances the strategy endorsed by 179 countries at the 1994 International Conference on Population and Development (ICPD) and reviewed by a special session of the United Nations General Assembly in 1999 (ICPD+5). Prevention efforts are also guided by the Millennium Development Goals, which all 189 United Nations Member States have pledged to meet by 2015. Most recently, the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS mapped out goals and targets to guide national and international responses in its Declaration of Commitment on HIV/AIDS.

Currently, prevention is the most feasible approach to reversing the epidemic—absent a

# Estimated Number of Adults and Children Newly Infected with HIV in 2002



Source: UNAIDS, AIDS Epidemic Update: December 2002

vaccine and with treatment unaffordable or inaccessible to most people who need it. UNFPA also joins with partners in UNAIDS to advocate efforts to ensure blood safety, provide drugs and treatment for people living with HIV/AIDS, and provide care for children orphaned by AIDS.

## STRATEGY FOR PREVENTION

Reproductive health is an important entry point for HIV prevention, which goes hand-in-hand with the prevention of other sexually transmitted infections (STIs). In 2001, UNFPA developed its strategic programming framework, with a focus on three **core areas**:

- Preventing HIV infection in young people;
- Condom programming;
- Preventing HIV infection in pregnant women.

To create an **enabling environment** for action, UNFPA addresses a number of cross-cutting issues:

- Addressing gender concerns in the context of culture and reproductive rights;
- Population and development concerns (data);

- Advocacy and partnerships;
- Capacity building.

Activities are carried out in a variety of

### programme settings:

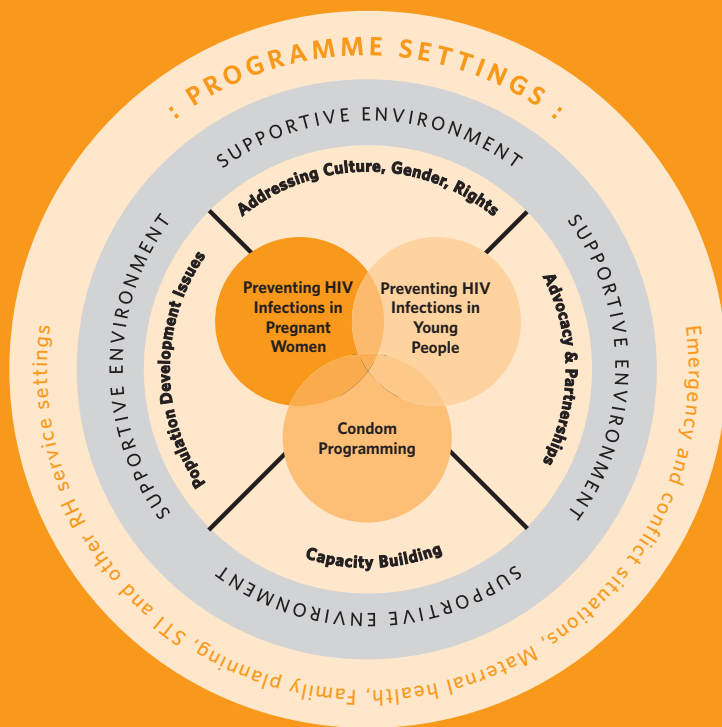
- Emergency and conflict situations;
- Maternal health;
- Family planning;
- STI and other reproductive health service delivery settings;
- Informal settings to reach high-risk groups.

## CORE AREAS OF SUPPORT

Focusing prevention efforts on these three core areas would not only reduce HIV infections but also reduce STIs and help young people in particular to avoid unwanted pregnancies.

**1. Young people** More than 1 billion young people are between the ages of 15 and 24. Too many are growing up in poverty, in conflict, or in environments with few opportunities—conditions that contribute to the spread of HIV/AIDS. Half of all new infections are among young people,

# UNFPA Strategic Programming Framework for HIV Prevention



The UNFPA strategy for HIV prevention revolves around three core areas: young people, condom programming and pregnant women, as illustrated in the UNFPA technical publication, Strategic Guidance on HIV Prevention.

yet most do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it. Action to prevent HIV infection among young people is a matter of human rights. To respect their rights, adults must make it possible for them to remain HIV negative.

UNFPA supports programmes that promote healthy adolescent development and, among sexually active young people, safer and responsible sexual behaviour. Access to culturally sensitive and youth-friendly reproductive health information and services is a priority for protection against STIs, including HIV, and unintended pregnancy.

- About one third of the people currently living with HIV/AIDS are aged 15 to 24. Young women now account for 56 per cent of the 11.8 million young people living with HIV/AIDS worldwide, and up to 62 per cent in sub-Saharan Africa.
- Studies show that most young people have no idea how HIV is transmitted or how to protect themselves from the disease. Younger adolescents know least of all, and are less likely to protect themselves from HIV than young people in their early 20s.
- Adolescents who start having sex early are more likely to have sex with high-risk partners or multiple partners, and are less likely to use condoms. Delaying the age at which young people become sexually active, including ending the practice of early marriage for girls, can protect them from infection.

UNFPA is working to create communication messages that result in behaviour change. The Fund also supports the creation of skills-building opportunities to help equip young people with the knowledge, skills and attitudes they need to deal with life challenges and make responsible and appropriate choices and decisions about their reproductive health. To maximize results,



the Fund also advocates the involvement of young people in decision-making about prevention activities.

- An inventory of materials useful for programming for young people was initiated in UNFPA's New York office. The aim is to prevent duplication of efforts and support the process of scaling-up effective, successful interventions.
- Young people in **Turkmenistan** now learn about HIV prevention and other reproductive health concerns at school. In 2002, the Ministry of Education implemented a school programme for ninth-graders following pilot testing with assistance from UNFPA. Biology teachers received training, and information resources were developed for schools and physicians. The project also produced 40 television shows and 10 radio dramas.
- 3,000 letters advocating the use of youth-friendly approaches to prevent HIV were distributed in collaboration with the Ministry of Health to health clinics and youth centres in the **Russian Federation**. HIV/AIDS information was conveyed to more than 6,000 young people through peer education at summer camps, and also to audiences reached through audio and video advertisements.

Information about sexuality does not encourage promiscuity. Many studies and long experience show that the opposite is true. Young people who are armed with information and skills, and who have access to counselling and services, are more likely than their uninformed peers to abstain from sex. They are more responsible in their sexual behaviour, and they are less likely to fall victim to STIs, including HIV, or unwanted pregnancy. Indeed, young people are more likely than adults to adopt positive changes in behaviour.

**2. Condom programming** The correct and consistent use of condoms, both male and female,

could provide millions of people with a simple and effective means to protect themselves and their sexual partners from HIV infection. But the challenges are significant: massive shortfalls in supply compared to current needs, frequent stock-outs, and limited resources for programming to instil safer sexual behaviours. Pervasive myths, misperceptions and fears about condoms also inhibit their use.

- The presence of one or more STIs significantly increases the risk of becoming infected with HIV. Condoms greatly reduce this risk.

Condom programming is about supply and demand, within a supportive environment. A steady, affordable supply of high-quality condoms involves many supply-side issues including forecasting, procurement, logistics management and quality assurance. To overcome barriers to use, UNFPA supports communication for behaviour change based on an understanding of user needs, perceptions, misconceptions and fears. Condom programming also requires an understanding of the sociocultural environment of communities and countries. Distribution channels must meet people's needs and preferences—supplying the right quantities of the right products in the right condition in the right place at the right time for the right price.

- In 2002, UNFPA conducted a study to identify myths, perceptions and fears that hinder access and condom use, and developed a framework for steps to address these issues from the perspective of the provider, the producer and the individual user. UNFPA also convened a technical consultation with UN and non-UN partners to enhance collaboration on condom programming, with the aim of achieving a more effective response in HIV prevention.
- At high risk of infection, commercial sex workers in **Eritrea** have been encouraged to use the female condom. Project surveys show that the

sex workers are willing to use the female condom, to discuss it with researchers in focus groups, and to share information with their regular clients. The project completed situation analyses at several sites in 2002.

- Railway stations in **China** were the focus of a condom social marketing project intended to reach migrant populations. In 2002, railway staff participated in training on HIV prevention and marketing methods, and condom vending machines were installed in train stations.
- **Nigeria** introduced a plan to distribute at least 1 billion condoms to its citizens over the next five years in a bid to stem the spread of HIV/AIDS. Financed by the United Kingdom, the programme will be carried out by the Government and the National Association of Nigerian Students.
- Since 1999, more than 19 million female condoms have been supplied to several countries in **Africa, Asia** and **Latin America** through joint efforts of UNFPA, UNAIDS, WHO, The Female Health Company and various national partners. The female condom is the only currently available method that women can initiate that provides dual protection from both unintended pregnancy and from STIs, including HIV.

**3. Pregnant women** Preventing HIV infection in pregnant women and all women of childbearing age not only protects the women themselves, it also avoids the risk of transmission to their children and partners. Most pregnant women are HIV-negative, and in need of information and services to remain free from infection. Pregnant women who are HIV-positive need reproductive health care to ensure the best possible outcome for both mother and child. Interventions for HIV prevention among pregnant women should be integrated into maternal health services and include HIV prevention counselling, voluntary counselling and testing, condoms, management

of sexually transmitted infections, prenatal and post-delivery care, safer delivery practices, and counselling and support on infant feeding. Fortunately, most children born to HIV-positive women are not infected.

- Worldwide, 99 per cent of pregnant women are free of HIV. Of the 200 million women who become pregnant each year, an estimated 2.5 million women were HIV-positive in 2002.
- Protecting mothers protects their children. In 2002, some 800,000 children under age 15 became infected with HIV; more than 90 per cent acquired the infection from their mothers. In 2002, children under age 15 living with HIV/AIDS numbered 3.2 million, and more than 13 million had lost one or both parents to AIDS.

Pregnancy is often one of the few times when women access health services, providing an excellent opportunity for HIV prevention, especially through voluntary and confidential counselling and testing. UNFPA's long experience in maternal health is contributing to a growing number of projects in this area. UNFPA is developing a training and programme manual on how to bring HIV prevention to pregnant women and mothers, specifically through the integration of HIV prevention into maternal health services.

- Midwives, teachers and community leaders in the Amazon area of **Peru** have participated in training to prevent HIV infection among pregnant women and young people in indigenous communities. Eighteen training workshops have reached nearly 500 key local individuals.
- The number of pregnant women who received antenatal and obstetric care increased in 2002 when a project in **Angola** provided mobile reproductive health teams to train and supervise traditional birth attendants. HIV/AIDS was a key issue in their care, in education sessions

that reached 92,000 people, and in national radio campaigns.

- Maternal mortality surveillance in **Paraguay** gathered statistics that will assist in planning reproductive health interventions, including HIV prevention. The project aims to strengthen the national health programme and ensure that all official health centres provide needed services and information, especially for pregnant women, young people and high-risk groups.

### ENABLING ENVIRONMENT

Attention to key cross-cutting issues can help improve the environment for action. Necessary aspects of HIV prevention measures include gender perspectives, data on population and development concerns, advocacy and partnerships, and capacity building, both within and outside UNFPA.

**1. Mainstreaming gender concerns** Because more than 75 per cent of HIV infections are transmitted through sexual relations between women and men, an awareness of the forces affecting these relations is a basic requirement when planning interventions. Gender dynamics are understood as the different roles, expectations, identities, needs, opportunities and obstacles that society assigns to women and men based on sex.

Many women are made vulnerable to infection as a consequence of powerlessness, discrimination, violence and poverty. UNFPA supports programmes that provide reproductive health information and services and advance the right of women to exercise control over their lives and their sexuality. Women, especially young women, need to be empowered to avoid the risk of infection.

Partnering with men in HIV/AIDS and other reproductive health programming is essential for success. UNFPA-supported programmes reach out to boys and men, improving access to information, condoms, treatment for STIs and other

# Impact of HIV/AIDS on Women



Women in Mozambique, as in many countries, are often particularly hard hit by HIV/AIDS because of their traditional role as caregivers and their unequal access to health care.

In 1997, about 40 per cent of all infections were seen in women; today, globally over 50 per cent of persons infected with HIV are women and girls, and in some sub-Saharan African countries the statistic is over 60 per cent. Social and economic empowerment and equality are essential to turn this around.

Stephen Lewis, Special Envoy of the Secretary-General for HIV/AIDS in Africa, recently described the devastating impact: "The toll on women and girls is beyond human imagining; it presents Africa and the world with a practical and moral challenge which places gender at the centre of the human condition."

# Celebrity Advocacy: UNFPA Goodwill Ambassadors 2002



**Yuko Arimori** (above), winner of two Olympic marathon medals, offered a prize to the young winner of a quiz about HIV/AIDS during a visit to a youth sports camp in Cambodia. She also toured a hospital and a peer education project as part of her efforts to raise funds for HIV prevention among adolescents and young people.

**Wendy Fitzwilliam**, a former Miss Universe from Trinidad and Tobago, launched a guidebook for parent-child communication in Nigeria that addresses social problems and HIV/AIDS. On World AIDS Day 2002, she spoke about prevention at an event organized by City Hall in New York City.

**Mpule Kwelagobe**, a former Miss Universe from Botswana, was part of a panel discussion on HIV/AIDS at the World Summit on Sustainable Development in Johannesburg. She also addressed a rally organized by Harvard University students to call for more U.S. funding for the new global AIDS fund.

services to help them take care of their own health and to support responsible sexual behaviour. Community leaders in particular are calling on men to take more responsibility for stopping the outbreak by protecting their partners and themselves. They are discussing the need for men to be good role models for boys by respecting their wives as partners, educating their daughters, and avoiding risk-taking behaviour that endangers health.

- A project in **Venezuela** reaches women at their place of employment and when they use employment agencies with information about their sexual and reproductive health and rights. In 2002, training for health promoters from a women's development bank addressed HIV/AIDS and gender equity. Working with three governmental institutions, the UNFPA-supported project has increased coordination and compliance for public efforts to empower poor women.
- The project AIDS Impact Model in **Cambodia** takes a multisectoral approach to preventing HIV infection through women's empowerment. Workshops and information activities are raising awareness of the need to address gender equity in ongoing national strategic planning.
- Income-generating activities are an important part of a gender and HIV/AIDS project in **Zimbabwe** that empowers poor women to become involved in HIV prevention interventions. A micro-credit finance scheme, training in business planning, and leadership courses on HIV/AIDS, gender and domestic violence are enabling women to speak out and gain community support.
- A new UNFPA publication, *It Takes Two: Partnering with Men in Reproductive and Sexual Health*, supports systematic gender-sensitive programming that views men as part of the solution and increases the likelihood that both men and women will make informed, safe and

consensual decisions regarding sexuality and reproduction, including prevention of HIV infection.

- Students of the armed forces and national police in **Peru** study reproductive health and rights as part of their regular training curricula. The course “Sexual Health and Personal Development” was offered to cadets and alumni in 2002. The UNFPA-supported project focuses in particular on reaching young men, and on achieving sustainable action by sensitizing high-ranking officers on sexual rights and health issues.

## 2. Population and development concerns

UNFPA supports the collection and analysis of socio-economic and population-based data, including the behaviour patterns that influence HIV transmission. This information is used in policy development and programming for effective prevention. By better understanding the social and demographic parameters impacting on HIV/AIDS, countries can plan ahead to meet the changing needs of their populations.

- In **India**, HIV/AIDS prevention was included in the national curriculum framework of adolescent education as a result of a UNFPA-supported project with the National Council of Education, Research and Training. Training of teachers, instructors and facilitators is a major activity, as is the development of material.
- To track the flow of resources for HIV/AIDS activities, UNFPA works closely with the Netherlands Interdisciplinary Demographic Institute and UNAIDS. In 2002, data collection methods were improved and the scope enhanced, notably in monitoring domestic resource flows and in estimating resources for HIV/AIDS work that is integrated within larger projects. Such efforts are part of UNFPA's commitment to monitoring progress towards achieving implementation of the ICPD goals.

**3. Advocacy and partnerships** Advocacy builds awareness about the threat posed by HIV/AIDS. It increases understanding of the pandemic's multisectoral nature, its links to poverty, and factors that heighten vulnerability and risk such as gender inequity. Advocacy entails mobilizing political will to take action against HIV/AIDS and bring about changes in policies, laws and practices.

- UNFPA is one of the founding co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), an innovative joint venture of the United Nations family.\* To enhance coordination, UNFPA participates in UN Theme Groups and employs the UNAIDS Unified Budget and Workplan to ensure that resources are used effectively to reach common objectives. An effective response to HIV/AIDS requires collaboration and coordination among organizations, each bringing its own strengths to the partnership.
- UNFPA provided start-up funds to the International Partnership for Microbicides (IPM), which aims to increase public-private partnership. IPM has since received a grant from the Bill & Melinda Gates Foundation.
- Parliamentarians in **Japan** attended a study meeting organized by the Japanese Organization for International Cooperation in Family Planning (JOICFP) featuring Dr. Suman Mehta, UNFPA Global HIV/AIDS Coordinator. The event was part of a series of public lectures that also included the National Women's Education Centre, outside Tokyo.

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\*UNAIDS brings together the efforts and resources of eight UN organizations: the United Nations Children's Fund (UNICEF); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Office of Drugs and Crime (UNODC); International Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); World Health Organization (WHO); and World Bank.

Through advocacy efforts from local to global, UNFPA builds alliances with partners and helps create consensus on HIV/AIDS issues. Partnerships are forged with national and local governmental authorities, UNAIDS co-sponsors, non-governmental organizations (NGOs), private foundations, the private sector, community leaders, religious leaders, and individuals including young people and people living with HIV/AIDS. Strong partnerships enable UNFPA to leverage limited resources and magnify the impact of HIV prevention efforts.

**4. Capacity building** Strengthening the capacity of countries to meet the needs of their populations is a central goal of technical assistance. For UNFPA, capacity-building support to countries may include training of national counterparts, improving technical and organizational processes and functions, improving the functioning of systems and mechanisms involving a network of partners and stakeholders, and addressing the needs of communities for information through advocacy and awareness-raising activities. UNFPA also works continually to equip its own staff with the knowledge, skills and tools required to analyse, programme, implement and monitor interventions for HIV prevention.

- UNFPA began to document methodologies, processes and opportunities for “scaling up” HIV prevention interventions for young people. This work is focusing on five case study countries: **Chad, Dominican Republic, Namibia,**

**Nepal and South Africa.** Approaches will be documented for youth participation and youth-adult partnerships around HIV/AIDS advocacy and policy.

- The first of a series of UNFPA regional staff orientation workshops on HIV prevention was held in November 2002 for 53 staff and counterparts from countries in **East, Central and West Africa.** Presentations and discussions focused on prevention among adolescents and youth, pregnant women, refugees, internally displaced persons and other vulnerable populations; gender dimensions of the epidemic; condom programming; data; and population and development issues.
- Advocacy workshops encouraged politicians in **Viet Nam** to create an enabling policy environment for HIV prevention. Workshops and training also supported a new national strategy on behaviour change and communication (BCC) for reproductive health, including HIV/AIDS prevention.
- In the municipality of Aparri, the **Philippines** Government worked with UNFPA to establish local AIDS councils, intensified HIV prevention education efforts, increased access to health services, and encouraged individuals from high-risk groups to seek help by reducing stigma and discrimination. Both male and female sex workers have increased their use of local government-provided health care services.

# 2 Country Commitments

“The good news is that even the most severe HIV epidemic can be turned back, when HIV prevention and care are tackled seriously through community-wide efforts with the full support of governments, community organizations, religious institutions, and business. In every continent across the world, from cities and rural areas, we have examples of safe behaviours resulting in markedly lower HIV rates. The extension of access to care is slowly gaining momentum, and brings hope to millions.”

— Dr. Peter Piot, UNAIDS Executive Director

## **MORE THAN 140 COUNTRIES**

UNFPA works in more than 140 countries, at their request, assisting governments with the creation of population strategies and policies. Most UNFPA activities are at the country level. HIV prevention efforts are often integrated within ongoing programmes in reproductive health, including ones focusing on family planning and sexual health. They are also part of the provision of male and female condoms and a wide variety of information, education and communication activities.

The epidemic differs dramatically from country to country, which is why UNFPA supports the analysis of demographic, social, economic, cultural, behavioural and epidemiological factors. Within countries, one community may be greatly affected while others remain relatively free of the virus, for the time being.

## **THREAT TO DEVELOPMENT**

AIDS is on track to single-handedly wipe out 50 years of development gains in the most-affected countries. Development gains are being rolled back as countries lose many of their young and most productive people to the epidemic, as poverty and inequality deepen as a result of HIV/AIDS, and as the costs of the epidemic mount.

- A decline in school enrolment is one of the most visible effects of the epidemic. According to the World Bank, by 2010 the number of primary school pupils will shrink by 24 per cent in Zimbabwe, 14 per cent in Kenya and 12 per cent in Uganda.
- AIDS pushes people deeper into poverty. Research shows that, in two thirds of Zambian



Young students from Thailand listen intently as teenage volunteers speak about reproductive health and HIV/AIDS prevention. The programme is supported by UNFPA and the International Planned Parenthood Federation.

PHOTO CREDIT: JOHNETTE IRIS STUBBS

families where the father died, monthly disposable income fell by more than 80 per cent. In Côte d'Ivoire, income in AIDS-affected households was half that of the average household income.

- The vast majority of people living with HIV/AIDS worldwide are in the prime of their working lives. By 2005, Zimbabwe will have lost 19 per cent of its workforce to AIDS, Botswana 17 per cent, South Africa 11 per cent, the United Republic of Tanzania 9 per cent and Côte d'Ivoire 8 per cent.
- AIDS has a profound impact on growth, income and poverty. For those countries with national HIV/AIDS prevalence rates of 20 per cent or more, GDP growth has been estimated to drop by an average of 2.6 percentage points annually.

UNFPA and its partners are assisting countries in urgent efforts to bring the epidemic under control. Without immediate action, more countries will be caught in a vicious cycle as worsening socio-economic conditions render them more vulnerable and derail efforts to improve prevention, care and treatment.

### **BUILDING ON LESSONS LEARNED**

It is never too late—or too early—to begin prevention programmes. With strong partnerships across many sectors, an effective response addresses prevention, care and support. This response builds on the following lessons learned:

- Prevention works, is cost-effective and feasible;
- Strong political commitment is a common thread in all countries with positive experiences;
- Programming should build upon existing infrastructure;
- All relevant stakeholders must be involved;
- Programming and implementation must take into account the sociocultural context in each country and community;
- Effective interventions should be scaled-up to expand coverage and scope.

Prevention can work in any culture. The following well-known success stories derive from very different societies. They all benefit, however, from the political will to fight AIDS. Leadership from government and civil society plays a critical role in increasing awareness of the epidemic while decreasing the stigma associated with it.

- **Uganda** was one of the first countries to be devastated by AIDS, and also the first in sub-Saharan Africa to reverse its own epidemic. The Government fought back with a relentless campaign of education. The vast majority of Ugandans now know what it takes to prevent HIV infection.



- In **Senegal**, the Government responded to the first cases reported in the 1980s. It launched a national AIDS programme ranging from prevention campaigns in the media to screening of blood transfusions. Senegal's religious leaders, including Muslim clerics, became the first in Africa to join the prevention effort. As a result, Senegal has kept infection rates to between 1 and 2 per cent.
- Authorities in **Thailand** have backed a 100 Per Cent Condom Use Strategy for sex workers and their clients, supported by pioneering information campaigns targeting the entire population. This strategy has been replicated in Cambodia and piloted in other countries in the region.
- Concerted prevention efforts in **Brazil** over the past 10 years have focused both on the population as a whole and on the most vulnerable groups. This strategy, together with advances in care, has resulted in a much smaller epidemic than was predicted a decade ago.

### COUNTRY SITUATIONS

Prevention initiatives are designed in response to the situation in each country. Working closely with partners in governments, UNFPA emphasizes the integration of HIV prevention within the country programme development processes.\* Programme components may include a comprehensive package of reproductive health services in areas such as maternal health; family planning; adolescent reproductive health; advocacy; voluntary counselling and testing (VCT); information, education and communication and behaviour change communication (IEC/BCC); and training of health workers and peer educators.

\*UNFPA works towards the alignment of National Strategic Plans (NSPs) on HIV/AIDS with the various mechanisms involved in country programming, including the Common Country Assessment (CCA), United Nations Development Assistance Framework (UNDAF), the Country Programme Assessment (CPA), Sector-wide Approach (SWAp), Country Development Frameworks (CDFs) and Poverty Reduction Strategy Papers (PRSPs).

## Internet Resources Raise Awareness, Engage Young People

Players of a Romanian interactive Internet quiz on reproductive health are asked, in the screen below, to select the most effective method for preventing HIV infection.



In Romania, a computer game designed to educate young people about HIV/AIDS and STI prevention went online in 2002 at the web site of the Youth for Youth Foundation ([www.venerix.ro](http://www.venerix.ro)). The site, which logged 134,875 visits during the year, also added a trivia game and chat forum where young people participate in discussions about issues of sexual and reproductive health. UNFPA also supported the Foundation's Family Life Education programme, which in 2002 featured performances by popular bands to raise awareness about HIV prevention and reduce stigma and discrimination.

A new distance learning initiative, entitled Y-PEER or the Youth Peer Education Electronic Resource ([www.youthpeer.org](http://www.youthpeer.org)), was developed by UNFPA as an electronic means for networking. Included are a web site, mailing lists, resource materials and training programmes. It currently links 370 active peer educators from 27 countries in Eastern Europe and Central Asia.

# New Publications and Video Promote UNFPA Strategy



New publications and a video are explaining how UNFPA is taking action to prevent HIV infection.

*Strategic Guidance on HIV Prevention*

*Gender and HIV/AIDS in sub-Saharan Africa*

*HIV Prevention Now: Programme Briefs*

*Prevent HIV Now: Partner with UNFPA (brochure)*

*Preventing HIV Infection, Promoting Reproductive Health: UNFPA Response 2002*

*Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention 2000-2015*

*An Evaluation of UNFPA Support for Preventing the Spread of HIV/AIDS (Evaluation Report No. 19)*

*Distance Learning Course 2: Confronting HIV/AIDS: Making a Difference*

*Programming for HIV Prevention (video)*

*Get Connected*

*HIV/AIDS Prevention Guidance for Reproductive Health Professionals in Developing Country Settings*

*Can We Really Talk About It?*

*It Takes Two: Partnering With Men in Reproductive and Sexual Health*

Prevention initiatives are needed in every country, whether HIV prevalence rates are low or high. Widespread epidemics may be avoided by seeking out specific groups at higher-risk—injecting drug users, migrant workers, long-distance drivers, men in the armed services, men who have sex with men, internally displaced persons, refugees, sex workers and their clients. Focusing on young people is always an effective strategy.

### EMERGENCY AND CONFLICT SITUATIONS

HIV/AIDS, like all sexually transmitted infections, spreads faster when communities are in crisis. In times of violent conflict and natural disasters, instability breaks down family life and social norms, and health facilities are often damaged or destroyed. At the same time, by making bad situations even worse, HIV/AIDS poses a potential threat to human security.

UNFPA provides reproductive health equipment and supplies—including condoms—to help fulfil the Minimal Initial Services Package (MISP) required in an emergency. Later, when the crisis subsides, UNFPA supports longer-term efforts to reduce HIV infection among still-vulnerable populations. Rapid needs assessments, counselling and training are also part of the UNFPA response.

- A ground-breaking UN initiative is involving UN peacekeepers in activities to raise awareness about HIV/AIDS and slow the spread of infection in **Sierra Leone**. With more than 15,000 peacekeeping troops in the country, training in HIV/AIDS prevention, gender awareness and women's rights will have a far-reaching impact.
- HIV prevention is part of UNFPA-supported training for military personnel, instructors and health providers in **Benin, Botswana, Ecuador, Madagascar, Mongolia, Namibia, Nicaragua, Paraguay** and **Ukraine**. The initiative aims to provide members of the military and their families with the knowledge and skills needed to prevent STIs/HIV, understand gender issues, and address family planning and other sexual and reproductive health concerns.
- More than 100 senior military and police officers participated in a strategy session in December 2002 to define steps to fight AIDS within their ranks and in communities across the **Democratic Republic of the Congo**.
- In **Côte d'Ivoire**, which is recovering from recent conflict, UNFPA implemented a training programme in reproductive health (including HIV/AIDS) for district health managers, para-medical staff of the national reproductive health programme, and students of the school of economics and applied statistics in Abidjan.
- UNFPA organized a UN experts meeting on "HIV in Conflict Situations" in April 2002. The conclusion: efforts to prevent, control and treat HIV infections must be a standard component of any humanitarian response to armed conflict and post-conflict situations. Experts warned that the situation is on the verge of exploding in West Africa, where the spread of HIV is fueled by poverty, powerlessness, insecurity and social instability among refugees and internally displaced persons.



# Positive Lives: An Exhibition for Refugee Settings

An exhibition of photographs about people living with HIV/AIDS is featured in a new campaign to challenge myths and prejudices about HIV/AIDS by sharing stories. The UNFPA-supported exhibition will tour with the Office of the UN High Commissioner for Refugees during a unique campaign. It will travel to refugee camps and local communities, supplemented by activities to encourage community discussion on discrimination and stigma, along with peer education activities, condom promotion and distribution, street theatre and sports activities. The exhibition was organized by the Terrence Higgins Trust of the United Kingdom and Network Photographers.



Positive Lives (top), an exhibit focusing on people living with HIV/AIDS, challenges and informs visitors. A peer educator (centre) from Bangladesh fights HIV/AIDS by distributing condoms to sex workers. At this Indian orphanage (bottom), 19 HIV-positive children receive food, shelter, medical care—and love.

PHOTO CREDITS, FROM TOP: COURTESY OF TERENCE HIGGINS TRUST;  
SHAHIDUL ALAM / NETWORK PHOTOGRAPHERS / DRIK;  
DAYANITA SINGH / NETWORK PHOTOGRAPHERS.

# 3 Regional Response

“A lot more needs to be done and fast. The focus in the region needs to shift from statements of what actions are being taken to what results are being achieved. Small-scale successes against HIV/AIDS in South Asia exist. Results on a large scale are needed.”

— UNAIDS Issues Paper 1, February 2003

## SITUATION BY REGION

Regional initiatives link UNFPA with many valued partners, multiplying expertise gained by the Fund over three decades addressing culturally and politically sensitive issues of sexual and reproductive health.

In **Asia and the Pacific**, many countries are faced with the threat of major and widespread epidemics. The vast size of the population in countries such as India and China means that large numbers of people are infected even when national figures show comparatively low HIV prevalence. An estimated 7.2 million people are now living with HIV/AIDS in Asia and the Pacific, including 4 million in India and 1 million in China, where the epidemic shows no signs of abating. High HIV infection rates are being recorded among specific population groups (injecting drug users, sex workers, and men who have sex with men) in countries throughout the region.

The worst of the epidemic's impact on societies in **sub-Saharan Africa** will be felt in the course of the next decade and beyond. In this region with the world's highest infection rates, 29.4 million people were living with HIV/AIDS

in 2002. Africa is home to 70 per cent of adults and 80 per cent of children living with HIV/AIDS. Yet, positive trends seem to be taking hold among younger people in a number of countries, raising hopes that the epidemic could be brought under control. All UNFPA-supported programmes in the 45 countries of sub-Saharan Africa have integrated HIV/AIDS interventions.

- In four Southern African countries, national adult HIV prevalence has risen higher than thought possible: Botswana (38.8 per cent), Lesotho (31 per cent), Swaziland (33.4 per cent) and Zimbabwe (33.7 per cent).

The world's fastest-growing epidemic continues in **Eastern Europe and Central Asia**, with 1.2 million people living with HIV/AIDS in 2002. Infection is expanding rapidly in the Baltic States, the Russian Federation and several Central Asian republics, fuelled by high rates of injecting drug use among young people and high levels of sexually transmitted infections.

Several countries in **North Africa and the Middle East** have introduced better surveillance

systems but lingering denial and inadequate data make it difficult to assess the impact of the epidemic. The number of people living with HIV/AIDS was estimated at 550,000 in 2002. While HIV prevalence continues to be low in most countries in the region, danger signs are found in high rates of sexually transmitted infections and high-risk behaviours of injecting drug users—with the likelihood that HIV/AIDS will spread to the wider population unless immediate action is taken.

**Latin America and the Caribbean** is the second-most affected region in the world, with adult HIV prevalence rates in some countries surpassed only by sub-Saharan Africa. Haiti remains the worst affected (with an estimated national adult HIV prevalence of over 6 per cent) along with the Bahamas (where prevalence is 3.5 per cent). There were 1.9 million people living with HIV/AIDS in the region in 2002. Marginalized populations seem to be paying a disproportionately high toll, and there is a danger that well-established epidemics could spread more quickly and more widely in the absence of an intensified response.

### REGIONAL INITIATIVES

Guidelines on HIV prevention are being adapted to suit each region, based on UNFPA's strategic framework for HIV prevention. A regional strategy for Latin America and the Caribbean was drafted in 2002 and will be formally launched in 2003. A similar process is currently taking place in Africa. The following are among the many other regional initiatives:

- HIV/AIDS prevention efforts in the Arab region, Central America and the Caribbean will be strengthened under a three-year, 13-country initiative launched in November 2002 by UNFPA and the **OPEC Fund for International Development**, based in Vienna. To raise awareness among young people and mobile populations in Central America and the Caribbean, activities will include training for teachers and outreach workers as well as data collection.

In the Arab region, the initiative will build the capacity of NGOs and strengthen national efforts to detect and prevent HIV infection.

- More than 80 women ministers, parliamentarians and other leaders from sub-Saharan Africa met in Cape Verde in October 2002 to address the devastating effects of HIV/AIDS on the region's population, particularly its women. The **Fifth Conference of African Women Ministers and Parliamentarians**, organized by UNFPA, highlighted the need for African women leaders to actively participate in forging national policies against HIV/AIDS and agreed on measures to respond to its gender dimension.
- The **European Commission/UNFPA Initiative for Reproductive Health** in Asia is the largest-ever programme of cooperation between the European Commission (EC) and UNFPA. The EC/UNFPA Initiative has worked with 19 European NGOs and more than 60 local partners to improve reproductive and sexual health in seven South and South-east Asian countries (Bangladesh, Cambodia, Lao People's Democratic Republic, Pakistan, Nepal, Sri Lanka and Viet Nam). HIV prevention is a priority in all programmes. Examples of activities include training for NGOs, media outreach through a radio soap opera, training of Buddhist monks in HIV/AIDS education and prevention, creation of referral networks, and organization of a youth camp on reproductive health issues. A second phase, the Reproductive Health Initiative for Youth in Asia, began in early 2003, with a primary focus on adolescent girls.
- Providing young people with the skills, information and services they need to avoid HIV infection is the aim of the **African Youth Alliance** (AYA), a partnership of UNFPA, Pathfinder International and the Program for Appropriate Technology in Health that brings together governments, national NGOs, and the private sector. Adolescent HIV prevention and

# Adults and Children Estimated to be Living with HIV/AIDS as of end 2002



reproductive health activities are planned in four African countries: Botswana, Ghana, United Republic of Tanzania and Uganda.

- The **Regional Inter-Agency Coordination and Support Office (RIACSO)** was established in October 2002 to enhance cooperation among international organizations and UN agencies in their response to the crisis in Southern Africa. The Fund assigned a full-time staff member to RIACSO.
- In **Central and Eastern Europe**, UNFPA and its partners improved the capacity of NGOs and governmental offices to implement, supervise, monitor and evaluate peer education programmes; to build the status and credibility of peer education in the region, and to strengthen sexual education programmes through the concept of life skills education. UNFPA organized seven peer education-training workshops and reached 31,000 young people in national training activities. The Youth Peer Education

Electronic Resource is an electronic networking component of the project.

- In **Southern Africa**, where HIV/AIDS has compounded a food crisis, UNFPA pursued regional and multisectoral strategies to protect maternal health—in addition to an emergency response.
- UN Secretary-General Kofi Annan gave UNFPA Special Adviser Nafis Sadik additional responsibilities as his Special Envoy for HIV/AIDS in Asia. Formerly UNFPA Executive Director, Dr. Sadik will be responsible for promoting the Declaration of Commitment on HIV/AIDS throughout **Asia**.
- In 2002, the groundwork was completed for an upcoming launch of an advocacy campaign targeting leaders and policy makers in **Kenya, Mali, Niger** and **Tanzania** to strengthen policies, resources and programmes focused on youth-directed prevention.



# Food Crisis Compounds AIDS Impact

For this woman and her children in Zimbabwe, a wheelbarrow of food provided through the World Food Programme is needed relief in a time of crisis. A food crisis affecting some 40 million Africans is compounding, and compounded by, the HIV/AIDS epidemic. Hunger, poverty and HIV/AIDS are a deadly combination. UNFPA has organized regional meetings and participated in national planning to help ensure that relief efforts address both food and HIV/AIDS issues in an integrated manner.

Food production in several countries, hampered by poor weather and political decisions by some governments, has been further diminished as a result of AIDS. Nutritional requirements for people with AIDS are greater, and the premature deaths of millions have left fewer adults to support the same number of children. To make matters worse, rural food shortages could cause massive numbers of people to flock to cities in search of food; such sudden population movements often lead to an explosion of new HIV infections.

PHOTO CREDIT: UNFPA/DAVID DEL VECCHIO

## COUNTRY TECHNICAL SERVICES TEAMS

Country Technical Services Teams are specialized UNFPA regional teams that provide technical advisory services in all areas of population, development and reproductive health. These multi-disciplinary teams have HIV/AIDS advisers who work to integrate HIV prevention within UNFPA-supported activities. The teams also include advisers in reproductive and sexual health, gender, advocacy and other technical disciplines. Members of the CSTs participate in UNAIDS

technical working groups, inter-agency task teams, meetings and conferences as part of a commitment to achieve more effective cooperation with UNAIDS co-sponsors and other partners.

- The **CST Addis Ababa** covers East, Central and West Africa. Conflict is contributing to the spread of HIV/AIDS in a number of countries. In Eritrea, 200,000 demobilized soldiers were the focus of accelerated care and prevention programmes. In 2002, advisers provided tech-



nical assistance to the African Youth Alliance, pursued funding for the youth education project ERASE AIDS, and assisted in heightened efforts to integrate HIV prevention within country programmes. Baseline HIV/AIDS studies in 26 districts of Tanzania were discussed in a May 2002 workshop, cooperation with religious groups continued in Kenya, and HIV prevention efforts were increased in Burundi for internally displaced and repatriated populations.

- Capacity-building was a major theme in 2002 for the **CST Harare**, which covers Southern Africa. Training addressed how to integrate HIV prevention and reproductive health into sectoral plans and country programmes, how to carry out behaviour change and communication activities, how to manage condom distribution logistics, how to provide services for youth, how to accomplish gender mainstreaming and create national policy, and how to conduct sociocultural research. Access to information on HIV/AIDS was enhanced through the development of advocacy guidelines and a BCC strategy, and the integration of AIDS modules into Demographic and Health Surveys.
- Advisers from **CST Dakar**, which covers West and Central Africa, contributed to meetings and workshops in 2002 including several regional and subregional consultations of UNAIDS co-sponsors, a meeting of education ministers of the Economic Community of West African States, and a workshop on the development of a regional programme on HIV/AIDS Advocacy and Media Networks. The CST also reviewed the HIV/AIDS components of numerous country programmes and implemented a training programme for health managers on reproductive health and HIV prevention.
- Advisers from the **CST Bangkok**, which covers East and South-east Asia, continued to provide technical assistance to integrate HIV prevention. For example, the CST formulated an HIV pre-

vention project for Myanmar covering advocacy, education, condom programming and voluntary counselling and testing services, in particular for pregnant women. A project for sex workers in Indonesia was modified with the application of the 100 Per Cent Condom Use Programme strategy, thereby increasing national-level advocacy and the use of peer educators.

- The **CST Kathmandu**, which covers South and West Asia, raised awareness of the need for fast action to contain HIV/AIDS in populous countries where infection rates are low but actual numbers of affected people are high. The CST reviewed country programmes and projects addressing young people, commercial sex workers, condom distribution, life skills and other topics. The team produced papers on such topics as young people, the female condom, and the involvement of religious leaders in an HIV prevention project in Bangladesh.
- The **CST Mexico City**, which covers Latin America and the Caribbean, finalized case studies on UNFPA's cooperation with the armed forces in Ecuador, Nicaragua and Paraguay on HIV prevention, gender equality, and sexual and reproductive health and rights. These and other experiences will be shared regionally in 2003. The CST also participated in consultations to develop a regional strategy on HIV/AIDS. Technical assistance strengthened sexuality education in school and out-of-school settings, reinforcing HIV prevention among young people.

## CULTURE AND RELIGION

Dialogue and advocacy efforts related to HIV/AIDS build on positive cultural values and norms to find ways of including people from all backgrounds in life-saving efforts to prevent HIV infection. Such dialogue is often initiated with faith-based organizations and leaders, encouraging discussion that extends beyond the borders of countries to regions and religions.

- Working with the Islamic Foundation under the Ministry of Religious Affairs in **Bangladesh**, UNFPA has helped integrate reproductive health into the curriculum of ongoing training programmes for imams. Thus far 9,000 imams and 34 female religious leaders have participated in training on gender, HIV/AIDS prevention and other reproductive health issues. Religious leaders are now aware of the potential devastation the epidemic could bring to Bangladesh and, while still hesitant in addressing sexual issues and condom use, they have stated a willingness to take on responsibility and be more active in prevention efforts. Also in 2002, information about HIV/AIDS and sexually transmitted infections was incorporated into training manuals for 10 government ministries.
- Islamic schools in **Kyrgyzstan** tested a “healthy lifestyle curriculum” with positive response from religious leaders and representatives of government and women’s groups. Television channels broadcast health messages free of charge. The recently passed Law of the Kyrgyz Republic on Reproductive Rights is the first of its kind in countries of the Commonwealth of Independent States.
- Religious and faith-based organizations in **Ghana** are working with the Planned Parenthood Association of Ghana and UNFPA to reach both Christian and Muslim youth with information and services to prevent unwanted pregnancy and the spread of HIV/AIDS. Traditional leaders are also helping expand the project’s scope into the wider community.

# 4 Global Action

“The global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society—national, community, family and individual.”

— Declaration of Commitment on HIV/AIDS,  
UN General Assembly Special Session on HIV/AIDS, 2001

## UNAIDS

In 2002, UNFPA was designated as the “convening agency” on HIV/AIDS issues related to young people and to condom programming for UNAIDS. This designation formalizes the Fund’s leadership in HIV/AIDS policy advice and strategic guidance, and requires the Fund to serve as a system-wide resource for the United Nations. UNFPA has taken steps to ensure that work among the UNAIDS co-sponsors in these two areas is coordinated, complementary and synergistic. Efforts are under way to map out what each agency is doing at the global and regional levels, and to develop, collect and assess policy, programming and evaluation tools.

Also in 2002, UNFPA participated in the five-year UN evaluation of UNAIDS, and served as co-chair, with UNIFEM, of the UNAIDS Interagency Task Team on HIV/AIDS and Gender. The Fund also participated in task teams on the prevention of HIV transmission to pregnant women, mothers

and their children; monitoring and evaluation; education; and the world of work.

## WORLD AIDS DAY

World AIDS Day is the culmination of a year-long campaign to raise awareness about HIV/AIDS. World AIDS Day is celebrated every December with special events around the world.

For 2002-2003, the campaign focuses on eliminating stigma and discrimination, with the slogan “Live and Let Live,” as explained on the campaign’s web site ([www.unaids.org/wac/2002](http://www.unaids.org/wac/2002)): “Stigma and discrimination are major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into

# AIDS Conference in Barcelona



At the opening of the XIVth International AIDS Conference, UNAIDS Executive Director Peter Piot told an audience of thousands of researchers, advocates, and government and community representatives that they must face the challenge of mobilizing political commitment, scale up AIDS prevention and treatment, eliminate stigma, develop a vaccine and find \$10 billion to fight AIDS. Failing to do so, Piot warned, would prevent the international community from keeping the promises they made to respond effectively to AIDS.

UNFPA presented an advocacy booklet on its HIV/AIDS activities and organized two side events, in collaboration with UN partners, on condom programming and on young people. In a press conference, Dr. Suman Mehta, UNFPA's HIV/AIDS Coordinator, emphasized that much more must be done to enable young people and women to protect themselves against HIV infection. At the July 2002 conference in Barcelona, UNAIDS issued a publication entitled *Report on the Global HIV/AIDS Epidemic* ([www.unaids.org/barcelona/presskit/report](http://www.unaids.org/barcelona/presskit/report)).

foreign countries. In some cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from AIDS."

## GLOBAL STRATEGY FOR RHCS

The Global Strategy for Reproductive Health Commodity Security (RHCS) provides a framework for secure, efficient and reliable systems that makes essential equipment and supplies readily available to the people who need them. The global strategy is a rallying point for numerous actions coordinated by UNFPA and carried out by partners around the world—including advocacy, forecasting, financing, procurement, delivery, monitoring and accountability and coordination. As a method for preventing HIV infection and other STIs, condoms are highly effective.

## INSTITUTIONAL CAPACITY

A number of activities in 2002 contributed to UNFPA's capacity to support HIV prevention initiatives around the world, and to support the health of its own staff.

Within UNFPA's organizational structure at Headquarters, a new branch dedicated to HIV prevention was established in 2002. And, in December, a consultant on HIV/AIDS in the Workplace joined the Office of Human Resources, charged to empower staff and their families to remain HIV-negative, and to establish a supportive environment for staff who are infected or affected. The consultant will provide information online and through publications, link staff to helpful resources, develop training materials and review UNFPA policy, among other responsibilities.

UNFPA participated in the UN Learning Survey on HIV/AIDS in the Workplace in 2002, one of four agencies to do so. Included in the

survey were staff members of headquarters, the nine regional Country Technical Services Teams (CSTs) and the field offices.

Also in 2002, UNFPA completed an internal evaluation of HIV/AIDS activities. It concluded that the organization had made progress in this thematic area of its work; suggested that while global and regional progress was considerable, there is much to do at the country level; and endorsed the strategies now guiding the Fund's HIV prevention activities.

The UNFPA strategy on HIV prevention was promoted through several channels. For example, publication continued of the Programme Brief series *HIV Prevention Now*. A course on HIV/AIDS was added to the Distance Learning Courses on Population Issues, a web site initiative of UNFPA and the United Nations System Staff College. The aim is to build capacity at the country-level through an eight-week course conducted online twice a year with instructor support, a course package and guide, assessment booklet and audio tape. A staff orientation package on HIV prevention, *The UNFPA Staff Training Guide on HIV Prevention*, was developed and produced in 2002, and is being adapted for subregional staff workshops.

### **FOLLOW-UP TO UNGASS**

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS set time-bound targets and globally agreed-upon goals. Each government pledged to take action relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS, as part of a comprehensive AIDS response (see summary of goals on last page).

In 2002, UNFPA contributed to the translation of UNGASS goals into more practical and operational targets and indicators and methods for measuring progress towards these goals. A major aim is to build the capacity of national governments to monitor and evaluate their programmes for young people.

### **GLOBAL FUND TO FIGHT HIV/AIDS**

UNFPA is helping countries prepare proposals to access funds becoming available through the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. Members of the UN system have offered to assist countries, at their request, in carrying out HIV/AIDS initiatives supported through the Global Fund.

Operating since January 2002, the Global Fund is a public-private partnership that attracts, manages and disburses new resources to programmes in countries with the greatest need. It is intended to complement other funding initiatives by raising additional resources.

### **COMPARATIVE ADVANTAGES**

Each partner in the global response contributes the best it has to offer to the fight against HIV/AIDS. To its partnerships with UN agencies, governments, NGOs and the private sector, UNFPA brings a number of comparative advantages in HIV prevention, including:

- More than three decades of programme experience addressing sensitive issues such as gender relations and sexuality in various sociocultural settings;
- Expertise in negotiating with governments to guarantee access to reproductive health, including family planning and sexual health, information, services and commodities;
- A focus on sexual and reproductive health, including STI prevention, that provides an appropriate entry point for interventions in HIV prevention since most infections occur through heterosexual modes of transmission;
- Long experience in supporting the introduction and implementation of family life and sexual health education programmes targeting adolescents and youth, both in-school and out-of-school;

# Millennium Development Goals

All 189 United Nations Member States have pledged to meet these goals by 2015:

1. Eradicate extreme poverty and hunger—reducing by half the proportion of people living on less than a dollar a day and suffering from hunger.
2. Achieve universal primary education—ensuring that all boys and girls complete a full course of primary schooling.
3. Promote gender equality and empower women—eliminating gender disparity in primary and secondary education.
4. Reduce by two thirds the mortality rate among children under 5.
5. Improve maternal health—reducing by three quarters the maternal mortality ratio.
6. **Halt and begin to reverse the spread of HIV/AIDS, malaria and other diseases.**
7. Ensure environmental sustainability—integrating sustainable development into country policies and programmes, reducing by half the number of people lacking access to safe drinking water and improving the lives of slum dwellers.
8. Develop a global partnership for development—addressing poverty reduction, good governance, open trading, the special needs of the least developed countries and landlocked and small island states, debt, youth employment and access to essential drugs and technologies.

- A strong network of governmental and non-governmental partners and a strong country presence that includes technical resources and expertise, with HIV/AIDS advisers on regional, multidisciplinary CSTs;
- A unique understanding of the multisectoral nature of the epidemic at country, regional and global levels, building on decades of experience in addressing population from a multisectoral perspective.

# Conclusion: Challenges

“The pandemic has not yet peaked. UNFPA, with coordinated partnerships, faces a tremendous challenge to provide the necessary long-term support to countries. Countries require intensified assistance to access adequate resources and implement effective policies and programmes to prevent new infections and ultimately halt and reverse the epidemic.”

— Thoraya Obaid, UNFPA Executive Director

Two decades of this global epidemic have taken a devastating toll: the future of young people cut short, the loss of parents to orphaned children, nations deprived of women and men in their most productive years. The impact cannot be overstated. Countries slow to react invite disaster, while fast action can save lives—especially when prevention efforts protect young people.

## **SIGNS OF PROGRESS**

HIV prevention initiatives are under way in nearly all of the more than 140 countries in which the Fund operates. This is good news, especially when factored alongside the many other actions taken by partners in UNAIDS, governments and civil society to fight HIV/AIDS. In more and more countries, laws and policies are promoting prevention and protecting people living with HIV/AIDS—and helping to reduce the shame and stigma long associated with HIV/AIDS. Medical research is looking for a vaccine and, with increasing assistance from pharmaceutical companies, progress has been made in expanding

access to low-cost antiretroviral drugs and the development of microbicides. In several countries, prevention programmes have helped slow the spread of infection and more care, support and treatment is available to adults, young people and children affected by the epidemic. At the 2001 UNGASS on HIV/AIDS, the unprecedented level of political commitment demonstrated a truly global awareness of the need for action to fight HIV/AIDS.

## **FINANCIAL RESOURCES**

Funding still falls far short of the need. UNAIDS estimates that \$7 billion to \$10 billion is required annually to implement effective prevention and care programmes in low- and middle-income countries. This requires an increase of 5 per cent or 10 per cent in the world's official development assistance (ODA).

- Implementation of a full prevention package by 2005 could cut the number of new infections by 29 million by 2010.

UNFPA spending on HIV prevention in 2002 totalled approximately \$49 million. This figure includes country, regional and global-level efforts.

A solid base of funding, strong partnerships and a deep understanding of how best to take effective action will help UNFPA respond as the epidemic changes over time. In the challenging years ahead, one concept will remain constant: HIV prevention is relevant to all countries regardless of the stage of the epidemic and is most effective when implemented early.

# Statements Guiding UNFPA in HIV Prevention







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