



Preventing HIV Infection, Promoting Reproductive Health

UNFPA Response 2002



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The United Nations Population Fund (UNFPA) is the world's largest international source of population assistance. UNFPA helps developing countries and countries with economies in transition, at their request, to improve reproductive health and family planning services and to formulate population policies and strategies in support of sustainable development. About a quarter of all population assistance from donor nations to developing countries is channeled through UNFPA. Since it began operations in 1969, the Fund has provided some \$5 billion in assistance.

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Preface

Previously known as *AIDS Update*, this is the 11th annual publication to provide information about action taken by the United Nations Population Fund (UNFPA) to prevent HIV infection.

HIV/AIDS threatens to destroy a whole generation of leaders, workers, parents and youth, and to create a generation of orphans in the worst-affected countries. In many countries, the infection is creeping through the population, preparing to strike full-force. Prevention is about striking first. Reproductive health information, services and supplies enable people to avoid HIV infection and to protect themselves, their partners and their unborn children from this deadly virus.

HIV/AIDS is higher than ever before on the political agenda of countries around the world. We know that prevention works, and we have consensus among nations about the need for action. Now that we have such awareness and commitment, we must talk about HIV/AIDS openly, honestly and directly and act to guarantee prevention, care and treatment to all who need it.

In June 2001, world leaders at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS stated: "Prevention must be the mainstay of our response." The earlier the response, the better. Prompt, large-scale prevention programmes have reduced rates of HIV infection in Thailand, Cambodia and Uganda, and maintained low prevalence rates in Senegal.

Among our many ongoing HIV prevention activities at the global, regional and country levels, highlights of 2001 include:

- Serving as Chair of the Committee of Co-sponsoring Organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS);
- Contributing to major events including the first UNGASS on HIV/AIDS, where UNFPA organized panels on gender and youth;
- Engaging UNFPA's regional Country Technical Services Teams (CSTs) to advise on prevention programming;
- Producing a new institutional strategy on HIV prevention;
- Participating in the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria;
- Assisting governments with proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

UNFPA has much to offer in the fight against HIV/AIDS, drawing on more than 30 years of experience addressing sensitive issues that cut across many different sectors and finding ways to work in diverse social, cultural and religious settings. For UNFPA, HIV prevention is based in our mandate to prevent sexually transmitted infections of all kinds and to promote reproductive rights.

To overcome the challenges ahead, we recognize the need for even stronger partnerships, especially through UNAIDS, and for the financial and technical resources to make good on our promises. The UN system, governments, civil societies and communities must join together—crossing boundaries, barriers and cultures—working in partnership with a single focus: to stop HIV/AIDS.



Thoraya A. Obaid
Executive Director, UNFPA

I

Strategy for Prevention

“Collective experience with HIV/AIDS has evolved to the point where it is now possible to state with confidence that it is technically, politically and financially feasible to contain HIV/AIDS and dramatically reduce its spread and impact.”

—Kofi Annan, Secretary-General of the United Nations

The current situation

HIV has infected 60 million people to date. Each day 14,000 new HIV infections add to the epidemic’s staggering impact on health and, ultimately, on the social and economic stability of nations. But lives can be saved if people are willing and able to adopt safer and

healthier behaviours for their sexual and reproductive health. Helping them do so is a UNFPA priority.

UNFPA supports reproductive health programmes in more than 140 countries—nearly

Estimated number of adults and children newly infected with HIV in 2001





“We can make our biggest impact through prevention—helping young people avoid infection and ensuring that HIV-negative women stay that way, especially when pregnant.”

—Thoraya A. Obaid, Executive Director, UNFPA

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. Prevention is of the highest priority, given the current situation:

- The toll is rising. About 40 million people are living with HIV/AIDS worldwide today, a number that is 50 per cent higher than the figure projected in 1991;
- 5 million men, women and children were newly infected in 2001. Every hour of every day, almost 600 people are infected;
- Half of all new infections occur among young people aged 15 to 24, who now make up one third of those living with HIV/AIDS. In sub-Saharan Africa, young women are now up to six times more likely than young men to be infected with HIV;
- HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth-biggest killer. In 2001 alone, AIDS claimed 3 million lives.

Why focus on prevention

UNFPA can make its greatest contribution to the fight against HIV/AIDS by working to prevent the sexual transmission of the virus, which is one of the major modes of transmis-

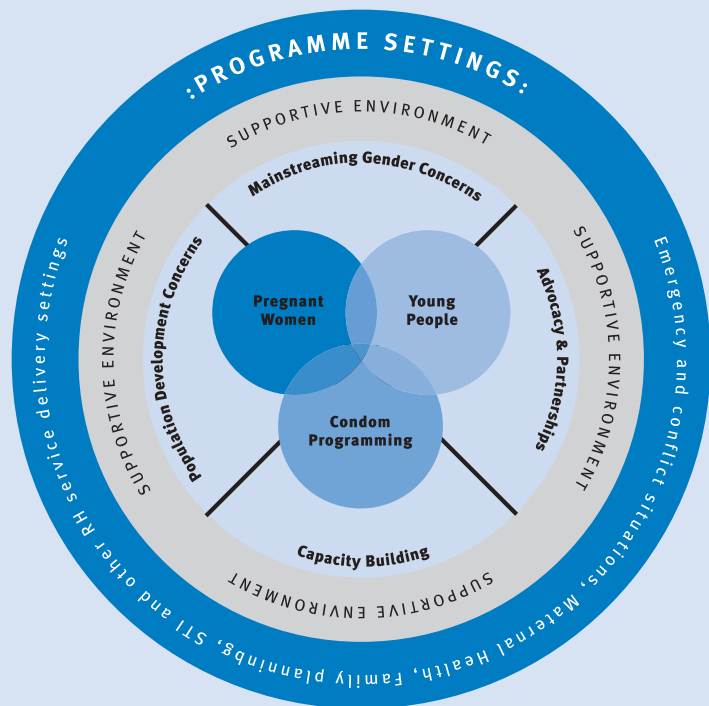
sion. As from the start of the epidemic, the virus is spread through unprotected sexual activity, unscreened blood and blood products, contaminated needles, mother-to-child transmission and breastfeeding.

Prevention is directly linked 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 directly 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 United Nations General Assembly Special Session 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—lacking a vaccine and with treatment unaffordable or inaccessible to most people who need it.

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.

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:

- Mainstreaming gender concerns;
- Population and development concerns;
- 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 in 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

Half of all new infections are among young people. Most of them do not know they carry



UNFPA/Team Voeten

Educating young people like these schoolgirls in Sierra Leone is the first step in preventing HIV/AIDS and promoting lifelong reproductive health. UNFPA supports peer education projects and youth-friendly information and services.

the virus. Many millions more know nothing or too little about HIV to protect themselves against it. 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 unwanted pregnancy.

- About one third of the people currently living with HIV/AIDS are aged 15 to 24.
- Half of all 15-year-olds alive today in the most-affected countries will eventually die of the disease, even if infection rates drop in the next few years. If infection rates remain high, more than two thirds of these young people will die of AIDS.
- Early marriage, sexual violence and the search by adult men for HIV-free sexual partners greatly increase the risk of infection among adolescent girls and young women in many communities.

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.

- Young people are “partners for health” in **Namibia** in a project that aims to create regional youth offices, peer education programmes and multi-purpose youth resource centres offering youth-friendly sexual and reproductive health services. Gender concerns and HIV prevention are high priorities in the project, which also aims to mobilize community support and supply condoms to sexually active young adults.
- In **China**, secondary school teachers and administrators in 15 counties participated

in advocacy seminars designed to raise awareness about the need to educate young people about HIV/AIDS prevention and other reproductive health issues.

- Development of an interactive computer game for ages 11 to 14 is underway in **Estonia**. The role-playing game challenges young people to make responsible decisions about sexual behaviour. Once tested, the game will be distributed to all schools in Estonia and made available online to students and teachers.
- Students at 17 universities in **India** are taking advantage of online and telephone counselling for HIV/AIDS and other sexual and reproductive health issues. Counsellors have been trained to provide telephone and online AIDS counselling.

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.

2. Condom programming

The correct and consistent use of condoms, both male and female, can help slow the epidemic—providing millions of people with a simple and effective means to protect themselves and their sexual partners from HIV infection.

- The presence of one or more STIs increases the risk of becoming infected with HIV by two to nine times. Condoms help reduce this risk.

Condom programming has many aspects. A steady, affordable supply of high-quality condoms involves many supply-side issues including forecasting, procurement, logistics management and quality assurance. Communication for behaviour change, which helps overcome barriers to use, depends on an understanding of user needs, perceptions, misconceptions and fears. An understanding of the sociocultural environment of the communities and countries is also required for effective condom programming. 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.

- 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, the World Health Organization, 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 unwanted pregnancy and from STIs, including HIV.
- Attracting the attention of young people, social marketing techniques in **Albania** have boosted demand and increased availability of condoms at kiosks, schools and pharmacies. Safer sexual behaviours have been encouraged through training for peer educators, special events including a rock concert, and prevention messages in the media.
- To encourage men to take responsibility in the prevention of unwanted pregnancy, HIV/AIDS and STIs, more than 70 condom vending machines have been installed



in public locations in **Sri Lanka**—providing easy, anonymous access. Information on the correct use of condoms was widely distributed by the local organizations and members of the armed forces in charge of managing the project.

- A brand of condoms known as “Bullet Proof” has captured popular attention in **Sierra Leone**, demonstrating the value of packaging products in attractive and user-friendly ways for promotion through social marketing programmes. Approximately 1 million condoms have been sold to United Nations peacekeepers, and condom vending machines have been installed for wider access.

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 infants and partners. Most pregnant women are HIV-negative, in need of information and services to remain free from infection.

Women who are pregnant and HIV-positive also have a right to reproductive health care to ensure the best possible outcome for both mother and child. Interventions for prevention among pregnant women include voluntary testing, counselling, prenatal and post-delivery care, and skilled assistance for safe childbirth.

- Worldwide, 99 per cent of pregnant women are free of the AIDS virus. Of the 200 million women who become pregnant each year, an estimated 1.8 million women are HIV-positive.

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.

- Pregnant women in three provinces of the **Dominican Republic** are the focus of prevention efforts including information, counselling, screening tests and access to condoms through expanded and improved reproductive health services. Training in prevention has been provided for doctors and other health personnel and aims to reach 60 per cent of women, men and adolescents living in the project area.

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.

Women often are not equal with men as they enter into sexual relations. Many women are made vulnerable to infection as a consequence of powerlessness, discrimination, violence and



Jonette I. Stubbs

Men, like this Pakistani father with his children, are encouraged to take responsibility for protecting themselves, their partners and the well-being of their families by preventing the spread of HIV through safe and responsible sexual behaviour.

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 say NO to unsafe sex, to abstain from sex and to avoid the risk of infection.

UNFPA-supported programmes also reach out to boys and men, improving access to information, condoms, treatment for STIs and other 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 and 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 and educating their daughters.

- Violence against women has escalated following armed conflict in **Burundi**, increasing risks of HIV infection and unwanted pregnancy. UNFPA is supporting the efforts of several local partners to increase access to reproductive health services, establish community programmes addressing violence against women, mount radio and television awareness-raising campaigns, assess women's situations and document their wishes, and sensitize health workers.
- In **Ethiopia**, a study on HIV/AIDS and gender was initiated by UNFPA and the International Labour Organization (ILO) through the UNAIDS Technical Working Group. The study aims to make visible the links between gender inequities and the spread of HIV/AIDS and to identify tools for intervention.



- A training module on HIV/AIDS was included in the manual, *Gender Mainstreaming in Reproductive Health: Services and Health Programme Management*, developed with UNFPA support for use in **Algeria, Morocco** and the **Occupied Palestinian Territory**.
- In **Paraguay**, 15,000 men in the armed forces have participated in workshops on sexual and reproductive health and gender equity. Services and sensitization are being integrated within military training academies and the military health system, with UNFPA support.
- Young men from indigenous communities in **Guatemala** have volunteered for training in HIV prevention, including the distribution and correct and consistent use of condoms. The migration of men from rural to urban areas for work has led to increased risk of infection for their partners.
- Government representatives and AIDS focal points in various ministries were invited to examine the National AIDS Plan in terms of gender issues at a UNFPA-sponsored gender and HIV/AIDS workshop in **Mozambique**.

2. Population and development concerns

Effective prevention measures take into account the behaviour patterns that influence HIV transmission. UNFPA supports the collection and analysis of socio-economic and population-based data for use in programmes and policies. This information contributes to a better understanding of the social and demographic impact of HIV/AIDS, helping countries plan ahead to meet the changing needs of their populations.

- A survey of contraceptive and condom needs in the **Democratic Republic of the Congo** was carried out with partners including the national AIDS programme and HIV/AIDS organizations to help formulate a national plan and establish a reliable supply. In 2001, a statistician/demographer was recruited and 15 interviewers received training in information-gathering techniques.
- A baseline study in **Liberia** to identify sociocultural barriers to HIV prevention found that few people are adequately informed, misconceptions about condoms abound and many traditional healers dismiss the threat of HIV or efforts to prevent its transmission. Appropriate strategies were developed based on these findings.
- In **Cambodia**, a new AIDS Impact Model (AIM) is the centrepiece of advocacy efforts highlighting the socio-economic impact of HIV/AIDS and mobilizing action by decision makers. The model will be used to generate a national dialogue on policy and planning.

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.

- Translation of the ICPD Programme of Action was one of many advocacy activities undertaken in **Albania**, where the First Lady helped raise awareness about

UNFPA Goodwill Ambassadors Raise HIV/AIDS Awareness



Mark Edwards/Still Pictures

UNFPA Goodwill Ambassador Mpule Kwelagobe speaks about HIV/AIDS with young people in Botswana, where HIV rates are the highest in the world. The former Miss Universe won the 2001 Jonathan Mann Award for work in HIV/AIDS, health and human rights. From Botswana, where HIV rates are highest in the world, Ms. Kwelagobe is an outspoken advocate for HIV prevention among adolescents. She also addressed a panel organized by UNFPA on young people and HIV/AIDS during the World Youth Forum in Dakar, Senegal, along with Goodwill Ambassadors Lara Dutta and Wendy Fitzwilliam.

AIDS was also a priority for Goodwill Ambassadors Goedele Liekens and Chea Samnang. Ms. Liekens, a popular television personality in Belgium, produced a documentary about the challenges faced by an HIV-positive mother in Botswana raising two young daughters who also are living with the virus. Dr. Samnang, a Cambodian doctor and television star, spoke out about the role of men in ending violence against women and discussed HIV/AIDS with 100 young people at a youth camp organized by NGOs.



HIV/AIDS and other reproductive health issues. Closer ties were forged with the media and non-governmental organizations (NGOs) through numerous 2001 events including media campaigns, a radio programme for young people, poster contests and publication of a manual of the country's health laws.

Through advocacy efforts, 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, 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.

In 2001, UNFPA and key partners continued to strengthen regional initiatives including the African Youth Alliance in four countries of Africa; the European Commission/UNFPA Initiative for Reproductive Health in seven countries of South and East Asia; and Meeting the Development and Participation Rights of Adolescent Girls, an interregional project in 12 countries.

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 activities for 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. Within the organization, UNFPA works continually to equip staff with the knowledge, skills and tools required to analyse, programme, implement and monitor interventions for HIV prevention.

- To build capacity for voluntary counselling and testing, UNFPA supported a project to expand services in **Uganda** that served more than 70,000 adults and adolescents in 2001. The project featured training in counselling, testing and interpersonal communication skills; procurement of equipment and supplies; and the creation of Post-Test Clubs with monthly support meetings.
- Education in HIV prevention will be more effective in the future for young refugees in the **Kyrgyz Republic**—strengthened by a comprehensive capacity-building project that included research, meeting with parents and refugee leaders, peer educator training, publication of brochures and booklets, youth seminars and television and video productions.

II

Country Commitments

"We need to declare war on this pandemic. There is nothing that represents a bigger threat to our lives than HIV/AIDS. It has wreaked havoc on our population. I don't know one family that has been spared."

— Reverend Benjamin Walter Mpho Moruakgomo,
African Methodist Episcopal Church in Botswana

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.

- National budgets are losing tax revenue. In Botswana, the Government is estimated



“The most important lesson learned from countries that have successfully responded to the epidemic has been the critical role of government and civil society leadership in increasing the visibility of the epidemic while decreasing the stigma associated with it.”

— Kofi Annan, Secretary-General of the United Nations

to lose 20 per cent of public revenue by 2010 due to the economic impact of HIV/AIDS.

- Life expectancy in Zimbabwe is estimated to be 26 years lower than it would have been in the absence of AIDS. In Haiti, life expectancy has dropped by six years as a result of AIDS.
- AIDS will increase the percentage of people living in extreme poverty from 45 per cent in 2000 to 51 per cent in 2015 in Burkina Faso, Rwanda and Uganda, according to a recent study.
- A loss of 5 per cent in gross domestic product by 2005 is anticipated in Jamaica and in Trinidad and Tobago as a result of AIDS.

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. It 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.

- **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. Virtually every Ugandan man, woman and child now knows 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% 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.



A young sex worker in Cambodia is at high risk for HIV infection. UNFPA supports targeted interventions to reach groups in which AIDS is spreading the fastest.

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.

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

*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.



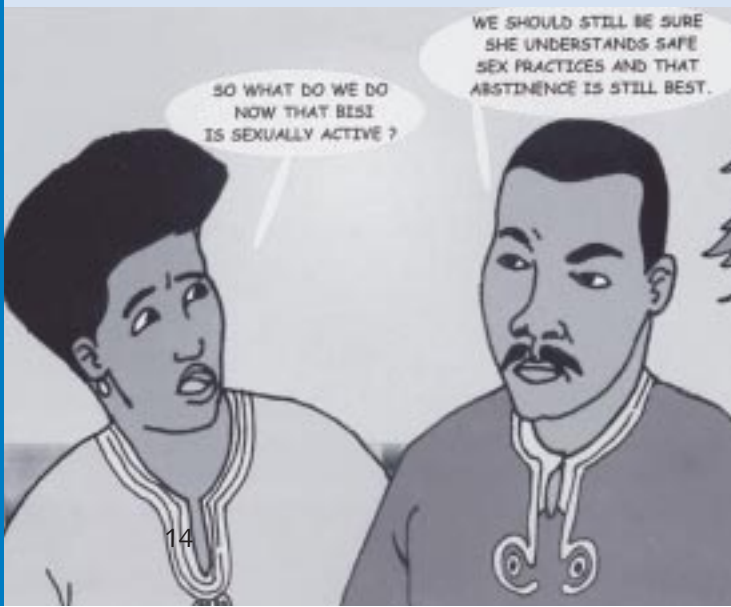
Messages to Raise Awareness, Change Behaviour

UNFPA supports a wide variety of interventions in behaviour-change communication and life skills education that take into consideration age, gender and cultural setting. The aim is to encourage positive and healthy lifestyles, good social norms and safer sexual behaviours. Especially for young people, this entails promoting positive attitudes and skills—self-esteem, negotiation, coping, critical thinking, decision-making, communication and assertiveness.

- Teachers in **Togo** are integrating messages about HIV/AIDS and other STIs into formal education following training sessions in a programme that also produced 2,000 copies of a teacher's guide and 7,000 copies of an activity book for students.
- A book of comic strips is raising awareness of HIV/AIDS among young people in **Cameroon**, where over 7 per cent of sexually active people are estimated to be HIV positive. The Institute for Research and Study of Behaviours, with UNFPA support, printed 16,000 copies of a book, *Sandrine Vivre Positif*, about an HIV-positive young

woman named Sandrine who becomes a community educator.

- Awareness about HIV/AIDS in **Benin** was raised through radio and newspaper information campaigns, workshops and youth centres. Training for 85 peer educators focused on preventing HIV infection and unwanted pregnancy.
- Bar patrons and sex workers are the audience for an innovative peer education pilot project in Mutare, **Zimbabwe**, where women trained as health educators enter bars and perform skits about STIs, HIV/AIDS, domestic violence and the use of condoms.
- Long-distance drivers and sex workers in **Guatemala** received information through workplace presentations on the prevention of STIs including HIV. In 2001, the project produced 1,400 booklets, 600 audio-cassettes and 1,800 posters promoting the use of condoms.
- In four rural regions of **Yemen**, an HIV/AIDS campaign raised awareness among agricultural workers, religious leaders, midwives, agricultural extension staff and leaders of rural communities. Government institutions and NGOs participated in the campaign, which featured 12 training workshops and materials including leaflets, pamphlets, posters and a reproductive health care guide with a chapter on agriculture and HIV/AIDS.



Cartoons in a Nigerian calendar address reproductive health issues faced by young people and their concerned parents. UNFPA-supported information, education and communication projects promote open discussion and provide young people with knowledge and skills to protect their reproductive health.



An HIV/AIDS education banner is displayed by university students in Nicaragua during a campus campaign to prevent infection among young people.

UNFPA/Alvaro Serrano

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.

- Adolescents in Vientiane, **Lao People's Democratic Republic**, are participating in peer educator training on HIV/AIDS and other reproductive health issues at a new UNFPA-supported youth centre. The centre provides social activities, skills training and reproductive health information and services including confidential counselling.
- To prevent transmission of the virus to caregivers from terminally ill people living with HIV/AIDS, home-based care kits including plastic gloves, plastic gowns and other disposable items were distributed through seven government and NGO institutions in **Swaziland**. UNFPA directed support to the effort as a co-sponsor of UNAIDS and multilateral and bilateral donors.
- Calling for “AIDS-free campuses”, students in **Benin** are making use of STI and HIV prevention services on two university campuses and several other non-hospital settings. In 2001, the UNFPA-supported project recruited and trained 30 presenters, 10 motivational speakers and 40 peer edu-

cators to raise awareness among students; installed 20 automated condom machines; and organized public events and radio and television campaigns.

- Peer education on HIV/AIDS is carried out in **Botswana** by faith-based organizations such as the Young Women's Christian Association and the Botswana Christian Council, with support from UNFPA. Some churches have started to manage adolescent sexual and reproductive health clinics.

Emergency and conflict situations

All STIs, including HIV, spread 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 fulfill the Minimal Initial Services Package (MISP) required in an emergency. Later, when the crisis subsides, UNFPA



UNFPA/Pamela Delargy

Demobilized soldiers in Ethiopia receive condoms, and education on their correct and consistent use, as part of UNFPA support after devastating armed conflict and drought. The men are also trained as health educators to prevent HIV/AIDS and counsel others upon their return home.

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.

- Along with direct support to maternal health clinics and hospitals in **Afghanistan**, UNFPA is advocating the inclusion of reproductive health concerns such as HIV prevention for young people and gender-based violence throughout refugee care and peace-building efforts.
- Adolescent girls in **Angola**, where war has displaced many and increased risks for all, are the focus of a joint UNICEF and UNFPA project with a local NGO. To reduce the risk of HIV infection and increase access to youth-friendly reproductive health services, the project provides training to health workers and teachers, trains peer educators and counsellors,

promotes life-skills education in and out of schools, and disseminates information to raise awareness among policymakers and religious and community leaders.

- To address the problem of rape against women, a joint project between the Government of the **Democratic Republic of the Congo**, UNFPA and UNICEF continues to strengthen reproductive health services and assistance to victims of sexual violence in post-conflict situations. In place since 1998, the project provides psychological and medical support to victims of sexual violence.
- To reach street children in **Ethiopia**, teams of trained and uniformed distribution agents went door-to-door with leaflets, condoms and contraceptives in an activity of Ethiopian Aid, an NGO that provides services from job training to health care, with a full range of reproductive health services.

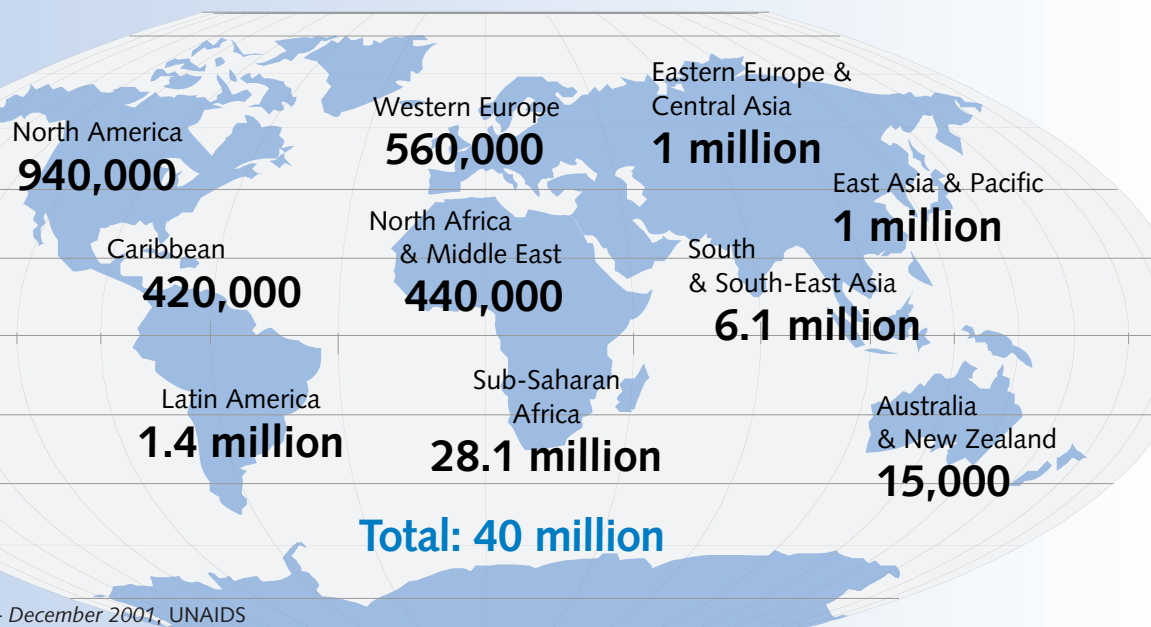
III

Regional Response

“Africa, in particular sub-Saharan Africa, is currently the worst-affected region where HIV/AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action.”

— Declaration of Commitment on HIV/AIDS, UNGASS on HIV/AIDS, 2001

Adults and children estimated to be living with HIV/AIDS as of end 2001





Situation by region

The epidemic has spread to every corner of the world. While it has taken its heaviest toll in Africa, it is spreading with frightening speed in other regions. 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.

Infection rates are still escalating in **sub-Saharan Africa**—the region with the highest infection rates—although there are signs that HIV incidence may be stabilizing in a few countries, including Uganda. All UNFPA-supported programmes in the 45 countries of sub-Saharan Africa have integrated HIV/AIDS interventions.

- At least 3.4 million new infections occurred in 2001, bringing the total number of Africans now living with HIV/AIDS to about 28.1 million. It is estimated that 2.3 million Africans died of AIDS in 2001.
- 10 per cent of people aged 15 to 49 are infected in 16 African countries, including several in southern Africa, where at least 20 per cent are infected. In parts of southern Africa, HIV prevalence rates have increased by 50 per cent over the two-year period of 1999 and 2000. In West Africa, national adult HIV prevalence exceeded 5 per cent in at least five countries in 2001.
- Africa is home to 70 per cent of adults and 80 per cent of children living with HIV. It was also home to three quarters of the nearly 22 million people who have died of AIDS since the epidemic began two decades ago.

- Were it not for HIV/AIDS, average life expectancy in sub-Saharan Africa would be approximately 62 years; instead, it is about 47 years.
- In 2000, the United Nations Security Council held its first meeting devoted to a disease—the impact of HIV/AIDS on peace and security in Africa.

Concern for Africa was expressed at the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria, where the UN Secretary-General told African leaders that the AIDS crisis in Africa was a “continent-wide emergency” and his “personal priority”. At the same event, the UNFPA Executive Director said, “African countries need the world’s help and many additional resources to help fight HIV/AIDS, but success will come as the result of leadership and commitment within Africa itself.”

In **Asia and the Pacific**, many countries are faced with the threat of major and widespread epidemics. Specific population groups are already experiencing high rates in localized epidemics, and 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 low HIV prevalence. An estimated 7.1 million people are now living with HIV/AIDS in Asia and the Pacific, about 4 million in India alone. Immediate action can make a difference. Prompt, large-scale prevention programmes are holding the epidemic at bay in Thailand and in Cambodia, where strong political leadership lowered HIV prevalence among pregnant Cambodian women to 2.3 per cent at the end of 2000—down nearly one third from 1997.



UNFPA Goodwill Ambassador Lara Dutta, Miss Universe 2000, speaks with young people in India about preventing HIV/AIDS.

The number of new infections is rising steeply in **Eastern Europe and Central Asia**. In the Russian Federation, reported HIV infections increased from 11,000 in 1998 to 129,000 in 2001. The region hosts the fastest-growing epidemic in the world, fueled by high rates of injecting drug use among young people and high levels of other sexually transmitted infections. Some 250,000 people were newly infected with HIV, bringing to 1 million the number of people living with HIV/AIDS.

Diverse epidemics among specific population groups characterize the situation in **Latin America and the Caribbean**, which is the second-most affected region in the world with an average adult HIV prevalence of 2 per cent and 1.8 million people living with HIV or AIDS as of 2001. Marginalized populations seem to be paying a disproportionately high toll. Countries can avert more extensive epidemics by stepping up their responses now and by recognizing the link between gender

inequity and women's increased vulnerability to HIV infection.

Recent figures suggest that new infections may be on the rise in **North Africa and the Middle East**, particularly in those countries that are already experiencing complex emergencies such as Djibouti, Somalia and the Sudan. With an estimated 80,000 new infections in the region during 2001, the number of people living with HIV/AIDS had reached 440,000 by the end of the year. HIV prevalence continues to be low in most countries in the region.

Regional initiatives

- Providing young people with the skills, information and services they need to avoid HIV infection is the aim of the **African Youth Alliance (AYA)**, an exciting partnership that brings together governments, UNFPA, international and national NGOs,



and the private sector. Leading the AYA are UNFPA, the Program for Appropriate Technology in Health (PATH) and Pathfinder International—with funding of \$57 million from the Bill & Melinda Gates Foundation. In 2001, the partnership expanded programmes in adolescent HIV prevention and reproductive health in four African countries: Botswana, Ghana, Tanzania and Uganda.

■ In 2001, the Governments of numerous African countries adopted the **New Partnership for Africa's Development** (NEPAD) as an indigenously owned and initiated continent-wide development framework, with an emphasis on eradicating poverty and putting all African countries on a path of sustained and sustainable development. UNFPA and other UN agencies are exploring modalities for supporting the initiative, with the UN Economic Commission for Africa coordinating their efforts.

■ The **European Commission/UNFPA Initiative for Reproductive Health** is the largest-ever programme of cooperation between the European Commission (EC) and UNFPA. The EC/UNFPA Initiative works together with 19 European NGOs and more than 60 local partners towards improving reproductive and sexual health in seven South and South East Asian countries (Bangladesh, Cambodia, Lao PDR, Pakistan, Nepal, Sri Lanka and Viet Nam). HIV prevention is a priority in all programmes.

■ UNFPA, UNICEF and WHO are jointly initiating the project **Meeting the Development and Participation Rights of Adolescent Girls**, with almost \$23 million from the United Nations Foundation for planning and the first two years of implementation. Countries participating in implementation phase of the project are Bangladesh, Benin, Burkina Faso, Jordan, Mongolia, Mali, Malawi, Mauritania, Russian Federation, Senegal, Sao Tome and the Occupied Palestinian Territory.

In Thailand, a Hmong woman carries her child. Building on positive values found in all cultures, UNFPA supports HIV prevention in diverse societies.



- UNFPA sponsored a symposium at the **6th International Congress on AIDS in Asia and the Pacific**, sharing experiences on HIV prevention interventions addressing political commitment in India, trafficking of women in Nepal, youth-friendly services in Viet Nam, condom use in Cambodia, and behaviour-change among youth in Fiji.
- A joint UN initiative to prevent HIV among adolescents in **Central and Eastern Europe**, the Commonwealth of Independent States and the Baltics has created a virtual online network that links 36 youth NGOs and 98 NGO members from the regions. It is also providing training for a team of “master trainers” to promote peer education in the region.
- UNFPA provided support to the **Latin American Network in Adolescence and Sexual Education** to introduce innovative education strategies for the prevention of HIV/AIDS, pregnancy, sexual violence and for gender equity and community participation in 17 countries.

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 multidisciplinary 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.

- In 2001, advisers from the **CST Addis Ababa**, which covers 13 countries in East, Central and West Africa, supported action for young people, working to mainstream HIV prevention within the projects of the four-country African Youth Alliance. The CST also helped launch the East Africa Regional Adolescent HIV/AIDS Enemy or “ERASE-AIDS”, a prevention initiative to strengthen the capacity of national and regional institutions to provide youth-friendly HIV prevention information and services.
- The **CST Harare**, which covers Southern Africa, supported sociocultural research and evaluations in Botswana and Malawi that will contribute to programming by enhancing understanding of the risk factors. It also evaluated an HIV prevention project in Zimbabwe and recommended steps for action.
- Advisers from **CST Dakar**, which covers West and Central Africa, contributed to a number of meetings and workshops in 2001, including the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, the twelfth International Conference on AIDS and STDs in Africa (ICASA), a meeting of African first ladies, and a UNAIDS meeting to build a stronger international partnerships to fight HIV/AIDS in Africa.
- Advisers from the **CST Bangkok**, which covers East and South-East Asia, advocated increased integration of HIV prevention, gender issues and adolescent reproductive health throughout national reproductive



Building on Positive Cultural Values

Thoraya Obaid, Executive Director of UNFPA, addressed the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria, in April 2001. This is an excerpt from her statement to African leaders.

Experience shows that the first line of defence is acknowledging that HIV/AIDS is a serious threat, unlike any Africa has faced, and responding accordingly. By killing men and women in the prime of their lives, AIDS removes from society its most productive members, those on whom the family, the community and the country most rely.

Yet the infection is still often seen as shameful. This summit sheds the shame and brings forward openness about the disease, propelling efforts to fight it.

We often invoke cultural values to justify our inaction. But our cultures are full of values that support women and young people, that promote

An Afghani mother and newborn at a Red Crescent Society maternal and child health clinic where UNFPA provides emergency reproductive health essentials so she can protect her own health and the well-being of her family.

knowledge and dialogue, that build on community solidarity and mutual support among its members. Let us call upon all these cultural values to move us forward in the fight against HIV/AIDS.

Over half of all new infections are among young people. As parents and adults, we may have reservations about what we should tell our children; we may find it difficult to speak about sexual activity; we may fear that we will encourage a permissive atmosphere. But we must overcome our reservations. Experience will reassure us—all the evidence shows that young people who are armed with information and who have access to counselling and services will either adhere to abstinence or delay their sexual activity, and are less likely to fall victim to infection or unwanted pregnancy.

health programming. In 2001, the CST Director served as the Chairman of the Regional Thematic Working Group on HIV/AIDS for Asia and the Pacific and participated in the Special Session on HIV/AIDS in the 57th session of the Economic and Social Commission for Asia and the Pacific (ESCAP).

- The **CST Kathmandu**, which covers South and West Asia, provided inputs to integrate HIV prevention within new country programmes developed in Bangladesh and India. Projects in Pakistan were developed in line with ICPD goals, including HIV prevention. Technical guidance was provided to the Maldives to improve data collection and analysis on STIs, including HIV/AIDS. A document was developed on HIV/AIDS in the Islamic Republic of Iran that provided concrete recommendations for integrating prevention into UNFPA programming.
- **The CST Mexico City**, which covers Latin America and the Caribbean, worked at the regional level to build national capacity, raise awareness of the need for prevention before the epidemic expands further, and create a more enabling environment for prevention policies and programmes. Partnerships in Haiti, for example, were strengthened as part of a multisectoral, multi-agency approach in coordination with UNAIDS that includes voluntary testing and counselling for victims of sexual violence.

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 religious organizations and leaders, encouraging discussion that extends beyond the borders of countries to regions and religions.

- Following a UNFPA-sponsored workshop, six Christian denominations in **Zimbabwe** announced that condoms could be used within the family to prevent HIV transmission. This marked a major shift from statements in recent years that “condom use was a sin”. The churches have united to coordinate HIV prevention activities, voluntary counselling and provision of care to people living with HIV/AIDS.
- A counselling and behaviour-change project implemented by the Catholic Diocese of Nakuru in **Kenya** is helping young people prevent HIV infection. This UNFPA-supported project disseminates information through schools and parishes, trains health workers in the diagnosis and treatment of STIs in young people, and works with parents and church member to increase understanding of the threat posed by HIV/AIDS.
- The Ethiopian Orthodox Church has become more open to HIV/AIDS prevention measures such as condoms and has publicly called for an end to female genital cutting and early marriage—long a part of life in **Ethiopia**. Awareness among church leaders of the threat posed by HIV/AIDS has been raised significantly through dialogue with UNFPA.

IV

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, UNGASS on HIV/AIDS, 2001

UNGASS on HIV/AIDS

Last year, the Secretary-General of the United Nations issued a worldwide call to action that focused on five priorities: preventing further spread of the epidemic; reducing mother-to-child transmission; caring for those already infected; delivering research breakthroughs, especially a vaccine; and alleviating the impact of AIDS on the most vulnerable, particularly orphans.

Responding to this call for leadership, the membership of the United Nations met in a special session in June 2001—the United

Nations General Assembly Special Session on HIV/AIDS. In a Declaration of Commitment setting out 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).

The event, convened at the highest political level, was held to intensify national and international action to fight the epidemic and to mobilize the resources needed. It was heralded by the Secretary-General as “a turning point

in the fight against HIV/AIDS”. UNFPA organized two ministerial-level panel discussions, one on “Gender and HIV/AIDS: A High-Level Discussion of National Action” and the other on “Strategic Programming for Prevention of HIV in 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—which became operational in 2002 following a preparatory phase in 2001. The Global Fund brings the promise of new money for individual countries to fight the epidemic. Members of the UN system have offered to assist countries, at their request, in carrying out HIV/AIDS initiatives supported through the Global Fund.

UNAIDS

An effective response to HIV/AIDS requires collaboration and coordination among organizations, each bringing its own strengths to the partnership. 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. For a year starting 1 July 2001, the UNFPA Executive Director chaired the UNAIDS Committee of Co-sponsoring Organizations, which works at the global level to support regional and country-level responses.

World AIDS Day

World AIDS Day is the culmination of a year-long campaign to raise awareness about HIV/AIDS. It is celebrated every December with special events around the world. The campaign theme for 2001 was “I Care... Do You?”

- More than 15,000 young people marched in **Burkina Faso** on World AIDS Day in December 2001, attracting the attention of policymakers to their message of individual and community responsibility with a youth declaration.
- Television spots featuring celebrities aired on World AIDS Day in **Ecuador**, produced in cooperation with the Ministry of Health with UNAIDS. The First Lady called attention to the increasing threat of HIV infection, and a popular sports figure appealed to young men with a message about male responsibility and the risk of heterosexual transmission.
- A peer education group in **Estonia** celebrated World AIDS Day with a performance of “Collection”, a drama exploring the challenges facing eight teenage girls.

**UNAIDS brings together the efforts and resources of a Secretariat and eight UN organizations: United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations International Drug Control Programme (UNDCP), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank.



UNFPA Comparative Advantages in HIV Prevention

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:

- 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;
- 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.

The Russian-language play toured Estonia for four months, featuring workshops that built on issues raised in the show including gender roles, HIV/AIDS and drug use.

- Community leaders in hard-to-reach populations in three mountainous provinces in **Viet Nam** used World AIDS Day as the starting-point for information campaigns supported by UNFPA and numerous local NGOs. Surveys following the campaigns noted significantly increased knowledge on HIV prevention.

Global Strategy for RHCS

As a method for preventing HIV infection and other STIs, condoms are highly effective. 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.

Institutional capacity

A number of activities contributed to UNFPA's capacity to support HIV prevention initiatives around the world. Among new publications in 2001, a Programme Brief series titled "HIV Prevention Now" was produced by staff and for staff to increase understanding of HIV/AIDS and the particular focus of UNFPA. A project to develop a staff training module on HIV/AIDS programming was initiated with the Institute of Population and Social Research at Mahidol University, Bangkok. The new module will address the core areas of support, complementing the distance-learning module on HIV/AIDS developed by UN Staff College in Turin. Also during the year, UNFPA collaborated with the International Planned Parenthood Federation in the development of a training manual on HIV counselling and with the Population Council in the development of a technical resource document on HIV prevention in reproductive health settings.



Conclusion: Challenges

“Based on current trends, AIDS will kill 68 million people in the 45 worst-affected countries over the next 20 years. But this need not happen. We know prevention works. The global AIDS response is poised to enter a new era, in which leadership and commitment are at long last matched with the resources needed to get on with the job. Investment in HIV/AIDS will be repaid a thousand-fold in lives saved and communities held together.”

— Peter Piot, Executive Director, UNAIDS

Signs of progress

HIV prevention initiatives are underway 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 NGOs 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 the development of microbicides and access to low-cost antiretroviral drugs. 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. Recently, at the UNGASS on HIV/AIDS, the unprecedented level of political commitment has demonstrated a truly global awareness of the need for action to fight HIV/AIDS.

Financial resources

Despite such progress, major challenges remain—especially the lack of funding. UNAIDS estimates \$7 billion to \$10 billion per year spending on HIV/AIDS is required in low- and middle-income countries. This requires an increase of 5 per cent to 10 per cent in the world's official development assistance (ODA).

UNFPA spending on HIV prevention has nearly doubled, to approximately \$46 million

in 2001. 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

1994

International Conference on Population and Development (Cairo)

Programme of Action

Reproductive health programmes should “increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections...” (paragraph 7.30).

Other recommendations include the training of health-care providers in sexually transmitted diseases, including HIV/AIDS; the provision in reproductive health programmes of information, education and counselling on responsible sexual behaviour; and the promotion and reliable supply of high-quality condoms (paragraphs 7.31-7.33).

1999

ICPD+5

Key Actions for the Further Implementation of the Programme of Action of the ICPD

“Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health care level” (paragraph 68).

- By 2005 at least 90 per cent of young people aged 15 to 24, and 95 per cent by 2010, should have access to the means to prevent and control HIV/AIDS.
- HIV infection rates in persons 15 to 24 years of age should be reduced by 25 per cent in the most-affected countries by 2015, and by 25 per cent globally by 2010.

2000

Millennium Summit of the United Nations

Millennium Development Goals

- By 2015, to have halted and begun to reverse the spread of HIV/AIDS.

2001

United Nations General Assembly Special Session on HIV/AIDS

Declaration of Commitment on HIV/AIDS

Drawing upon and endorsing the ICPD and ICPD+5 recommendations concerning HIV/AIDS, governments pledged to pursue the following targets:

- To reduce HIV infection among 15- to 24-year-olds by 25 per cent in the most affected countries by 2005 and, globally, by 2010, challenging gender inequalities in relation to HIV/AIDS;
- By 2003, have in place national prevention targets recognizing factors that increase vulnerability and identifying high-risk groups;
- By 2005, strengthen the response to HIV/AIDS in the world of work;
- By 2005, develop and implement strategies to protect mobile and migrant workers;
- By 2003, implement universal precautions in all health care settings;
- By 2005 ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values are available in the most affected countries;
- By 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 years should have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection;
- By 2005, to reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them.



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