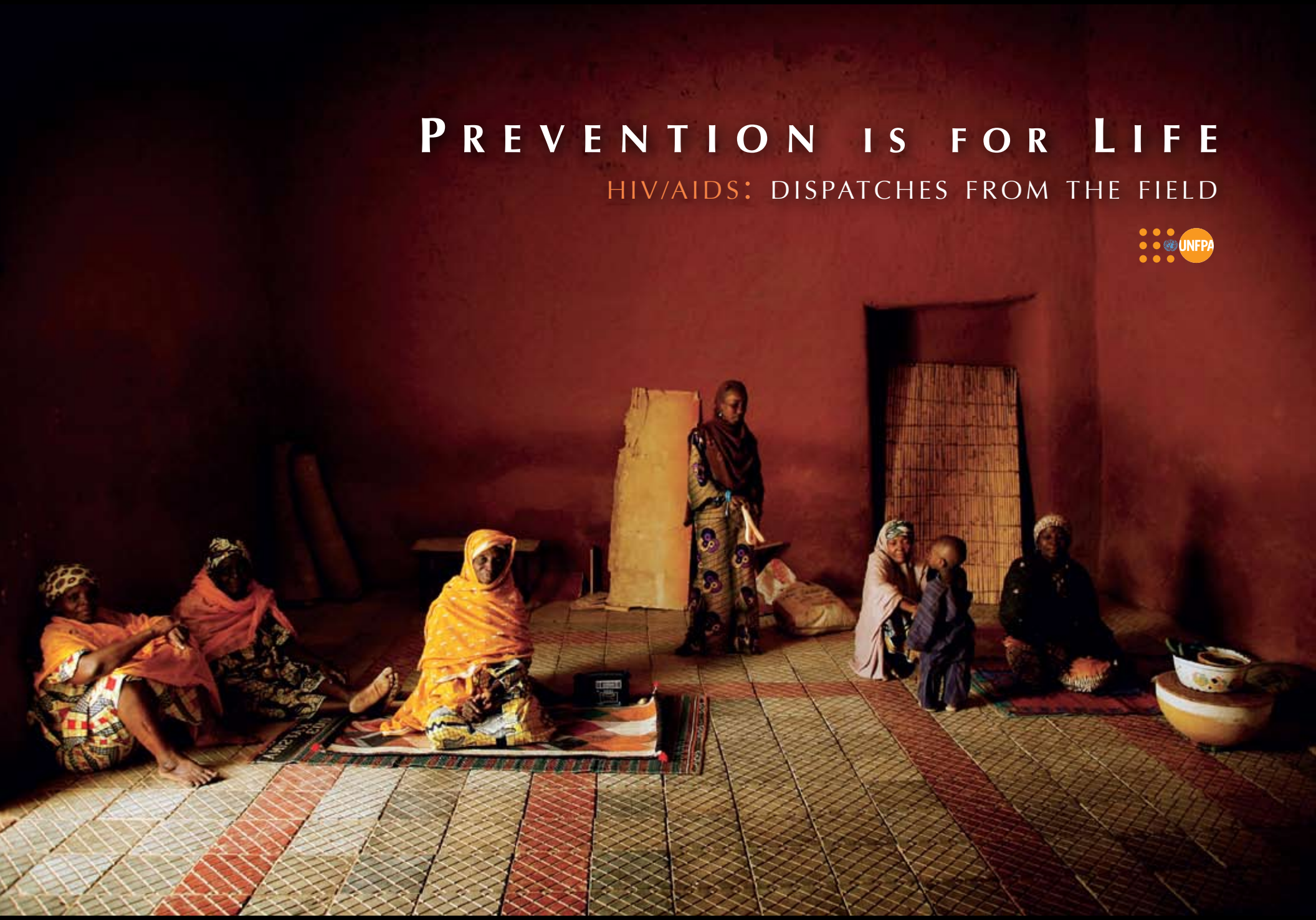
Prevention is for Life

HIV/AIDS: Dispatches from the Field



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UNFPA

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PREVENTION IS FOR LIFE: HIV/AIDS DISPATCHES FROM THE FIELD

Chris De Bode / UNFPA / Panos Pictures

Women and their infants, left and on cover, wait at a UNFPA-sponsored reproductive health care centre in Nigeria.

FOREWORD: A WORLD WITHOUT AIDS

Prevention works. And this booklet will tell you how, by providing real-life examples of how communities can make a difference and save lives. Since the HIV/AIDS epidemic erupted on the global health care scene in the early 1980s, researchers, health care workers, community leaders and activists, including those most at risk of acquiring HIV, have underscored the necessity of promoting the most cost-effective, rights-based, evidence-informed and rational intervention within the public health arsenal: prevention. In theory and in practise this means arming people with the information, counselling, services and commodities—such as male and female condoms—that will enable them to avoid acquiring HIV in the first place.

This is hardly a revolutionary concept, but it is one that has to be reaffirmed over and over as each new generation moves into their sexually-active and reproductive years and as the virus continues to make inroads into vulnerable populations such as women, migrants, young people and children.

Prevention is for life, and is life-long. As such, it requires a sustained and committed response. It means that UN agencies, non-governmental organizations (NGOs), donors, national governments and communities of people living with HIV and AIDS must work together to apply what works and to adapt these success stories to diverse cultural and geographical settings.

Prevention: A Public Health Mainstay

Although HIV can strike anyone, it is not an equal opportunity virus. Gender inequality, poverty, lack of education and inadequate access to comprehensive sexual and reproductive health services continue to fuel the epidemic.

United Nations Member States have repeatedly reaffirmed that "HIV prevention be the mainstay of national, regional and international responses to the pandemic". Comprehensive, rights-based and evidence-informed prevention, linked with access to effective sexual and reproductive health programmes and services, represent our best hope to halt the pandemic.

Nevertheless, despite a plethora of evidence that shows that behavioural change and comprehensive condom programming lowers transmission rates, prevention programmes tend to be under-funded, patchy or simply not available. In the hardest-hit, sub-Saharan African countries the average male has access to only ten condoms—per year.

Warrick Page / UNFPA / Panos Pictures
Adolescent girls and boys attend an HIV and reproductive health class at School Number One in Dushanbe, Tajikistan.

Building on Our Core Strengths

As one of ten co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA (the United Nations Population Fund) works to intensify and scale up HIV-prevention efforts by using rights-based and evidence-informed strategies in 154 countries worldwide.

UNFPA also promotes prevention activities by seeking to redress gender inequalities that fuel the epidemic. With more than three decades of experience dealing with gender relations and sexuality in different socio-cultural settings, UNFPA is uniquely qualified to strengthen the global response to HIV.

Within UNAIDS, UNFPA focuses its efforts on comprehensive male and female condom programming and HIV prevention, particularly among women and young people. UNFPA reaches out to the most at-risk populations, including indigenous communities, young people, women, migrants, sex workers and their clients. It supports sexual and reproductive health care that is tailored to the specific needs of vulnerable populations and those already living with HIV. UNFPA always seeks the participation of those it serves when it comes to shaping policies and programmes.

Linking HIV/AIDS with sexual and reproductive health remains the over-arching strategy of the UNFPA, and is key to bringing transmission rates down and reaching the goal of universal access to prevention, treatment, care and support.

Dispatches From the Field

This booklet will detail how and why prevention works. By applying the principles of prevention to diverse populations around the world, the global community can help slow, and possibly halt, what is proving to be one of the greatest health challenges of our time.

Prevention services cost money, but HIV infection costs far more—in lost lives, ruined families and gutted communities. HIV and AIDS is currently rolling back decades of human development and is threatening to derail anti-poverty initiatives around the world. One averted HIV infection represents hundreds of thousands of dollars saved and a more secure future for generations to come.

Prevention works: Let's make it for life. . . .

Warrick Page / UNFPA / Panos Pictures
A street vendor eyes an adolescent girl as she flits by in Dushanbe, Tajikistan.

Critical mass: youth and HIV

Youth is at the centre of the global AIDS epidemic; UNFPA actively involves them in programmes and policies that intimately affect them. And it works! Young people are a force for change when given opportunities to participate in programmes and in enabling environments that allow them to make informed choices about their lives and their future.

In its 2007 AIDS update, UNAIDS reported that from 2000 to the present HIV prevalence among young pregnant women (ages 15-24) attending antenatal care clinics declined in 11 out of the 15 most affected countries. In addition, preliminary data shows favourable changes in risk behaviour among young people in a number of countries (Cameroon, Chad, Haiti, Kenya, Malawi, Rwanda, Togo, Tanzania, Zambia and Zimbabwe).[1]

Researchers attribute the drop in numbers to behavioural change—e.g., delayed sexual debut, fewer partners and increased condom use, as well as improved surveillance methodology and reporting. Despite this promising trend, young people in other regions continue to be vulnerable—particularly young women who continue to bear the brunt of new infections owing to biological susceptibility, marginalization, discrimination and gender-based violence.

In order to be effective, prevention activities targeting all sectors of the population—and particularly young people—need to be consistent, long-term and include the direct input of the at-risk population. Indeed, youth participation can take many forms.

The UNFPA's commitment to youth participation is reflected in a wide range of initiatives—from peer education (Y-PEER) to advocacy, access to reproductive health care, voluntary testing and counselling. UNFPA also encourages young people to participate in the preparation of national and UN plans and other development frameworks.

These initiatives build on and utilize the skills, knowledge and enthusiasm of young people. Worldwide, UNFPA is training young people from all walks of life to raise awareness of the perils of unprotected sex, the impact of stigmatization and the importance of making responsible, informed choices about their sexuality and reproductive health.

Carolyn Drake / UNFPA / Panos Pictures
Young women preparing for beauty treatments at an aesthetics and hairdressing salon in Moscow, the Russian Federation.

Belize City, BELIZE—Raymond Gentle, 32, is the owner of a convenience store on Belize City's infamous South Side. His narrow glance, gold-capped teeth, tattoos and baseball cap tilted sideways suggest he's not your average "mom and pop" business owner.

When asked about his role as a gang leader, he responds: "People say [I am]…the police say so." But he does not fit the image of a Central American *marero,* or gang member, widely regarded as dangerous and unscrupulously violent. He is a father of two, and wants his kids to grow up with a chance at making an honest living.

Assigned at birth

Gang membership on the South Side of Belize City is practically assigned at birth. There are no initiation rites for membership. If you live on Craw Road, chances are you will be a member of the Craw Road Gang.

Mr. Gentle is a gang leader who openly admits that members rob, steal and fight other gangs on the South Side; but, at the same time, he helps organize sports events for neighbourhood children as an alternative to "hanging out on the street and smoking weed". He seems to understand that there is no excuse for illegal activities, and says he doesn't want the next generation to "grow up like that".

A better future

Mr. Gentle also volunteers for Youth for the Future, an NGO, which forms part of a regional project to prevent HIV infection among vulnerable young people. Even though his attitude towards the HIV prevention work is positive, not everybody welcomes the YFF volunteers.

High prevalence, high poverty

Belize, a Caribbean nation of 270,000 inhabitants wedged between Mexico and Guatemala, has one of the highest HIV prevalence rates in the region. UNAIDS estimates that 2.5 per cent of Belizeans between 15 and 49 years of age are living with HIV. The Caribbean as a whole has the second highest HIV prevalence rate in the world—ranging between 1 to 1.2 per cent of the population, with Haiti at the upper end of the scale.[2] HIV prevalence is topped only by sub-Saharan Africa.

Growing up scared

"I was once hit in the head with a broken bottle," recalls Douglas Hyde, an official with the Belizean Ministry of Youth and a coordinator of the Youth for the Future prevention programme. "Another time, someone pointed a gun to my head when I urged them to turn their life around and go back to school." Several of the volunteers who were ex-gang members have been killed over the past number of years.

The OPEC Fund for International Development and UNFPA fund the "Prevention of HIV/AIDS Among Youth in Especially Difficult Circumstances" initiative. Working with gang members is only a small part of this project's many activities, which are spread over six Central American and Caribbean countries (Costa Rica, Guatemala, Guyana, Honduras and St. Lucia, in addition to Belize). High-level political support for HIV prevention and mobilization of youth are just two of the project's major achievements.

"Someone pointed a gun to my head when I urged them to turn their life around and go back to school."

—Douglas Hyde,
Youth for the Future coordinator

Carina Wint / UNFPA
A young gang member shows off his tattoo in downtown Belize City. Gang violence in Belize is fuelled by the Latin American drug trade.

A wide range of actors

Activities in Belize involve a wide range of organizations, such as the 4H, the Cadet Corp (a type of correctional facility for males between the ages of 13 and 18), the United Belize Advocacy Movement and a community-based organization called the Cornerstone Foundation.

The Belize chapter of the YWCA (Young Women's Christian Organization), another participant, helps educate young women about HIV prevention and teaches them vocational skills to prepare them for adulthood.

Cutting to the chase: barber shops

Marleni Espinoza, 17, is among those who have benefitted. "I didn't get good grades in school, so I decided to learn about working in a beauty parlour," says Ms. Espinoza. She is taking part in a "barber shop" programme where participants learn how to protect themselves and their customers from HIV infection.

The Slip 'n Slide barber shop in Belize City is among participating salons. Its owner, Anthony Lofter, explains that he often talks to customers about HIV prevention and hands out condoms to some of them. The programme also offers shop owners free advertising as an incentive. Lofter says this has helped him increase his customer base.

HIV awareness for all

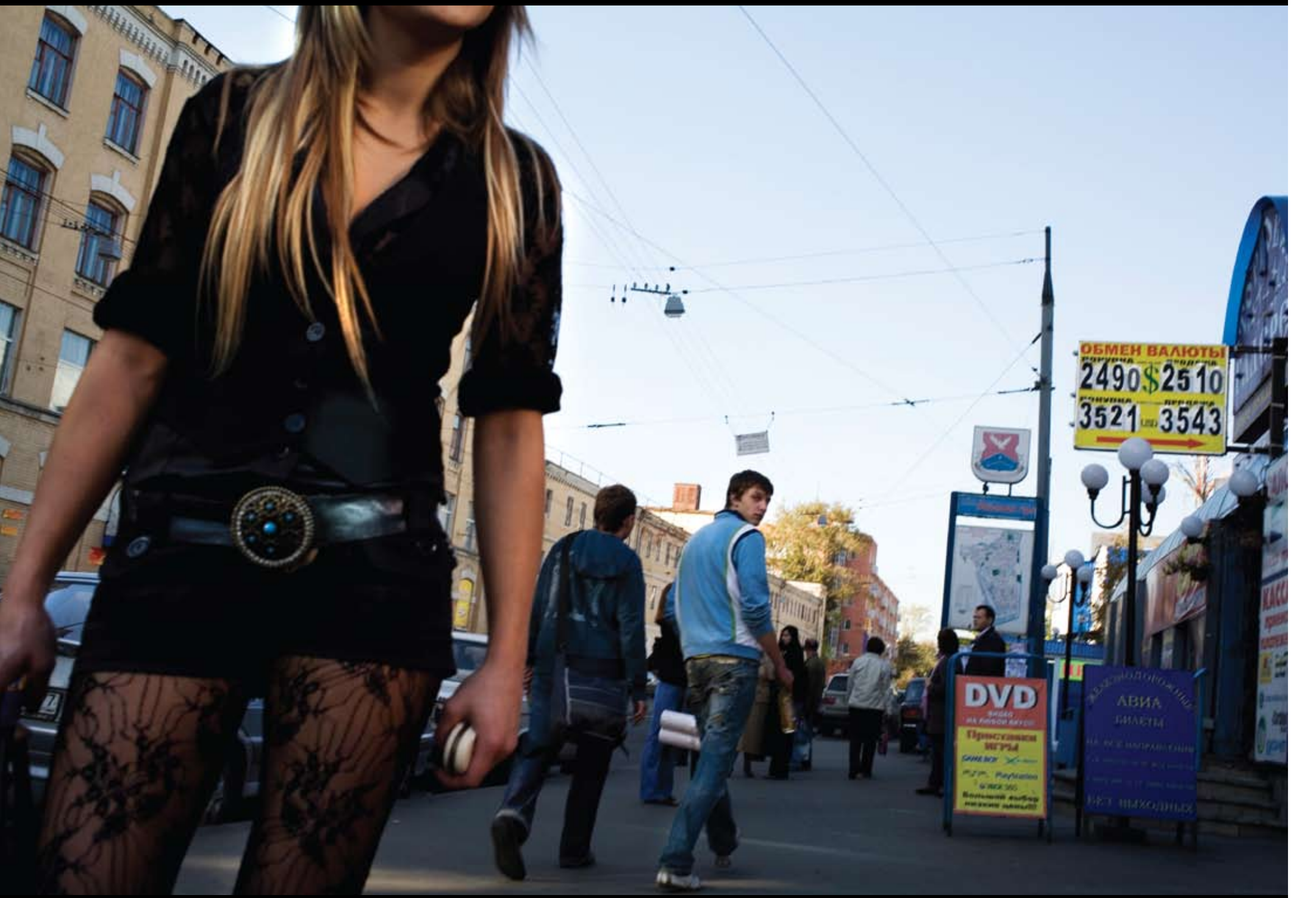
San Ignacio seems far removed from Belize City's violent South Side, even though it is barely a couple of hours drive away. The small but bustling city located 10 kilometres (6.7 miles) from the Guatemalan border is an adventure tourism destination. It also serves as headquarters for the Cornerstone Foundation, which runs a variety of HIV-prevention programmes.

Carina Wint / UNFPA
Anthony Lofter, above, owner of the Slip 'n Slide barber shop in Belize City, participates in an HIV-prevention programme. He frequently talks to his costumers about how to prevent getting infected.

The OPEC Fund/UNFPA project has helped the Cornerstone Foundation print and distribute educational material for use in local schools. It also distributes HIV-prevention pamphlets and condoms to about 20 local hotels.

"About three or four years ago, it seemed that everyone here knew someone who was HIV positive. That is when we experienced an influx of requests for education," says Pamela VanDeusen, an international development consultant working for Cornerstone. "Now we need to reach a deeper level and end discrimination and stigma against those who are HIV positive."

Carina Wint / UNFPA
Youth for the Future is one of the programmes that receives funding from the OPEC Fund for International Development and UNFPA. Left, a programme coordinator with a former gang member now actively involved in HIV prevention and violence reduction programmes.



Carolyn Drake / UNFPA / Panos Pictures
A young man checks out a woman on a busy Moscow street.

SHARING THE SECRET: YOUTH AND HIV IN THE RUSSIAN FEDERATION

Moscow, the RUSSIAN FEDERATION—Yulia lives on the outskirts of Moscow with her mother and six-year-old daughter. She is 25-years-old and sports dark blonde, shoulder-length hair. She is of a generation that retains only dim memories of the waning days of the Soviet Union and is learning to adapt—in ways that her parents and grandparents are finding increasingly difficult—to the new Russia with its new opportunities, new rules and new inequalities. But Yulia feels equal to the task. "I am young," she says. "I can always earn money and take care of my mother. It is hard for the older people—they have no options."

But Yulia is also at the vanguard of another trend—one that at times leaves her so depressed that on some mornings she can barely roll out of bed.

Yulia is HIV positive and only one of a growing legion of young Russians infected with the virus—a cohort that is adding to an HIV epidemic that continues to skyrocket. She worries that for all of her youth, and for all of her energy, the amount of time she has to secure her daughter's future and to ensure her mother's care is decidedly too short.

Like many HIV-positive Russians she acquired the infection while still a teenager—18 to be exact. She had fallen in love, married young and only learned later that her husband was a former injecting drug user who may have been aware of his HIV-positive status well before they met. "He was sick but didn't say anything," she says ruefully. "And I didn't know any better. And then we had a baby."

Yulia only learned of her status following routine prenatal screening. "When the doctors told me of the diagnosis I couldn't believe it. I became so depressed. I didn't know what to do with my life or whether I would be dead in five years."

Yulia's case was a particularly tough one: not only was she positive but she also was ill with one of the opportunistic infections that can wind up claiming the lives of those living with HIV. She and her husband were eventually divorced and then, worst of all, authorities took her baby away for fear that the little girl could become infected.

One of the World's Fastest-Growing Epidemics

Yulia's story is not an unusual one. Names and circumstances change but the verdict—HIV—is becoming increasingly common. Today, Russia is in the grips of the largest epidemic in Europe. Initially concentrated among injecting drug users and sex workers, newly-diagnosed HIV infection is now being detected among the individuals who report heterosexual contact as the source of infection.[3]

Young people, in particular, have been the hardest hit with the majority of new infections occurring in youth between the ages of 15 and 29. This can be attributed to factors such as injecting drug use, which remains the main mode of HIV transmission in the Russian Federation. Of the newly registered HIV cases in 2006 where the mode of transmission was known, two thirds (66 per cent) were due to injecting drug use and about one third (32 per cent) to unprotected heterosexual intercourse.[4] The latter

"When the doctors told me of the diagnosis I couldn't believe it. I became so depressed. I didn't know what to do with my life or whether I would be dead in five years."

—*HIV-positive activist* **Yulia Bulanova**

proportion, though, has been increasing steadily since the late 1990s, especially in areas with comparatively mature epidemics. Less than 1 per cent of newly registered HIV cases in 2006 were attributed to unsafe sex between men.[5]

Pavel Krotin, Chief Physician for UNFPA-supported Juventa, the main clinic of a network of 20 youth-friendly clinics that operate throughout St. Petersburg, believes that politicians and schools are failing young people because of an inability to address the risk before young people become sexually active.

A Silent Epidemic

"We believe that the real numbers of those who are HIV positive are actually five to six times higher than official statistics," he asserts. One of the reasons, he says, why researchers believe that real numbers are higher than official estimates is a small number of pilot studies undertaken in university student hostels that showed that the prevalence rate among what would normally be considered a low-risk population is "unexpectedly high".

Still Impervious

The key, says Dr. Krotin, is to offer comprehensive sex education in school as well as services that combine reproductive health with HIV-prevention programming. Unfortunately, young and older men are still largely impervious to reproductive health matters; however, "whether girls are willing to admit it or not, they are all concerned with reproductive health—they worry about getting pregnant and it is this group that we are most likely to reach."

Lidia Bardakova, UNFPA Assistant Representative for Russia, concurs; but, she adds that despite the fact that authorities are supportive of youth-friendly clinics and programming, building professional capacity is a major stumbling block. "There is no system for the training and capacity-building of reproductive health professionals, staff or psychologists with specific training to deal with youth," she says. Although there are now youth-friendly clinics throughout Russia, they are not enough. She adds, "Russia is an enormous country. We need more professional and experienced people. This is not an easy population to reach."

A Major Draw for Youth

To that end, Juventa offers comprehensive health services to Russian youth, including reproductive health care. In 2001 and 2002, UNFPA provided technical support to medical providers to build capacity and a new initiative to integrate HIV prevention, including voluntary testing and counselling, into reproductive health services. By offering a confidential telephone hotline, educational programmes and medical services, the Juventa clinic has become a model in youth-friendly services.

Actual Numbers Far Higher

Visits to the clinic, which opened in 1993, have increased from nearly 77,000 in 1996 to more than 400,000 in 2007 with the main clinic logging in 150,000 visits per year. Juventa's peer counsellors use their training and knowledge to help other youth avoid high-risk behaviour and make informed, responsible choices.

Sergey Smirnov, Director of the UNFPA-supported Community of People Living with HIV/AIDS, a regional NGO, is among those who believe that the actual number of young people infected with HIV is far higher than official estimates. Stigma, discrimination and poor access to life-saving anti-retroviral therapy are also having an impact: why get tested when what lies ahead is only trouble, rejection and heartbreak? Particularly acute is the situation for positive women, whose numbers are rising dramatically.

Despite the fact that it operates from a tiny basement apartment on a shoestring budget and includes a core staff of only four

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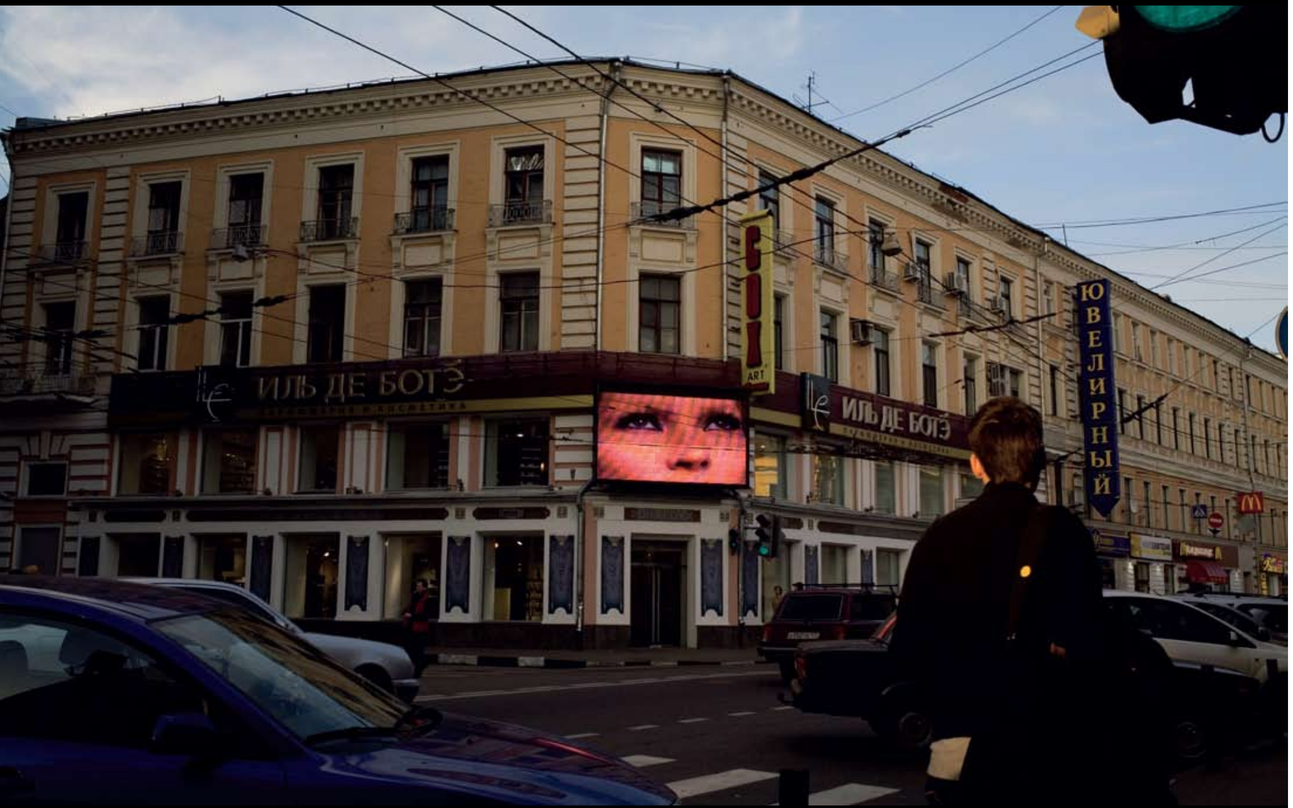
—**Dr. Pavel Krotin**, *Chief Physician for UNFPA-supported Juventa*

Carolyn Drake / UNFPA / Panos Pictures

HIV activist Yulia Bulanova, 25, at her home in Moscow. Her daughter, Anastasia (Nastia) Bulanova, is 6 and is HIV negative. They live in the Novokosino area of Moscow with Yulia's mother, who takes care of Nastia while Yulia is at work. Having contracted HIV from her former husband, Yulia now is divorced but wants to remarry and have more children.



Carolyn Drake / UNFPA / Panos Pictures
A video projection above a store on a Moscow street. Expensive shops and restaurants have appeared all over Moscow signalling new prosperity, but also highlighting the growing impoverishment that is exacerbating the HIV epidemic—particularly among young people.

people, the Community of People Living with HIV/AIDS has just completed a situational analysis documenting the plight of Russia's HIV-positive women—and the scenario is bleak.

Deprived of counselling and treatment

Because most services are concentrated in Moscow and St. Petersburg, women living in Russia's vast hinterland are deprived of counselling, services and access to uninterrupted anti-retroviral therapy. "Too often women, particularly young women, are told they should not conceive and that they should abstain from sex," says Mr. Smirnov.

For a young woman, such edicts can constitute a kind of death sentence. In fact, prevention and treatment is such that HIV-positive women can look forward to a safe sex life, motherhood and the opportunity to raise healthy offspring without fear of a premature death from AIDS.

In Yulia's case, it was the Community of People Living with HIV/AIDS that eventually provided her with the support and help she needed to confront and eventually accept her status. Now, she spends part of her time working with the organization and informing other young people of their risks and what to do should they find themselves in the position that she did.

A reason for hope

Yulia now has her little girl back, but her trust and her faith in the future have been badly battered even as she bravely informs others of their risk. It is a tough road. The stigma that she and others like her face is as seemingly boundless as her love for her child and her hopes that her little one will grow up without fear of HIV.

Just recently, staff at a medical clinic Yulia visited to have her flu symptoms treated turned her away when they learned of her HIV status. "I've been refused manicures and even dentists won't see me," she says.

Carolyn Drake / UNFPA / Panos Pictures
Galina Sich and Sergey Smirnov, of the UNFPA-supported NGO Community of People Living with HIV/AIDS, pose for a picture in front of a poster of a woman and her daughter, who are both NGO beneficiaries.

More open, less judgemental

Still, she is optimistic. Though more vulnerable to HIV, the younger generation is also more open, more aware and less judgemental. "Young people are starting to act in a different way and they are not scared of this—or of me," she says. "When I tell some young people that I have HIV their reaction is just the opposite of older people—they become interested and want to know more. They are curious."

"I am hopeful for the future," she adds. "I have to be. I want my daughter to grow up in a world where HIV will simply be considered an illness like any other."

Condoms: meeting demand and building supply

Today, UNFPA continues to procure the largest number of condoms, supporting projects in every region to build demand for both male and female condoms. UNFPA encourages condom use through family planning clinics and mobilizes outreach workers to raise awareness in the workplace, barber shops, night clubs, hairstyling salons, in schools and within the military. It also uses mainstream media to spread the word through soap operas, ad campaigns, celebrity spokespersons and other channels.

Within UNAIDS, UNFPA leads by securing a steady supply of male and female condoms. Working closely with national governments and a large network of partners, UNFPA collects data, forecasts needs, mobilizes and monitors donor support, procures supplies and builds capacity so that countries can increasingly manage their own logistical operations.

Programming is informed by ongoing research that helps refine messages aimed at distinct audiences depending on geographical, cultural and social context. UNFPA also seeks to dispel myths and misperceptions surrounding condom use. Through the Female Condom Initiative (FCI), UNFPA is scaling up efforts to distribute and market the device, which offers women protection that they can more easily initiate and control.

Carina Wint / UNFPA
A UNFPA storage facility in Port Au Prince, Haiti. Condoms and other reproductive health commodities are stored here.

INTRODUCING THE FEMALE CONDOM IN NIGERIA

Osun State, NIGERIA—Abiodun Titi, several months pregnant, flashes her best stage smile as she explains how to use a female condom at the headquarters of Living Hope Care, an NGO that works with HIV-positive people in southern Nigeria. Ms. Titi is HIV positive but her husband is HIV negative. The child they are having together—their second—was conceived without exposing her husband to infection. How? It is thanks to the female condoms she received at Living Hope Care, and whose use she is now demonstrating.

It just seems possible that her smile might not be a staged one after all. Subsequent to Ms. Titi and her husband having intercourse, they harvested his semen from the female condom and injected it back into her body with the aid of a plastic syringe. Because of the female condom, "discordant" couples such as Ms. Titi and her husband can still conceive and practise safe sex—an important benefit in a region where fertility is so highly prized.

Living with Hope: Doing So With Care

Today, approximately 2.9 million Nigerians are living with HIV.[6] Nearly 4 per cent of the country's population aged 15 to 49 is infected with the virus.[7] Living Hope Care is one of the many NGOs working to fight the epidemic. A remarkable Nigerian by the name of Fakande Ibiyemi founded the organization in 1994.

A former nurse, she started the organization after a man was brought into her hospital who had tried to hang himself after learning he had contracted HIV. Today, Ms. Ibiyemi's organization offers support, job training, free meals, micro-credit and treatment for more than 2,000 people living with HIV/AIDS.

Living Hope Care is one of the many NGOs working with UNFPA to halt the spread of HIV by delivering condoms to groups who need them most. In Nigeria, NGOs such as Ms. Ibiyemi's are often better-equipped to work with at-risk groups such as sex workers, youth and migrants than government institutions or hospitals. In fact, these organizations are responsible for distributing some 70 per cent of all the male condoms countrywide. They are also, naturally, the key to UNFPA's efforts to ensure that the female condom becomes available here as well.

Unlike the male condom, the female version is inserted into the vagina rather than over the penis. The principle is basically the same as the male version: it provides a barrier to the exchange of bodily fluids that can lead to HIV transmission.

Female-Controlled

Today, there are two types of female condoms available in Nigeria. The FC1 is made with polyurethane plastic and the newer FC2 is made of synthetic latex. Both are thin, soft, odourless and strong. Explains Stella Akinso, UNFPA Adviser in Osun State, Nigeria: "In terms of safety, they are more durable—less likely to burst or to break—and can be lubricated with water- or oil-based lubricants."

Their other great advantage is that they allow women to take more control over their own sexual health—although research shows that it still requires a degree of male consent. The female condom can be inserted some time before intercourse and

Because of the female condom, "discordant" couples can still conceive and practise safe sex.

Chris De Bode / UNFPA / Panos Pictures
A young woman holds her newborn at a UNFPA-sponsored reproductive health-care centre.

still function perfectly. Because it is the woman who wears the condom, it helps counter the common and serious problem of men who refuse to wear condoms themselves.

Nevertheless, the female condom cannot be inserted secretly—a male partner will be aware of its presence, and could still insist upon its removal. The fact that it is the woman who puts it in, however, represents a serious advantage. Previously, women were entirely reliant on the willingness of men to wear condoms and thus protect both partners from HIV.

Andrew Ezekiel, a support group coordinator at Living Hope Care, is at least one man who finds it unlikely that his brethren would go so far as to sabotage the usefulness of a female condom by insisting that a woman remove it before sex. "Men will submit. They will not say no," he laughs.

Low Awareness, High Potential

In spite of these advantages, a 2005 UNFPA survey revealed that female condom awareness and the understanding of its proper use are still very low. NGOs, who had successfully marketed the male condom, were hesitant to include the female version in their prevention arsenal, citing higher costs and the fact that they lacked the ability to explain to their clients how to use it. UNFPA responded with a widespread advocacy push, presenting the advantages of female condoms in seminars, community outreach programs and advertising jingles on the radio.

UNFPA has also sponsored the training of 80 "master trainers": individuals instructed on the art of educating and counselling clients on the use of the female condom. UNFPA has also provided 200 community-based distributors, 50 male motivators and 700 other health-care and service providers with training on how to effectively use the device.

It appears to have been a success. Only 25,000 female condoms had been distributed in the entire country in 2003, mainly through limited trials by some NGOs. By the end of 2006, however, the total had climbed to 375,000—15 times that of 2003. Eighty per cent of these were distributed by NGOs.

The government, UNFPA and other donor agencies are making female condoms available to the Nigerian public through a variety of means, but the most intriguing is the scheme developed for distribution through NGOs.

Costly But Effective

Unfortunately, demand is constrained by cost. A female condom usually sells here for 20 naira—the equivalent of $0.15. UNFPA and the Nigerian government subsidize the female condom, placing it well below the actual manufacturing cost.

For the average Nigerian, however, it is still a significant amount of money. A male condom, in comparison, costs just one naira. In a country where the average annual income is only $900, the difference can be prohibitive.

"If the price of the female condom comes down," says Mary Babalola, another Living Hope Care support group coordinator, "it will become as popular as the male condom."

She has good reason to say so. The male condom, in absolute terms, remains more popular at Living Hope Care than its more expensive cousin. Since the organization started selling the female condom, however, a new trend has become evident. Living Hope Care's clients, many of them destitute, have spent more than twice as much buying female condoms than they have male ones.

Clearly, there is demand for the female condom in Nigeria. As its cost declines, the desire for the device can only be expected to rise—along with the independence of Nigeria's women.

Chris De Bode / UNFPA / Panos Pictures

A group of Nigerian men discuss HIV and AIDS outside a UNFPA-sponsored clinic.

Chris De Bode / UNFPA / Panos Pictures

Female and male condoms alongside other reproductive health commodities.

Women and girls: protecting rights and reducing risk

When AIDS emerged in the 1980s, it mostly affected men. But today women account for approximately half of all people living with HIV worldwide.[8] Over the past two years, the number of HIV-positive women and girls has increased in every region of the world, with the proportion of females living with HIV also growing in all regions.[9] In sub-Saharan Africa, about three quarters of young people (aged 15-24) living with HIV are female.[10]

Most women with HIV/AIDS are in the prime of their productive and reproductive lives. Simply being identified as HIV positive may result in discrimination, lack of access to life-saving information, gender-based violence, unemployment, abandonment or the loss of other human rights and other freedoms.

Addressing the gender inequities that leave women and girls vulnerable to HIV and the violation of their rights lies at the very core of UNFPA's work. Women and girls face risks that men and generally boys do not—sexual violence, coercion and complications associated with pregnancy and childbirth. UNFPA highlights the special risks that women and girls face during the turmoil of humanitarian emergencies, and quickly responds with protective services and life-preserving commodities.

UNFPA also protects the health of women and children. UNFPA helped formulate a four-pronged policy framework to "prevent mother-to-child transmission" (PMTCT), which begins with preventing HIV infection in women in the first place. UNFPA is working in partnership with the World Health Organization and other key partners to establish guidelines for care, treatment and support for HIV-positive women and their children.

Warrick Page / UNFPA / Panos Pictures
Two young women share a tender moment at UNFPA-sponsored Guli Surkh (Red Flower), an NGO located in Dusnabe, Tajikistan. Guli Surkh provides voluntary counselling and support for those living with HIV and AIDS.

Warrick Page / UNFPA / Panos Pictures

Migrant's wife and mother of six, Myshgairesso Gesova, aged 31, stands in her small grocery store built with the assistance of UNFPA. After leaving for Moscow in search of work, her husband met another woman and married. In three years he has sent only one remittance and has never called.

Garm, TAJIKISTAN—It is late afternoon in a small village outside the town of Garm, and a group of women are sitting cross-legged on the brightly-coloured, padded quilts ubiquitous in all Tajik households. Outside the *jamoat*—or community centre—a chill wind is flattening the rough grasses surrounding this tiny collection of one-story houses.

Garm is at the very gateway of the Alay Mountain range—an extension of the Pamir plateau that reaches through China, Afghanistan and into Tajikistan, a small and rugged country. It is a wild, dry and remote place rendered glitteringly alive by the autumnal sunlight that glints off the nearby river and bounces off the whirling leaves of surrounding aspen.

Inside the jamoat, a three-room building with broken windows that stare out jaggedly from the wattle and daub walls, five women are eagerly leaning forward and talking all at once. The topic is micro-credit, HIV, human rights and how the UNFPA-supported pilot Migrant Wives Project has transformed their lives.

Left behind

Their brightly coloured *salwar kameez*—with their ruched bodices and billowing skirts—are distinctive to Tajikistan and contrast with the dark green of the wall behind them. The youngest is 27 and the oldest is 54, but they all have one thing in common: their husbands have left to find work in Russia. Some will never come back.

Guliston Hakimova is one such migrant wife. Married for 12 years and the mother of four children, she found herself completely alone after her husband remarried in Russia. "Life was very difficult," she says. "I could only feed the children potatoes and water and I became very depressed with the situation." With the help of the Migrant Wives Project, Ms. Hakimova was able to purchase a cow whose milk now feeds her children and whose dung now warms her stove.

Micro-credit, macro benefits

Nozegul Kengaeva, 31, is another migrant wife. Four years ago her husband left for Russia and never came back. With five children to feed and no income, Ms. Kengaeva was desperate.

A year ago, she followed her father-in-law's advice and joined the Migrant Wives Project. The one goat she purchased with a micro-credit loan has proven to be dizzyingly prolific. Today, many goats now scamper around her small compound and her children are well-fed and clothed for the winter. "I am so happy," she says. "I am independent and my children can go to school."

There are many women just like Ms. Hakimova and Ms. Kengaeva: women who are benefitting from minute amounts of cash judiciously dispersed—with strings attached. Migrant wives are expected to attend special classes. Through the Migrant Wives Project, UNFPA and partners are seeking to provide HIV-prevention services and to address issues of reproductive health, poverty, gender equity, human rights and gender-based violence through the provision of micro-credit.

The thinking behind this innovative and far-reaching programme is that women cannot be empowered unless they can feed themselves and their children, and they cannot become economically independent without loans—some of which are as small as $50 but not exceeding $100. With $3,000 and plenty

"I am so happy. I am independent and my children can go to school."

—Nozegul Kengaeva,
beneficiary of the UNFPA-supported Migrant Wives Project

Warrick Page / UNFPA / Panos Pictures

A little girl peers shyly out of the door of her family's house in Garm, Tajikistan. Because of the UNFPA-sponsored Migrant Wives Project, she and others like her will be able to attend school.

of support from UNFPA, the people of Garm have boosted the economy of an entire community and altered a mindset that was once unsympathetic to the rights of women.

A rock and a hard place: migration to Russia

In order to support their families, many Tajik men, and increasingly some women, are now faced with an unforgiving imperative: leaving one's family in order to provide for them. In some regions of the country, entire communities are now devoid of young men. In the Garm region, fully 3,000 of an estimated population of 12,000 are working in Russia or the oil-rich Gulf States. Most, if not all, are young men—a situation that is repeated throughout every region with the exception of the Tajik capital city of Dushanbe.

Back at the jamoat the stories come thick and fast and all are heartbreaking in their similarity. There is 45-year-old Barno Norboeva, whose husband left for Russia eight years ago and never came back. Today, he is married with young children and never calls "unless I call him first". Like so many migrant wives, Ms. Norboeva was unable to support their five children with only the produce scratched out from her tiny garden.

Twelve months later, she runs a small shop that sells sweets, fabric and a host of other small necessities. Her children are now going to school and she is talking to her eldest daughter, who will soon be married, about family planning, reproductive health and how to protect herself against HIV. This last topic, says project director Katoyan Faromuzova, is particularly critical.

Tajikistan, HIV and migration

Although still considered a low prevalence country, many experts believe that a combination of drug and human trafficking, poverty, injecting drug use and migration means that Tajikistan is poised on the brink of a "generalized HIV epidemic". A 2005-2006 Tajik Ministry of Health survey undertaken in two cities showed a high level of HIV infection among drug users, sex workers, prisoners and migrant populations. Migrants are vulnerable because they are away from their families, often work in harsh conditions and are more likely to engage in high-risk behaviour such as injecting drug use and unprotected relations with sex workers.

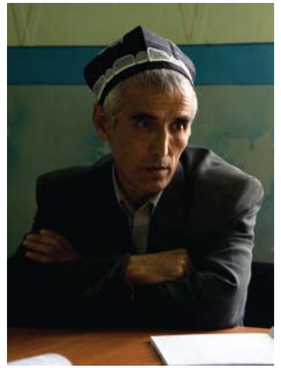
"You can't encourage behavioural change—especially concerning HIV—without addressing the root cause of migration, which is poverty," says Ms. Faromuzova. "These women are intelligent and committed to feeding and caring for their children. We give them the tools to empower themselves, they tell their friends and children and they in turn tell their friends and children." This "cascade effect" is now being felt throughout the Garm region and is manifesting in some surprising ways.

A new paradigm

Kutbidin Kadirov is the officer in charge of audits for the Garm jamoat. A small wiry man, Mr. Kadirov sports a benign expression below his traditional Muslim cap tilted slightly askew atop his grey, tightly-cropped hair. He says that not only the women, but also the men, are becoming more aware of women's rights.

According to Mr. Kadirov, the changes have been both overt and subtle. Prior to the Migrant Wives Project, most women didn't know how to manage money, write a business plan or even apply for a passport. Men would not sit or speak with women who were not close kin. "But now I have spoken to more than 1,000 women and they have taught me a great deal. I was very surprised."

Says Ms. Hakimova, "I married my eldest daughter off because we had no money; but I want my second daughter to go to Dushanbe to study nursing. Before this project the thought that my daughters could work wouldn't even have occurred to me."



Warrick Page / UNFPA / Panos Pictures

Officer in charge of audits for the Garm jamoat, Kutbidin Kadirov maintains that the Migrant Wives Project has transformed his community by improving relationships between men and women, alleviating poverty and boosting the economy.

Linking HIV prevention with sexual and reproductive health

Linking HIV and AIDS interventions with sexual and reproductive health services improves and strengthens health systems. Both types of services are hampered by the same health challenges—shortages of trained staff, essential supplies and equipment, adequate facilities and management skills. They also must overcome obstacles in dealing with sensitive or taboo subjects and require similar supplies and the same types of health provider skills.

More comprehensive services not only would be more convenient but also, to individuals who have limited access to sexual and reproductive health care, would prove to be a lifesaver. The poor typically receive only piecemeal information and services—even though they may have urgent concerns regarding HIV and other reproductive health issues. Many argue that offering a minimum package of services under one roof is the best way to meet their pressing needs and protect their right to health.

In sub-Saharan Africa, where the AIDS epidemic is widespread, 63 per cent of women have an unmet need for effective contraception, and consequently undergo a high proportion of unintended pregnancies. Many of these women do not know their HIV status, have limited access to information and services and thus risk passing the virus on to their children. Under these circumstances, access to even a minimal, integrated package of care—including family planning, management of sexually transmitted infections, HIV prevention and maternal health—can enable women to protect themselves from both unintended pregnancies and HIV, and also prevent transmission to their children. Integrating HIV/AIDS services into sexual and reproductive health and rights is one of the many interventions called for in various international agreements.

Carolyn Drake / UNFPA / Panos Pictures

Victoria Yurova, 21 (foreground, 38 weeks pregnant) and Anna Larina, 29 (background, due that day) at a UNFPA-supported maternity hospital for women with high risk pregnancies in Sochi, the Russian Federation. The maternity ward also counsels, treats and supports pregnant women and mothers living with HIV.

Petterik Wiggers / UNFPA / Panos Pictures
Manalegne Tegegie, 31, with her baby boy Bethel Wondimu, age 2. Both have benefitted from UNFPA-supported PMTCT services.

ETHIOPIA: HOPES FOR AN AIDS-FREE FUTURE

Addis Ababa, ETHIOPIA—Elsabet (not her real name) looks considerably older than her 26 years. Slim, of medium height and sallow, she is heavily pregnant with her fourth child. She worried about her current pregnancy, because the previous one was complicated. She was always sick. But her husband, a traffic police officer, and her in-laws had insisted that she get pregnant again—especially because her previous three children were all girls. So, five months ago, she gave in to her partner's wish—or rather, his order.

An increasingly common predicament

But from the beginning, she had premonitions that this one would not go well. "It wasn't just the usual morning sickness that I had experienced with the previous pregnancies. I had high fever for days without end. I felt weak all the time and lost my appetite and a lot of weight." A visiting elder brother was so alarmed by her health that he took her to the nearest health centre in Bole, a satellite community of Addis Ababa. There, as part of treatment, health-care workers counselled and encouraged her to have an HIV test. The result shocked her: She had just become the newest member of the legions of Ethiopians infected by HIV.

Elsabet's predicament is growing increasingly common. With a national adult HIV prevalence of 1.4 per cent, the country has one of the largest populations of HIV-infected persons in Africa. Even though Ethiopia is in a state of generalized epidemic, with an estimated 5,000 people infected every week,[12] the seriousness of the pandemic is often masked by the country's huge population, currently estimated at 77 million inhabitants.

According to 2007 Federal Ministry of Health estimates, over 800,000 Ethiopians are living with HIV and AIDS (60 per cent of which are women). HIV prevalence is highest among 15 to 24-year-olds, with women and girls more affected than males. Prevalence appears to have levelled off in urban areas but continues to rise in the countryside, where 85 per cent of the population lives. HIV transmission occurs primarily through heterosexual sex, mother-to-child and unsafe medical procedures, including unsafe blood transfusion.[13]

Mother-to-child-transmission (MTCT) caused 90 per cent of infections among children living with HIV and AIDS. Main risk factors include poor obstetric practices, the amount of virus circulating in the mother's blood and whether the mother is nursing her infant—HIV can be secreted in breast milk. Recent UNAIDS estimates suggest that between 30,000 and 220,000 children under the age of 14 are living with HIV in Ethiopia.[14]

High risk, low coverage

Of the 2 million women who, like Elsabet, become pregnant each year, up to 75,000 will test positive and give birth to 14,000 infected babies. Experts estimate that generally, without interventions, between 20 to 45 per cent of babies born to HIV-positive mothers will become infected. About half of these develop AIDS and die within two years.[15] All children born to HIV-infected mothers—whether themselves infected or not—run a high risk of being orphaned because both parents are likely to be HIV positive and may die as a result.

"It wasn't just the usual morning sickness that I had experienced with the previous pregnancies. I had high fever for days without end. I felt weak all the time and lost my appetite and a lot of weight."

—A young mother living with HIV/AIDS in Addis Ababa, Ethiopia

But things are looking up for Elsabet and her family, as well as the four other HIV-positive pregnant women waiting to meet with a counsellor on this rain-soaked afternoon: their chattiness says a lot about the hope they place in the government programme.

Prevention of mother to child transmission

At the inception of the programme, there were few facilities outside the capital or private health clinics and hospitals offering prevention-of-mother-to-child-transmission (PMTCT) services. Today, there are 396 sites available nationwide—at health posts, health centres and district, regional and referral hospitals.

Theoretically, a full range of PMTCT services should be implemented at these sites. However, the surge in service demand makes the offered services grossly inadequate. According to Ethiopia's Federal HIV/AIDS Prevention and Control Office (FHAPCO) spokesperson Sister Yetemwork, more and more pregnant women and their partners in urban and rural communities are showing up for counselling and testing. Nevertheless, because some communities require that testing occur before marriage, it is putting "tremendous" pressure on existing facilities, which often are not adequately equipped.

Increasing demand

Greater efforts to reach women, men, community leaders and traditional birth attendants have also increased demand. This is because knowledge of HIV status is essential in order to consider all available treatment options, and to make informed decisions related to partner infection, pregnancy and childbearing.

In most sites, women who are offered voluntary counselling and testing (VCT) must decide whether to take an HIV test or not. HIV testing is offered as a routine component of standard maternal health care. If the client opts out, she still retains the right to full services. Up to 90 per cent of all births in rural Ethiopia take place at home. Of the one in ten who give birth in a health facility, most attend for the first time during labour. Identifying the HIV status of women in labour and offering counselling and prophylaxis is now routine.

The rollout of the PMTCT programme has come with a host of problems, not least of which is the very participation of pregnant women and their partners at various stages. Not all women who avail themselves of counselling services want to be tested; those who are tested do not always return for their results.

Sister Yetemwork attributes these obstacles to continued denial and social stigma. "Pregnant women are reluctant to be identified as HIV infected for fear of stigmatization in the community and the fear of their partners' reaction if their status is known," she says.

Many challenges, too few resources

Although the PMTCT programme is beginning to make inroads into existing maternal and child health programmes, the national health system is poorly resourced: health centres and clinics are struggling to provide conventional services, let alone new ones. Human resources are strained. Low morale and poor motivation for frontline health-care providers often result in high turnover among trained staff. Some aspects of the health system remain very weak. For example, most women in Ethiopia deliver at home rather than in public health facilities.

Furthermore, widespread poverty hampers access to health facilities and makes it difficult for HIV-positive mothers to maintain good nutrition. Many nursing mothers resort to mixed feeding—a combination of breast milk and infant formula. Debritu (not her real name), Elsabet's friend at the Bole PMTCT Centre, says, "we are many in the house and we have no money".

"Pregnant women are reluctant to be identified as HIV infected for fear of stigmatization in the community and the fear of their partners' reaction if their status is known."

—**Sister Yetemwork**, *spokesperson with the Federal HIV/AIDS Prevention and Control Office of Ethiopia*

Petterik Wiggers / UNFPA / Panos Pictures

Belaynesh Kassa, 25, and baby boy Natinael Eshetu, age one year and six months. Ms. Kassa is living with HIV.

Vulnerable groups: empowering at-risk populations

Protecting the health and human rights of vulnerable and most at-risk populations is both an end in itself and an essential element of HIV prevention. From a human rights perspective, UNFPA is committed to assisting those who are most disenfranchised. On a practical level, prevention activities aimed at key affected and at-risk groups can curtail the spread of the disease into the general population, especially in countries where HIV prevalence is low and concentrated among certain sub-groups. In such settings, specific interventions to reach those at highest risk should be combined with broader efforts.

UNFPA supports a variety of programmes aimed at vulnerable or at-risk groups, such as women and young people affected or displaced by humanitarian crises, the armed forces and out-of-school youth. In 2005, UNFPA was given lead responsibility within its partnership with UNAIDS to bring HIV services for those engaged in sex work.

Poverty and the marginalization associated with it contributes to vulnerability. Poverty may, for instance, force girls or women to trade sexual favours for food to feed their families, or prevent individuals from buying condoms. It can keep adolescents out of school, depriving them of an opportunity to learn about how the virus is transmitted, and putting them at greater risk of drug abuse and risky sexual encounters. It can exacerbate family tensions that lead to domestic violence. Addressing the underlying causes of vulnerability to infection, including poverty and gender inequality, is critical to eventually ending the epidemic.

Carina Wint / UNFPA
The headmistress of a school in Ouanaminthe, Haiti watches her students play in the yard. The UNFPA-supported school is one of a number of sites where young adults receive information about HIV prevention from members of the Haitian Olympic Committee.

William A. Ryan / UNFPA
Many of China's railway passengers are rural migrants. Owing to a difficult combination of mobility, poverty and isolation, migrants are more likely to engage in high-risk behaviour that makes them more vulnerable to HIV infection.

THE RIGHT TRACK: CHINA'S RAILWAYS BACK HIV PREVENTION DRIVE

Beijing, CHINA—Jiang Xiao Ying is a cheery woman. She moves among train passengers with ease and unflappable good nature. Ms. Jiang is a conductor on the train that runs from Beijing to Panzhihua near the border with Myanmar. It is a journey that takes exactly 44 hours and 7 seconds. Garbed in green with a conductor's hat worn proudly atop her shiny black hair, Ms. Jiang is among the 2.2 million who staff China's intricate and far-flung railway system. She provides directions, takes tickets and sometimes calms the occasional irritated, but always cramped, passenger.

Floating population vulnerable

But Ms. Jiang also does far more. She is at the vanguard of an innovative new initiative that seeks to bring life-saving information to China's huge "floating" population of migrant workers along with everyday travellers. In addition to other duties, she also informs travellers about HIV, how to prevent it and instructs passengers what to do if he, or she, or a loved one, has acquired the virus.

"We have been trained," says Ms. Jiang, smiling. "We also have been asked to make particular efforts to reach out to passengers and to give out information about HIV prevention."

Some 70,000 people pass through the Beijing West Station each day. Electronic boards flash messages about HIV and in the waiting rooms large screens televise instructive videos. Station workers often distribute brochures. During busy travel periods, such as the annual spring holiday when up to 300,000 passengers a day use the station, workers staff tables to give out information face to face. In the station's clinic, health personnel provide counselling. People who want to know their HIV status are referred to testing facilities.

And the need is great. Despite a huge, rapidly-growing population of educated, middle class workers, many Chinese are lagging behind when it comes to HIV awareness. Migrant workers are particularly vulnerable. Many come from poorer and more remote rural communities where information is scarce. Away from their families and too often alone among strangers, with little support and few opportunities aside from low-paying manual labour, too many find themselves engaging in high-risk behaviour including paid sex and drug and alcohol abuse.

Moving targets for HIV

"No, I don't know anything about HIV," says one labour migrant. "I see it in newspapers and on TV, but I don't understand."

Train travel offers a unique opportunity to educate this large floating population about HIV. Since 2003, Chinese railway workers have been spreading the word. "Ladies and gentlemen welcome aboard, I'd like to tell you about HIV/AIDS," sings Ms. Jiang into a loudspeaker.

"On average passengers will spend two hours in the station and 20 hours on the train," notes Han Shu Rong, Deputy Director General in the Ministry of Railways' Department of Labour and Health. "There is a lot of time to conduct activities on AIDS prevention. It's easy for people to accept it."

On the journey from Beijing to Panzhihua, near the border with Myanmar, two half-hour prevention messages are broadcast over

"No, I don't know anything about HIV. I see it in newspapers and on TV, but I don't understand."

—A migrant worker outside the Beijing West train station

Mark Henley / Panos Pictures
Women call to prospective customers, left, from a hair-dressing salon/massage parlour located in a China-Myanmar border town. A UNFPA, Chinese Government HIV awareness intiative is targeting hard-to-reach and vulnerable populations such as migrant workers.

the train's video screens, one in the morning and one in the evening. Staff also hand out flyers, and they have been trained to answer questions about HIV. In addition to handing out leaflets and making public service announcements, conductors also distribute playing cards emblazoned with HIV prevention messages.

Messaging for young men

"The main target group is men between 25 and 40," Ms. Han states. "Rural people are shy talking about sexual issues. We conducted research on the effectiveness of different approaches to shape messages for migrants. In a limited time, we try to get across information about the three HIV transmission routes and prevention. Our research indicates that passengers learn a lot."

Besides educating the passengers, the Ministry of Railways undertakes HIV awareness efforts aimed at protecting the 2.2 million Chinese railway workers and their families.

Education is also under way in nine major transit hubs, as part of a pilot effort started by the Ministry with support from UNFPA. Officials hope they eventually will be able to expand the programme to many more of the country's 5,700 train stations.

Special collaboration

Condom promotion, once a sensitive topic in China, is an explicit part of the railway campaign. Information materials stress the effectiveness of condoms in preventing HIV infection. Condom vending machines have been installed in station toilets, but Ms. Han acknowledges that they are often out of order, adding, "We are trying to procure better machines."

Ms. Han appreciates the support given by United Nations agencies involved in HIV prevention, particularly the help in learning about other countries' experiences. "Our collaboration with UNFPA is special," she says. "They were the first agency to work systematically with the railway system."

To Siri Tellier, former UNFPA Representative in China, the railway campaign is indicative of a high level of official commitment to fighting the epidemic. "I think it's quite clear and widely recognized," says Ms. Tellier, "that the Chinese government has really taken much stronger steps to prevent HIV in the last three years."

Qilai Shen / Panos Pictures
AIDS patient Yu Da Guan sitting on his sickbed at home in Dongguan village. A recent convert to Christianity, he died two weeks after this picture was taken.

DELIVERING PREVENTION IN CAIRO'S SLUMS

Cairo, EGYPT—Although garbage is everywhere, the acrid odour begins to subside a few minutes after arrival, as one's nose becomes accustomed to the stench. In Al Zarayeb, part of the Manshiyat Nasser slum in Cairo, trash is a cherished source of income—one that is hauled into houses, carefully sifted through and then re-sold.

Every morning, the community's men transport piles of garbage, including medical waste, into their houses, where women and girls sort them in a rudimentary form of recycling. Plastic and glass are manually separated, then cut, washed, melted and sold to manufacturers who transform them into all kinds of consumer products, including bottles and chairs. Vegetables, fruits and food remains are fed to the goats, pigs and chickens that thrive on the detritus from wealthier homes.

HAZARDOUS WASTE

Al Zarayeb is also where the UNFPA-supported mobile voluntary counselling and testing (VCT) clinic is parked today. A steady flow of visitors is passing through the van's doors. In addition to being worried about drug-addiction and HIV, clients are concerned about one particular occupational hazard.

While sorting through the garbage, fingers get pricked—often by discarded syringes and other sharp objects—exposing people to hepatitis and other dangers, including HIV. That is why Dr. Mohammed Ali, the attending physician of the VCT clinic, is always so busy when his van is parked outside the dump. "Hepatitis B and C live outside of the body for up to 10 days," says Dr. Ali during a break between clients, "so people of this community are adamant about knowing their status." Around 16 per cent of the Egyptian population is infected with hepatitis C, which now makes it a national priority.

MOBILE CLINICS FIRST OF THEIR KIND

Halawethom Gerges has just stepped out of the vehicle with a smile on her face. "My fingers often get pierced by syringes while handling the trash," says the 27-year-old. "My husband learned about this clinic from an educational session in church, so he came to the van to get tested. He then asked me to do the same. I am glad we are both safe."

The mobile clinic at Al Zarayeb is one of nine vehicles first sent out in March 2005 to serve high-risk groups in various Egyptian governates. UNFPA paid for the vehicles—$70,000 each—and also provides technical advice, trains the clinic teams and pays additional overhead expenses, such as testing kits and other supplies. The mobile testing units are the first of their kind in the entire Arab region.

GAINING TRUST AND GUARANTEEING PRIVACY

"We are extremely happy with the results of these mobile VCT clinics," says Faysal Abdul Gadir, UNFPA Representative in Cairo. "We are also happy that, in just a short period of time, we were able to overcome the stigma that haunts vulnerable groups by gaining their trust and guaranteeing their privacy."

"Initially, injecting drug users and most-at-risk populations would send others to the clinics to check them out before going themselves," says Dr. Ihab Abdelrahman, of the National AIDS Programme at the Egyptian Ministry of Health, who monitors the

> "... in just a short period of time, we were able to overcome the stigma that haunts vulnerable groups ..."
>
> —**Faysal Abdul Gadir,**
> *UNFPA Representative in Cairo*

Teun Voeten / UNFPA / Panos Pictures

A UNFPA-sponsored mobile voluntary counselling and testing (VCT) clinic opens its doors to slum dwellers in Al Zarayeb, Cairo.

Teun Voeten / UNFPA / Panos Pictures
A little girl grins at the camera in the slum of Al Zarayeb, Cairo.

nine clinics. "They wanted to make sure that their identities would be kept confidential." Now, he adds, each of the clinics receives an average of 16-20 clients between the hours of 9:30 a.m. and 3:00 p.m. every day.

The VCT mobile clinics move from one neighbourhood to another on a weekly basis, and base their schedules on a "risk map" that identifies the possible locations of vulnerable groups, according to Dr. Abdelrahman. Would-be clients are informed of future stops through community outreach and awareness campaigns. A hotline also provides scheduling information.

VOLUNTARY COUNSELLING AND TESTING

The van parked at Al Zarayeb this week is composed of three parts: the driver's cab, completely separated from the rest of the vehicle; a counselling compartment in the middle; and a blood testing lab in the back. In addition to the driver, a physician, a counsellor, a nurse and a health instructor are also in attendance.

Before entering the vehicle, clients are ushered into a waiting area at the nearby community centre, where the health instructor provides information and prevention messages through an audio-visual presentation.

Clients then enter the vehicle, where they get a blood test and undergo two counselling sessions. Before the blood test, outreach workers ask clients about their habits and other related information. After about a 10-15 minute wait, clients are notified of the results and go through post-testing counselling.

"Those who test negative receive long post-testing counselling to remind them not to be complacent, and to instruct them on how to remain disease-free," says Dr. Abdelrahman. "Those who are found to be positive, on the other hand, go through a very brief session; they are often in shock and don't want to listen to anything."

Teun Voeten / UNFPA / Panos Pictures
A family gazes down at the street in one of Cairo's slum neighbourhoods.

"People confide in me because I do not ask them about their names or ages, nor do I keep any records," says counsellor Mustapha Mohammed Riyad from behind his small desk inside the VCT mobile clinic. "I try to change their behaviours, but I don't care about their identities."

It is now past 3:00 o'clock, and people are still gathering around the mobile clinic to get tested. Dr. Ali, the attending physician, tries to turn them away by assuring them that he'll be back in the morning. "They all want to make sure they are fine."

Teun Voeten / UNFPA / Panos Pictures
A little boy contemplates "wall art" in Al Zarayeb, Cairo.

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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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