



Preventing Infection Promoting Reproductive Health

UNFPA'S RESPONSE TO HIV/AIDS



UNFPA

United Nations
Population Fund



Preface

Secretary-General Kofi Annan has proclaimed HIV/AIDS his personal priority and has issued a call to action that requires a drastically and immediately scaled-up global response. At the United Nations Population Fund (UNFPA), we are focusing intensely on HIV prevention, supporting activities that promote a full spectrum of responses, from immediate prevention such as abstinence or condom use to long-term behavioural change.

The Secretary-General outlined five objectives for action at an April 2001 conference in Abuja, Nigeria. The first objective, he said, is prevention to halt and reverse the spread of the virus, and the second is prevention of mother-to-child transmission, along with access for mothers to testing and anti-retroviral therapy. The other top objectives are to put care and treatment within everyone's reach; to deliver scientific breakthroughs for a cure for HIV/AIDS or a vaccine against it; and to protect those made most vulnerable by the epidemic, especially orphans.

UNFPA support for HIV prevention has grown dramatically in the past decade, in line with the Secretary-General's objectives and the guidelines of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Fund has been working actively with partners in UNAIDS, governments, other international organizations and civil society to contain this global epidemic. HIV/AIDS is now an institutional priority and will be for years to come.

This is the tenth annual publication to provide information about UNFPA action to prevent HIV infection. Previously known as *AIDS Update*, it has been substantially revised to reach a wider audience as part of the UNFPA advocacy series. Since 1991, a questionnaire about HIV/AIDS activities has been sent each year to all UNFPA field offices and divisions at headquarters. Most of the examples in this publication are from the 2000 questionnaire.¹ They are especially valuable at a time when the expansion and replication of effective programmes is a priority for the international community. This booklet is intended to provide an overview of UNFPA action in HIV prevention and the issues of central concern as matters of reproductive and sexual health.

A handwritten signature in dark ink, reading "Thoraya A. Obaid". The signature is fluid and cursive, with the first name being the most prominent.

Thoraya A. Obaid
UNFPA Executive Director

¹ The *AIDS Update* survey methodology changed in 2000. Comparisons between figures from 2000 and previous years may be misleading. Responses were compiled by the HIV/AIDS team of the Technical Support Division, UNFPA New York.

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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 (including HIV prevention) 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 channelled through UNFPA. Since it began operations in 1969, the Fund has provided some \$5 billion in assistance.

I

Expanding on Experience

Prevention. This is a central objective of UNFPA in the global fight against HIV/AIDS. Among the many complex issues compounding the pandemic, prevention is the challenge that fits the agency best. For more than 30 years, UNFPA has supported a highly focused agenda to improve reproductive and sexual health.

The need for prevention is in the numbers:

- 5.3 million people were newly infected with HIV in 2000;
- Over half of new infections are among young people;
- More than 70 per cent of HIV infections worldwide occur via heterosexual sex;
- Young women are more vulnerable than young men—in some African countries, average rates in teenage girls are over five times higher than those in teenage boys;
- 95 per cent of all people infected with HIV live in developing countries. Africa is home

to 70 per cent of the adults and 80 per cent of the children living with HIV/AIDS in the world.²

Thoraya A. Obaid, UNFPA Executive Director, defines the Fund's role: "UNFPA is dedicating the very best it has to offer to the fight against HIV/AIDS. Our partners in UNAIDS, in governments, and in local schools and clinics each have their own strengths. Thirty years of experience in sexual and reproductive matters gives us our comparative advantage, a term that means: Here is what we can do best. The Fund will focus in particular on preventing HIV infection among young people and pregnant women through comprehensive programmes for prevention. Short-term interventions include abstinence, delaying the age of sexual activity, counselling to promote safe and healthy sexual behaviours, and condom use. Longer-term actions support lasting behaviour change. We will continue to be extensively involved in providing overall leadership and advocacy to assist other organizations."

"We already know enough to mount an effective prevention campaign."

² UNAIDS, *AIDS Epidemic Update: December 2000*.

— Thoraya A. Obaid, UNFPA Executive Director



“We cannot and should not choose between prevention and treatment. We must do both.”

— Kofi Annan, UN Secretary-General

Strategic directions

Preventing sexually transmitted diseases (STDs) has been a significant component of all reproductive health programmes supported by UNFPA since its founding in 1969. In the early 1990s, the Fund joined forces with UN agencies, governments and NGOs to fight the escalating HIV/AIDS pandemic. In 2000, UNFPA prepared to accelerate its activities at all levels and started to develop a guide for future action: *UNFPA Strategic Directions for the Prevention of HIV Infection*.

The new strategy expands on experience, defining a niche for UNFPA in three areas:

1. Preventing the sexual transmission of HIV, particularly through interventions that promote safe sexual behaviour among young people, including abstinence and delaying the age of sexual activity;
2. Condom programming to improve access to and use of condoms (male and female), taking into account user needs and perspectives;
3. Preventing HIV infection among pregnant women and its transmission to children and to HIV-negative partners.

It establishes for the first time a set of tools and guidelines for use in programme design and implementation within the Fund.

While other partners bring their comparative advantages to the care and treatment of people

living with HIV/AIDS, to children and to injecting drug users, for example, UNFPA is uniquely positioned to advance prevention. Elements of the UNFPA comparative advantage include:

- Existence of a strong network of partners and a strong country presence;
- HIV/AIDS advisers in regional, multi-disciplinary Country Technical Services Teams (CSTs);
- Expertise in negotiating with governments to guarantee access to reproductive health, including family planning and sexual health information, services and commodities;
- More than 30 years of programme experience addressing sensitive issues such as gender relations and sexuality in various sociocultural settings.

The strategy supports UNFPA’s main objective: to help ensure universal access to high-quality reproductive health services to all couples and individuals by 2015. It also reflects the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and the goals set at its five-year review (ICPD+5). The ICPD guides UNFPA and places responsibility on the Fund to provide leadership in matters of sexual and reproductive health. The Fund also contributes to the operationalization of the UNAIDS Framework for Global Leadership on HIV/AIDS.³

³ The UNAIDS Framework for Global Leadership on HIV/AIDS, December 2000, guides the development of the United Nations system strategic plan. The Framework endorses an “expanded response” to the pandemic, defined as one that simultaneously reduces risk, vulnerability and impact.

Current programming overview

In response to the annual HIV/AIDS questionnaire, UNFPA offices serving 132 countries described their activities in HIV prevention during 2000. They also provided examples of awareness campaigns in 78 countries, preventive counselling in 56 countries, HIV-related advocacy in 79 countries, prevention for young people in 78 countries and training programmes in 83 countries. Many additional activities also took place in these and other countries.

Currently, in addition to many other important activities made possible by donors, UNFPA is involved in the following HIV/AIDS-related initiatives:

- The African Youth Alliance, supported by the Bill & Melinda Gates Foundation and activities supported by Ted Turner's United Nations Foundation (see page 4);
- International Partnership Against HIV/AIDS in Africa (IPAA) (see page 8);
- Joint Advocacy Against HIV/AIDS in Sub-Saharan Africa (see page 9);
- European Commission/UNFPA Reproductive Health Initiative in Asia (see page 9);
- Global Strategy for Reproductive Health Commodity Security (see page 17).

As a cosponsor, the Fund works closely with UNAIDS, as it has done since this group of seven UN agencies was created in 1996 to strengthen and better coordinate the UN system's response to HIV/AIDS.⁴ The group mobilizes international action and resources and shares best practices worldwide. In 2000, UNFPA participated in UNAIDS Theme Groups in 86 countries, and in 25 of them it chaired these coordinating groups. From its unified budget of pooled resources, UNAIDS has provided approximately \$3.65 million for 2000-2001 to UNFPA to support HIV prevention at global and regional levels.

Goals

HIV/AIDS levels are more than 50 per cent higher than predicted 10 years ago. By the end of 2000, more than 36 million people were living with HIV/AIDS, including 25 million in Africa. With about 15,000 new infections per day in 2000, the escalating crisis demands intensified action. New goals were set in 1999 at the five-year review of progress on the ICPD Programme of Action (ICPD+5):

- 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 2005, and by 25 per cent globally by 2010.

⁴ UNAIDS cosponsors currently include the United Nations Children's Fund (UNICEF); the United Nations Development Programme (UNDP); UNFPA; the United Nations International Drug Control Programme (UNDCP); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the World Health Organization (WHO); and the World Bank.



Major foundation grants

\$57 million from Gates Foundation

Young people in four African countries are the focus of a \$57 million grant from the Bill & Melinda Gates Foundation that will strengthen efforts to protect young people from HIV/AIDS. The Foundation is funding a five-year initiative to expand national campaigns in Botswana, Ghana, Uganda and the United Republic of Tanzania that will educate youth about preventing HIV/AIDS and ensure that they can protect themselves. Botswana is one of the hardest-hit countries; one in every three people of reproductive age is infected with the virus that causes AIDS—the highest rate in the world.

The government of each country will implement the initiative in partnership with UNFPA and two United States-based non-governmental organizations (NGOs), the Program for Appropriate Technology in Health (PATH) and Pathfinder International. Together, the three are known as the African Youth Alliance (AYH). Local NGOs and other UN and international organizations will also participate in the initiative's activities, which will serve as models for other hard-hit countries and international aid efforts.

After a year of preparatory activities and building alliances with government agencies and youth organizations in each country, the Alliance is gearing up for a four-year implementation phase.

\$23 million from Ted Turner's United Nations Foundation

Ted Turner's United Nations Foundation awarded grants of \$23 million to UNFPA and several partners to support adolescent

reproductive health and prevent HIV infection among young people.

Teachers, parents and religious leaders will be involved in a Pacific Region project working with both in- and out-of-school youth to provide reproductive health information and services, and training in livelihood skills.

In Jordan, 42,000 girls aged 13-17 will receive training and education in reproductive health and life skills development, and hundreds of educators and school counsellors will upgrade their skills.

UNFPA, working with the Russian Family Planning Association, will reach up to 200,000 young people in the Russian Federation. Activities will support orphans, provide shelters for pregnant girls, provide reproductive health information in summer camps and vocational schools, and train medical staff and social workers on youth-friendly services.

A variety of HIV prevention projects will be supported throughout Africa, including the development of a provincial plan in Zambezi Province, Mozambique, and a youth-involvement project in Northern Province, South Africa.

In addition, grants will fund a project in Angola that engages young people in HIV and STD prevention, a joint national partnership to combat HIV transmission among adolescents and youth in Lesotho, and a project to develop regional capacity in Swaziland to prevent HIV infection among adolescents. Other projects for adolescent reproductive health will be implemented in Benin, Burkina Faso, Mali, Sao Tome and Principe and Senegal.

“HIV will kill more than one third of the young adults of countries where it has its firmest hold, yet the global response is still just a fraction of what it could be. We need to respond to this crisis on a massively different scale from what has been done so far.”

— Dr. Peter Piot, UNAIDS Executive Director

UNFPA is working towards these goals while continuing to implement the ICPD Programme of Action approved by 179 countries in Cairo in 1994. In terms of HIV/AIDS, the ICPD recommends:

- 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 STDs, 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).

In 1999, governments affirmed their renewed commitment to the principles, goals and objectives of the ICPD and identified key future actions. The review added: “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).

Figure 1: HIV/AIDS in 2000





“Our first objective must be to halt and reverse the spread of the virus—as all world leaders resolved to do at last year’s Millennium Summit—and so to save succeeding generations from this scourge. Prevention can save many millions of lives, and in several African countries it has been shown to work.”

— Kofi Annan, UN Secretary-General

Constraints

In the past, even with limited funds, UNFPA supported a wide range of efforts to strengthen reproductive health programmes and overcome tremendous barriers of fear, stigma and ignorance. These efforts yielded pockets of progress but were not of the scope required to combat the HIV/AIDS epidemic. In comparison, the current strategy is intensified, focused and proactive.

The global community knows what must be done. Prevention has been proven effective, cost-effective and feasible. Prevention activi-

ties may be initiated immediately, and are urgently needed in countries experiencing a full-blown epidemic as well as those in the earliest stages of an HIV/AIDS crisis.

The number of requests from governments for HIV prevention support is high and growing higher. Yet, because of a four-year decline in donor contributions, UNFPA activities in this area, as in all aspects of programming, were severely curtailed in 1999 and 2000. As part of UNAIDS, UNFPA is prepared to expand effective initiatives and strengthen existing reproductive health programmes—but success depends on adequate resources.



UNFPA provides reproductive health care to people displaced from their homes, like this Kosovar mother. HIV/AIDS thrives in situations of emergency and conflict.

II

Areas for Action

“There are many countries outside Africa, especially in Asia and Eastern Europe, where [HIV/AIDS] is spreading at an alarming rate. But nowhere else has AIDS yet become a threat to economic, social and political stability on the scale that it now is in southern and eastern Africa Last year, AIDS killed about 10 times more people in Africa than did armed conflict.”

— Kofi Annan, UN Secretary-General

Regional overview

Sub-Saharan Africa

In most sub-Saharan countries, adults and children are acquiring HIV at a higher rate than ever before. As UN Secretary-General Kofi Annan has warned, AIDS in southern and eastern Africa is a threat to economic, social and political stability unparalleled in the world.

HIV infection rates have stabilized in Senegal, and Uganda's extremely high rates have been reduced. However, high rates of infection in Africa mean that although the pandemic shows some signs of stabilizing in a number of countries, millions of people will continue to

fall ill and die from infection acquired years ago, and millions more new infections are expected as young people become sexually active in countries where large numbers of people are already infected. Access to both preventive measures and treatment is severely limited in comparison with industrialized countries.

- In sub-Saharan Africa, HIV/AIDS is the leading cause of death;
- In Botswana, more than 35 per cent of adults are now infected with HIV;
- South Africa has the largest number of people living with HIV/AIDS in the world—4.2 million infected people;



Figure 2: Regional HIV/AIDS statistics and features, end 2000

	Epidemic started	Adults & children living with HIV/AIDS	Adults & children newly infected with HIV	Adult prevalence rate*	% of HIV-positive adults who are women	Main mode(s) of transmission for those living with HIV/AIDS**
Sub-Saharan Africa	late '70s–early '80s	25.3 million	3.8 million	8.8%	55%	Hetero
North Africa & Middle East	late '80s	400,000	80,000	0.2%	40%	Hetero, IDU
South and South-East Asia	late '80s	5.8 million	780,000	0.56%	35%	Hetero, IDU
East Asia & Pacific	late '80s	640,000	130,000	0.07%	13%	IDU, Hetero, MSM
Latin America	late '70s–early '80s	1.4 million	150,000	0.5%	25%	MSM, IDU, Hetero
Caribbean	late '70s–early '80s	390,000	60,000	2.3%	35%	Hetero, MSM
Eastern Europe & Central Asia	early '90s	700,000	250,000	0.35%	25%	IDU
Western Europe	late '70s–early '80s	540,000	30,000	0.24%	25%	MSM, IDU
North America	late '70s–early '80s	920,000	45,000	0.6%	20%	MSM, IDU, Hetero
Australia & New Zealand	late '70s–early '80s	15,000	500	0.13%	10%	MSM
TOTAL		36.1 million	5.3 million	1.1%	47%	

*The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 2000, using 2000 population numbers

**Main modes of transmission are heterosexual, injecting drug use (IDU), and men who have sex with men (MSM)

Source: UNAIDS, December 2000

- There are now 16 countries in which more than one tenth of people aged 15–49 are infected with HIV.

More women than men are infected in Africa, unlike in other parts of the world, and young women continue to become infected at higher rates than young men.

- 55 per cent of HIV-positive adults in sub-Saharan Africa are women;
- Average rates in teenage girls are over five times higher than those in teenage boys. Among people in their twenties, rates were three times higher in women.⁵

All UNFPA-supported programmes in the 45 countries of sub-Saharan Africa have integrated HIV/AIDS interventions. Major initiatives include:

■ International Partnership Against HIV/AIDS in Africa (IPAA)

The IPAA includes African governments, UN agencies, bilateral donors, and representatives from the private sector and NGOs. Formed in 1999, the IPAA works to mobilize a broader, intensified response to the epidemic by partners both within and outside of the continent. Through the Partnership, a number of African countries have set up a new top-level AIDS coordi-

⁵ From 11 population-based studies in *Report on the Global HIV/AIDS Epidemic*, December 2000, UNAIDS.

nation body or strengthened an existing one. Under the IPAA umbrella, UNFPA is carrying out a wide range of activities through partnerships at the country level.

■ **Joint Advocacy Against HIV/AIDS in Sub-Saharan Africa**

UNFPA has taken the lead, with UNAIDS, in developing this comprehensive effort to raise awareness, political commitment and financial support from the leaders of countries in sub-Saharan Africa. This joint initiative is the advocacy programme of the IPAA.

Asia

An estimated 780,000 people were newly infected with HIV and 5.8 million people were living with HIV/AIDS in 2000 in South and South-East Asia, where the virus is spreading faster than in other parts of Asia.

While overall infection rates remain relatively low, populations are so large in some Asian countries that even low HIV prevalence rates mean that huge numbers of people live with the virus. In India, where seven adults in 1,000 are infected, 3.7 million people were living with HIV/AIDS as of December 2000—second only to South Africa.

Prevalence among people aged 15-49 exceeds 1 per cent in only three countries—Cambodia, Myanmar and Thailand. Thailand has succeeded in curbing a rampant heterosexual epidemic, but HIV continues to spread virtually unchecked through the sharing of drug-injecting equipment and through unprotected sex between men. Myanmar is experiencing a similar pattern. In Cambodia, a norm of pre-marital and extramarital sex for men, usually with women who are paid, is driving the epidemic.

In East Asia and the Pacific the prevalence is still low, 0.07 per cent compared to 0.56 per cent in South and South-East Asia. Massive population movements, an extensive sex trade and widespread use of illicit drugs pose a threat of future increases in infection.

■ **European Commission/UNFPA Reproductive Health Initiative (RHI)**

In the largest-ever programme of cooperation between UNFPA and the European Commission (EC), international and local NGOs are improving reproductive health information and services in seven Asian countries: Bangladesh, Cambodia, Laos, Nepal, Pakistan, Sri Lanka and Viet Nam. Preventing HIV/AIDS is a priority in all programmes. The budget for 1998-2001 is \$35 million and includes 43 projects. Twenty-two European NGOs are working as executing agencies in partnership with more than 60 NGOs from the Asian countries.

Latin America and the Caribbean

The HIV epidemic is taking different routes in different countries in Latin America, where an estimated 150,000 adults and children became infected in 2000. Some countries are seeing a major heterosexual epidemic, while others report HIV infection mainly among men who have sex with men and injecting drug users.

The highest prevalence rates tend to be found in the Caribbean countries, some of which are experiencing some of the worst epidemics outside of Africa. More than 5 per cent of adults in Haiti are living with HIV/AIDS, and more than 4 per cent in the Bahamas. In the Dominican Republic, 1 adult in 40 is HIV-infected, and in Trinidad and Tobago the number is 1 adult in 100. The epidemic



is driven by early sexual activity and frequent partner exchange by young people. Younger girls having sex with older men is also common—another factor that pushed rates so high in Africa.

Eastern Europe

The estimated number of adults and children living with HIV/AIDS in Eastern Europe and the countries of the former Soviet Union jumped from 420,000 at the end of 1999 to 700,000 just a year later. Drug injection among men continues to be the major source of infection.

North Africa and the Middle East

New infections seem to be on the rise in North Africa and the Middle East, although data are difficult to obtain and rates are much lower than in other regions. In the Arab States, advocacy efforts have opened up discussion of STDs and HIV/AIDS as part of reproductive health programmes.

Where rates of infection are low, strong prevention measures can help keep them that way. Where rates are high, prevention of any new infections will help slow and reverse the course of infection.

Prevention activities

Regional and global cooperation take place through UNAIDS and other avenues.

Country Technical Services Teams

Specialized UNFPA regional teams are providing expertise and guidance to speed HIV prevention within UNFPA-supported activities. UNFPA has placed HIV/AIDS advisers

on the Fund's Country Technical Services Teams (CSTs). These multi-disciplinary teams also include advisers in reproductive and sexual health, logistics and management of reproductive health commodities, gender, advocacy and other technical disciplines.

- The CST Harare, which covers Southern Africa, noted remarkable growth in leadership, awareness and support for HIV/AIDS action in 2000. Advisers assisted several countries in formulating reproductive health policies and strategies and found ways to integrate HIV prevention into UNFPA-supported country programmes. A new publication spelled out priorities for expanding and improving UNFPA HIV/AIDS interventions in sub-Saharan Africa.
- The CST Dakar, which covers West and Central Africa, held seminars and workshops, developed guidelines for advocacy, supported the development of national programmes, oriented its adolescent reproductive health activities towards HIV/AIDS, and integrated HIV prevention into strategies to reduce mother-to-child transmission.
- The CST Bangkok, which covers East and South-East Asia, met with UNAIDS and other partners in April 2000 to identify ways to support national responses to HIV/AIDS. The team's director was elected chair of the new UN Regional Coordinating Mechanism.
- The CST Kathmandu, which covers South and West Asia, placed greater attention on adolescents in 2000, conducting workshops to develop research proposals and to enhance education campaigns. It also developed a textbook on sexuality and

16 ways UNFPA is working to prevent HIV/AIDS

- 1.** Protecting young people by providing information and education that encourage safe behaviour;
- 2.** Helping pregnant women avoid HIV-infection and protect their infants;
- 3.** Improving access to and use of male and female condoms;
- 4.** Preventing sexual transmission of HIV/AIDS and other STDs that make it easier for the HIV virus to spread;
- 5.** Empowering women and girls to refuse unsafe sex, abstain from sexual relations and negotiate condom use;
- 6.** Meeting reproductive health needs in emergency and refugee situations;
- 7.** Raising awareness of how gender issues such as discrimination and violence against women increase the risk of HIV/AIDS;
- 8.** Enhancing cooperation among donors, governments, NGOs and other partners through UNAIDS;
- 9.** Mobilizing political commitment and influencing government policies and strategies and health care reform through advocacy;
- 10.** Integrating HIV/AIDS components into existing reproductive health and family planning services, especially STD programming and maternal health;
- 11.** Building the capacity of national and local institutions through technical assistance and the sharing of knowledge;
- 12.** Promoting the reproductive rights of women, men and young people;
- 13.** Persuading men to take fewer risks, assume more responsibility and respect the rights of women and girls;
- 14.** Training doctors, nurses, midwives and skilled birth attendants in prevention and universal safety precautions;
- 15.** Counselling affected individuals to support behaviour change and making voluntary counselling and HIV testing more widely available;
- 16.** Expanding advocacy to encompass broader aspects of the epidemic, such as the role poverty plays in spreading infection and the impact on sustainable development.



reproductive health from an Islamic perspective, and prepared a paper on HIV/AIDS and reproductive health commodities.

CSTs in Amman, Addis Ababa, Bratislava, Mexico City and Suva also carried out activities that help prevent the spread of HIV/AIDS, particularly through support for adolescent reproductive health and condom programming.

Regional activities

A UNFPA-supported network of **African** women ministers and parliamentarians met in July 2000 to address reproductive health issues, including HIV/AIDS. Delegates from 44 countries attended the Windhoek meeting. A planning meeting for action in Africa was held in New York in March 2000, and situation analysis and needs assessments were carried out in July and August.

In **Asia**, UNFPA, in collaboration with the Asian Forum of Parliamentarians and UNAIDS, supported efforts to sensitize parliamentarians and policy makers concerning HIV/AIDS through the Workshop on HIV/AIDS for Asian Parliamentarians in 1999 and the Regional Workshop on Adolescent Reproductive Health in 2000, both in Thailand.

UNFPA supported the **Latin American** Regional Meeting on Adolescent Reproductive Health in collaboration with the Government of Costa Rica in 1997 and the first meeting of **Caribbean** Parliamentarians on Population and Development in Trinidad and Tobago in 1999. In December 2000, the Fund participated in the Annual Parliamentarians Forum to promote HIV prevention within the context of poverty reduction and debt relief.

Country-level activities

Most UNFPA activities are at the country level. HIV prevention efforts are often integrated within ongoing programmes in these areas:

- Reproductive health, including family planning and sexual health;
- Service delivery, including provision of male and female condoms; and
- Information, education and communication (IEC).

Interventions aimed at women of reproductive age are a high priority, yet UNFPA also has developed and funded HIV-related activities that reach men, adolescents, soldiers, sex workers, agricultural extension workers, barbers, peer educators and people living with HIV/AIDS.

Partnerships are essential in fighting a tremendous challenge like HIV/AIDS. UNFPA is working with governments, partners in UNAIDS, other international organizations and civil society to slow and stop the spread of this devastating virus.

- The UNAIDS Theme Group in **Mauritius**, chaired by UNFPA as of May 2000, is working to expand the country's response to HIV/AIDS and coordinate joint UN action. It formulated a National Strategic Plan in 2000 and, with a focus on leadership, approached national leaders to advocate for greater commitment to HIV prevention.
- The cooperation of many different partners in government and NGOs makes possible the Youth and Adolescent

Reproductive Health Programme in **South Africa**. The 1999-2001 intervention, supported by UNFPA and the British Department for International Development, involves the Provincial Departments of Health in the Northern Cape, North-West and Northern Provinces; the Henrietta Stockdale Nursing College, the Planned Parenthood Association of South Africa and the Reproductive Health Research Unit.

- NGOs are developing innovative approaches to AIDS prevention. In an area of Addis Ababa, **Ethiopia**, where unemployment is high and prostitution widespread, Ethiopian Aid provides clinic and community outreach services for 35,000 people. Job training, credit and health care for street children are available as well as a full range of reproductive health services, including prevention of STDs and HIV/AIDS.

Advocacy

UNFPA advocacy on HIV/AIDS promotes prevention as part of a broad framework of population problems, sustainable development, poverty and human rights. Convincing the leaders of countries and communities that knowledge is the best weapon against HIV/AIDS is a high priority. Reluctance to speak openly about safer sexual behaviour continues, however, condemning many to ignorance and ultimately increasing their risk of infection.

Information and education

Peer educators, youth-oriented NGOs, community-based grassroots organizations, teacher-parent associations, vocational training centres and youth clubs have all found

ways to communicate reproductive health and HIV/AIDS messages. Formal education activities are found in clinics or schools, while informal projects are especially effective in reaching out-of-school youth. Information, education and communication activities utilize the news and entertainment media, theatrical performances, poster contests and many other vehicles.

- A television programme aired on 20 stations across **Nigeria**, "I Need to Know," alerted parents and young viewers to the life-saving role of knowledge in the fight against HIV/AIDS. In addition to providing accurate information, it encouraged young people to ask questions and parents to end their silence. UNFPA supported 52 episodes in 1999-2000. It will fund another 52 and support the adaptation of the series to radio several additional languages.
- Young people tuning in to a popular radio programme in **Kenya** heard more than music: each week a 15-minute segment called "Get Connected" dramatized HIV prevention and other issues of adolescent reproductive health. Nation Radio, a private enterprise, shared the cost of production with UNFPA in 2000.
- Secondary schools in **Viet Nam** received thousands of age-appropriate books and materials about HIV/AIDS and sexual and reproductive health in 2000 as part of a UNFPA-supported project in eight provinces. Implemented with the Viet Nam Youth Union and the Viet Nam Women's Union, the project distributed 44,000 publications.
- Mpule Kwelagobe of **Botswana**, Miss Universe 1999, was appointed UNFPA Goodwill Ambassador in February 2000.



She said that her goal is to see HIV/AIDS statistics drop and have the women of Botswana get the reproductive health care and facilities they need.

- Hand-in-hand in **Panama**, participants staged a “human chain” to raise awareness and energize ongoing advocacy efforts. In many countries, World AIDS Day presented an opportunity for action; in this case, provincial and local officials agreed to a 2001 Plan of Action for AIDS Prevention, and the nation committed funding for HIV prevention and treatment.
- Internet access is increasingly common in **India**, where an online HIV/AIDS counselling project made information about HIV/AIDS easily available to young people, NGOs and HIV/AIDS experts. The UNFPA-supported project was implemented through the University of Madras.

1. Young people

Half of all new cases of HIV infection worldwide are among young people aged 15-24. In the most-affected countries, the virus is spreading fastest among young people below the age of 24. Many will die by age 35, perhaps leaving behind children to be counted among the millions under age 15 who have lost a mother or father or both to HIV/AIDS.

Other children become infected even before they are born to HIV-positive mothers.

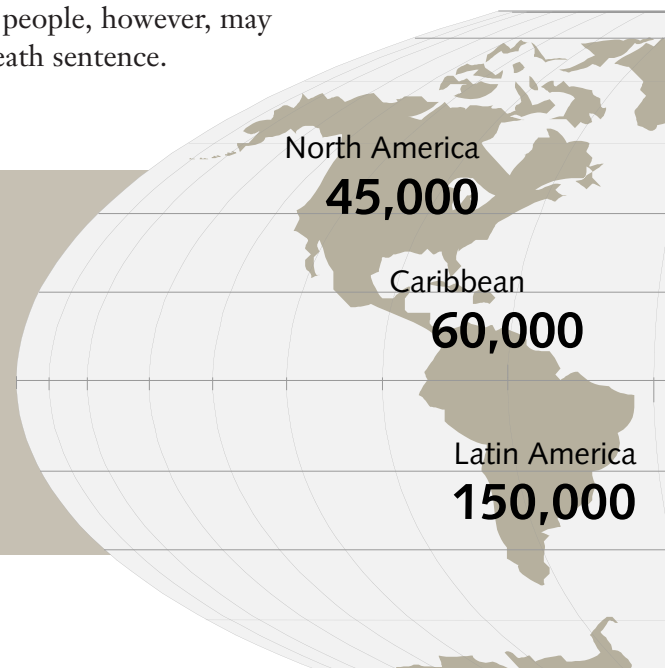
- Half the population is under age 20 in sub-Saharan Africa, where HIV/AIDS is ravaging families, communities and national economies;
- Practices such as early marriage, sexual violence against women and the search by older men for younger HIV-negative partners creates a high-risk situation for adolescent girls;
- In South Africa and Zimbabwe, where a fifth or a quarter of adults are infected, AIDS is set to claim the lives of around half of today’s 15-year-olds.

Education for prevention

Young people with higher self-esteem are better able to avoid risky behaviours involving alcohol, drugs and unprotected sex. Through education, young people learn negotiation and decision-making skills that they can apply to prevent unwanted sexual relationships, protect themselves from exploitation and violence, and negotiate condom use when sexually active. Sex education does not encourage promiscuity. A failure to educate young people, however, may be a death sentence.

Figure 3
Estimated number of adults and children newly infected with HIV during 2000

Source: UNAIDS, *AIDS Epidemic Update: December 2000*



“We may find it difficult to speak about sexual activity to young people, who account for half of all new infections. We must overcome our reservations. All the evidence shows that young people who are armed with information and who have access to counselling and services abstain from sex or start their sexual lives later, and they are less likely to fall victim to infection or unwanted pregnancy.”

— Thoraya A. Obaid, UNFPA Executive Director

Peer educators can reach young people by ‘speaking their language’. Young performers can get their message across through dramatic plays and songs. Catchy slogans on bright posters are readily displayed. Yet this important youth-to-youth outreach cannot meet all their needs, young people say. They also want information from adults they can trust.

The ICPD and young people

The ICPD Programme of Action called on the international community to “reduce the vulnerability of young people”. Education is an ICPD priority: “Sex education and information should be provided to both those infected and those not infected, and especially to adolescents” (paragraph 8.31).

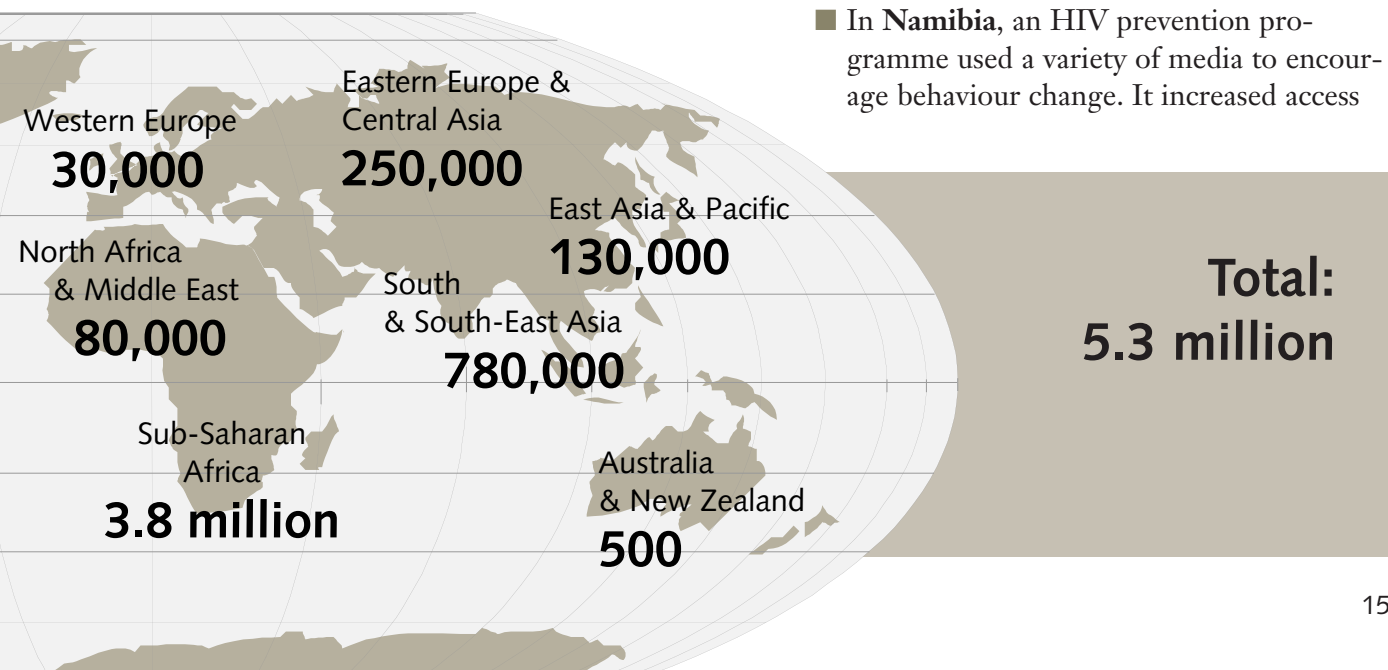
In 1999 at the ICPD review, education was identified as a key future action: “Governments should immediately develop, in full partner-

ship with youth, parents, families, educators and health-care providers, youth-specific HIV education and treatment projects.” Specifically, the ICPD review called for access to information and services—including condoms, voluntary testing and follow-up—for 90 per cent of 15- to 24-year-olds by 2005, to reach 95 per cent by 2010.

UNFPA supports appropriate education interventions as well as youth-friendly services that welcome young people and meet their needs.

- Peer educators in **Albania** reached more than 1,500 young men and women aged 15-24 as part of a UNFPA-supported project in 2000 that also sold 1.3 million condoms. Social marketing targeted young people in rural as well as urban areas and soldiers. The peer educators received training on the prevention of STDs, including HIV/AIDS, and unwanted pregnancy.

- In **Namibia**, an HIV prevention programme used a variety of media to encourage behaviour change. It increased access





to and use of condoms and offered training for health care providers in youth-friendly approaches to reproductive health services. The UNAIDS Theme Group chaired by UNFPA carried out the programme in collaboration with the Ministry of Information and Broadcasting, the Ministry of Health and young people themselves. The project was funded by the Swedish International Development Cooperation Agency (Sida).

- Detained youth at a centre in Rayong Province, **Thailand**, learned about HIV/AIDS, addictive substances and family planning as part of educational activities in 1999-2000. UNFPA executed the UNAIDS-funded project, in which young people themselves helped create activities. The project entailed staff training, assessment, evaluation and monitoring.
- University students in **Nicaragua** launched an HIV/AIDS education campaign in 2000 featuring posters, T-shirts, leaflets, radio announcements and condom dissemination. Students participated in training to facilitate active youth participation, promote safer sexual behaviour, advocate human rights and generate solidarity with the most vulnerable members of society.
- A series of rock-pop-jazz concerts staged by young artists and musicians from the Vilnius Conservatory of Music in **Lithuania** drew crowds and extensive media coverage to a simple message: prevent HIV infection and respect people living with HIV/AIDS.
- From a boat on the Mekong River in **Cambodia**, an entertaining play attracted large audiences of young people. Along

with free condoms and T-shirts, the performers imparted facts about HIV/AIDS. This activity was one of many carried out with support from the HIV/AIDS Alliance of London and the local expertise of KHANA, a Cambodian NGO, as part of the European Commission/UNFPA Reproductive Health Initiative for Asia.

- In **Uganda**, the Programme for Enhancing Adolescent Reproductive Life (PEARL) empowered adolescents to protect their reproductive health. PEARL engages many governmental and non-governmental partners in a broad range of activities, including advocacy, awareness-building and provision of information and services.
- Teenagers in Port-au-Prince, **Haiti**, found more than fun at the local youth club: many said they came for information about HIV/AIDS and unwanted pregnancy. The youth club, run by the Foundation for Reproductive Health and Family Education, trained youth facilitators to go into schools, poor urban neighbourhoods and rural communities. Outreach counsellors discussed condoms, family planning and the dangers of back-room abortions. The UNFPA-supported programme was awarded a \$1.2 million grant from the Bill & Melinda Gates Foundation for expansion.

2. Condom programming

Because increasing the use of condoms can reduce the spread of HIV/AIDS, their procurement and promotion are a major part of the UNFPA response. They have been an important part of STD prevention efforts to reduce the 333 million new STD cases each year. Having an STD can increase the risk of HIV infection tenfold.

“The most alarming consequences of the financial shortfall, where a condom crisis exists today, are in the area of HIV prevention. Widespread availability of male and female condoms, combined with effective efforts to change people's behaviour, is central to any HIV prevention strategy. But in all of the affected countries, the supply of condoms is far short of what is needed.”

— Thoraya A. Obaid, UNFPA Executive Director

A well-established system of logistics, quality control, forecasting and procurement makes it possible for countries to obtain reproductive health commodities, including condoms and other contraceptives that are high quality, low cost and readily available. UNFPA is the world's largest international supplier of condoms.

“Condom programming” by UNFPA includes far more than condom sales. As part of a global strategy for reproductive health,⁶ the Fund:

- Coordinates donor support and undertakes advocacy with partners in governments, NGOs and the private sector to improve supply, coordination and technical back-stopping;
- Manages the logistics of procurement and distribution, and helps build the capacity of national programmes to meet their present and future needs;
- Brings down prices and makes products and services more available through social marketing and by improving the sustainability of the agencies and institutions that supply reproductive health commodities to users in developing countries;
- Assesses, evaluates and monitors the need for reproductive health commodities to see that they reach the people who most need them;

- Conducts research to understand their use and to increase demand, and maintains a database on each country;
- Operates the Global Contraceptive Commodity Fund, which allows UNFPA to keep stock with manufacturers in order to respond quickly in case of a shortfall.

In 2000, UNFPA developed the **Global Strategy for Reproductive Health Commodity Security** for integration into all of its country programmes to ensure a supply that is adequate, dependable and diverse. Governments participating in the ICPD review the previous year had urged UNFPA to strengthen its leadership role in assisting countries “to ensure availability of reproductive health services and choices of reproductive health products, including contraceptives.”

Funding and shortfalls

While demand in developing countries has been increasing, donor support for contraceptives has declined since 1994, reaching its lowest level in five years in 1999. UNFPA is urging programme countries, donors and other partners to meet the need and avoid shortfalls. Shortfalls in supply may result in more unwanted pregnancy, unsafe abortion and STDs.

- The Netherlands recently contributed \$39 million and the United Kingdom

⁶ The Global Initiative on Reproductive Health Commodity Management is a UNFPA project established in 1992 with support from donors and international agencies.



nearly \$37 million to UNFPA to avert a crisis in contraceptive and other reproductive health supplies. The funds will be used to purchase male and female condoms, other methods of contraception, obstetric and gynaecological equipment, and drugs for the treatment of STDs.

- The Canadian International Development Agency (CIDA) granted UNFPA \$588,000 for 2001 to procure contraceptives, including condoms, for developing countries with the greatest needs.

In the context of reproductive health

The Fund has been involved with the supply of contraceptives from the start, as part of the development process and because some countries were unable to obtain the volume of commodities required at a reasonable cost. Reproductive health commodities have supported efforts to reduce maternal mortality, prevent unintended pregnancy and enable couples to plan and space their families. Today, condom programming supports reproductive health programmes and supplies condom kits for emergency and refugee situations.

Partnership and cooperation are central to ensuring that the people who are fighting HIV/AIDS have the supplies they need to do so. At the global level, an advisory group of major donors meets regularly to discuss key provision issues and to enhance planning and coordination. In addition, UNFPA staff and international experts attend technical workshops to develop logistics strategies for specific countries. A pilot project that began in 1997 is developing models for private sector and NGO involvement in making affordable commercial products and services more accessible.

Social marketing

Social marketing employs advertising, marketing and promotion techniques to create demand. Through a wide range of channels, from posters to soap operas, social marketing campaigns take the stigma out of condom use and, at the same time, demystify sexuality and make it possible to discuss HIV/AIDS. Campaigns have emphasized abstinence, monogamy and safe sex and increased consumer confidence in condoms and other commodities.

In addition to the traditional condom for men, a newer product has been developed for women. The female condom is gaining popularity, in part because it requires less negotiation before use.

- A high quality condom brand, “Love Time”, was developed and marketed in more than 300 outlets in Beijing and Shanghai, **China**. Some 800,000 condoms were sold through the UNFPA-supported pilot project (1998-2000). Condom vending machines were installed at university campuses, in public toilets, and in communities with large migrant populations. Sales outlets were established in shops, drugstores, clinics, newspaper stands and cigarette stores.
- In **Sierra Leone**, a marketing survey yielded the name “Bullet Proof” for a new condom that will be sold through vending machines at entertainment centres, pharmacies, nightclubs and restaurants as part of a UNFPA-supported reproductive health programme. Volunteers were trained to disseminate information on HIV/AIDS in their communities and in camps for internally displaced persons. Condoms were also supplied to peacekeeping forces and staff of UN agencies based in Sierra Leone.

- More than a million and a half condoms were supplied to defence forces in **Eritrea** as part of a 1999-2001 project on HIV prevention. Three days of training prepared 222 members of the military to serve as peer educators to other soldiers and officers. A poster on the correct use of condoms was produced, along with a brochure on STDs. Films were shown, and 76,311 individuals participated in seminars on preventing HIV infection.

3. Pregnant women

A commitment to women of reproductive age has been demonstrated during decades of support for family planning, women's rights and empowerment, and efforts to make pregnancy healthier and childbirth safer. UNFPA supports action to help HIV-negative women stay that way, and to help HIV-positive women learn how to care for themselves, protect their partners and prepare for safer childbirth.

- More than 514,000 women die each year from complications of pregnancy and childbirth—one every minute—and 99 per cent of these maternal deaths are in developing countries. Perhaps 15 times as many suffer injury or infection. HIV/AIDS not only brings illness to pregnant women but a terrible burden as well, as mothers fear transmitting the deadly virus to their infants;
- Mother-to-child transmission is the most significant cause of HIV infection among children under age 10;
- By the end of 2000, an estimated 4.3 million children below the age of 15 had died of AIDS since the beginning of the epidemic, 1.4 million were living with HIV/AIDS, and of these about half had been infected during the previous 12 months.

Quality care before childbirth and safer childbirth practices help reduce transmission. UNFPA advocates skilled care at childbirth for all women, regardless of HIV status. Measures to reduce maternal mortality and morbidity also enhance the health of newborns and infants. Measures such as keeping the blood supply safe and the use of anti-retroviral drugs also help reduce the level of transmission. Pregnant women in particular must be able to find out whether they are HIV-positive or not, and to have access to short-term anti-retroviral therapy.

UNFPA works closely with UNICEF to prevent mother-to-child transmission. Currently, 11 pilot projects are underway and regional-level discussions in 2000 targeted several projects for expansion in 2001 with help from UNFPA, UNICEF and other partners in UNAIDS.

In addition to the three priority areas described above, two cross-cutting areas are of particular relevance to HIV prevention: gender issues and emergency situations.

Gender perspectives

HIV/AIDS is driven by attitudes and behaviour related to gender roles, those lessons learned in childhood that make women more vulnerable to infection and men more likely to take unhealthy risks. Paying attention to the impact of gender on how the virus spreads makes prevention activities more effective. A simple example makes the point: counsellors intending to reach young people will find many young men in nightclubs and bars, but they will need to identify other places to reach most young women.

Discrimination places women at risk

For millions of women and girls, their subordinate position in societies can make it diffi-



“Women are often not equal with men as they enter into sexual relations; often they are forced into sex due to violence or the effects of poverty. We must empower women to exercise their right to say NO, and work with men to ensure that they respect women's right to say NO to unsafe sex as well as to abstain from sex.”

— Thoraya A. Obaid, UNFPA Executive Director

cult if not impossible for them to protect themselves from HIV. They often cannot insist on fidelity, demand condom use, or refuse sex to their partner, even when they suspect or know he is already infected himself. And they often lack the economic power to remove themselves from relationships that carry major risks of HIV infection. Fearful of being beaten or thrown out, they are unlikely to ask their partners to wear a condom, or to question them about fidelity.

Women known or thought to be infected may be killed or face eviction from their homes, abandonment by their families, and dismissal from their jobs. Coercion and abuse, including rape, increase the risks, as do widow inheritance (when a man “inherits” his brother’s widow), female genital mutilation and early and forced marriages. Women who are already primary caregivers, perhaps to infected husbands, have no one to take care of them if they fall ill, and are further weakened and ostracized.

- Worldwide, 16.4 million women aged 15 to 49 are living with HIV/AIDS;
- In sub-Saharan Africa, infected women outnumber men by 2 million. Worldwide, although more men are infected overall, the virus is spreading fastest among women;
- Social, cultural, economic and biological factors make women more vulnerable to STDs, including HIV infection, than men;

- Domestic violence, rape and other forms of sexual abuse are not only violations of human rights: they are closely linked to the spread of HIV/AIDS.

The empowerment of women, long a goal of development programmes, takes on new meaning today: women must be free to do all they can to protect themselves, their partners and their children from infection. This will also strengthen their countries, which suffer from the loss of women, who are among the most productive members of society. UNFPA advocates equal rights for women and the empowerment of women through education, income-earning opportunities and access to reproductive health information and services.

- Volunteers distributed contraceptives (including condoms) and information on HIV/AIDS and other STDs to more than 80,000 women of reproductive age in South **Kazakhstan** and **Almaty**. The results were striking: the abortion rate decreased, contraceptive use increased and women gained knowledge about methods of contraception and STDs, including HIV/AIDS. Declines in the rates of maternal and infant mortality in the project area were also reported.
- Government leaders and policy-makers were the target of a project to expand the national HIV/AIDS programme for women in **Cambodia**. As a result of this project, the Ministry of Women’s and

Veterans' Affairs played a key role in drafting a National AIDS Law in 2000. This UNFPA-supported project was carried out through UNAIDS, the Ministry of Women's and Veterans Affairs and Marie Stopes International-Options.

- To help commercial sex workers in **Gambia** negotiate condom use and seek treatment, a UNFPA-supported project in 2000 trained peer educators, sensitized law enforcement and health workers, and distributed condoms. The project also issued medical cards to sex workers, produced educational materials and formulated a national policy on commercial sex work.

Men as partners for change

Men need to be involved in prevention and education—and to actually change their attitudes and behaviour towards sex. Engaging men as partners in fighting AIDS can help change the course of the pandemic. Cultural beliefs and expectations about “manhood” may encourage risky sexual and drug-taking behaviour in men. This puts them—and their partners—at heightened risk.

Involving men in action to prevent HIV infection complements longstanding efforts to improve the sexual and reproductive health of men as well as women. Engaging men and boys as partners who take responsibility for their sexual behaviour and who respect the rights of women and girls will enhance all aspects of sexual and reproductive health, including family planning and the care of children.

- Men in **Uganda** were encouraged to support their partners' access to family planning and antenatal care through a campaign featuring television and radio

programmes, a popular song, traditional media and trained peer educators. The UNFPA-supported project was carried out in 1999-2000 in collaboration with the Ministries of Health, Information, Education, Gender, Labour and Community Development, and Agriculture.

- The Ministry of Defence in **Ukraine** launched an education project in 2000 with support from UNFPA. Training in prevention and counselling was provided to 210 military psychologists, who then reached 20,000 soldiers. Curricula were prepared for military educational institutions, booklets and posters were produced, and condoms were distributed to soldiers and officers.
- Along the **Guatemala-El Salvador** border, hundreds of lorry drivers and sex workers have received counselling, training and informational materials such as magazines, posters and audiocassettes on HIV prevention. The 1991-2001 programme is conducted by UNAIDS and the Integral Health Association with support from UNFPA.

Emergency and conflict situations

In conflicts, natural disasters and other crises, most of the displaced are women and young people. They are also the most vulnerable. Most lack access to the most basic reproductive health care, including contraceptive services or counselling. Their vulnerability to sexual violence puts them at high risk of contracting HIV/AIDS and other sexually transmitted infections. Those who are pregnant—about one woman in five—face a heightened risk of malnourishment and infectious diseases, and are subject to hazardous conditions when giving birth.



- 22 million people are refugees, asylum seekers or internally displaced, as a result of war, famine, persecution or natural disaster.⁷

Situations of conflict, violence and instability increase the risk of HIV/AIDS. In these environments, social norms break down and more risk-taking behaviour prevails. HIV/AIDS not only thrives in situations of emergency and conflict, it contributes to them, a situation recognized by the UN Security Council.⁸ UNFPA is supporting initiatives to protect members of the military, peacekeeping forces and their host populations.

With funding from international donors, UNFPA has supported emergency reproductive health projects in more than 30 countries. The Fund supports prompt and sustained action to:

- Prevent STDs, including HIV/AIDS;
- Make pregnancy and childbirth safer;
- Provide counselling and treatment to victims of sexual violence;
- Prevent unwanted pregnancy;
- Build local capacity to provide comprehensive reproductive health care services;
- Provide emergency reproductive health kits that include, among other things, condoms, items for safe delivery and instructions for health workers on universal safety precautions to avoid HIV infection.

Currently, UNFPA is enhancing its capacity to conduct rapid assessments in emergency situations. Its ongoing advocacy among UN agencies, governments and donors is raising awareness about the need to include reproductive health information and services as part humanitarian response.

- In **El Salvador** in early 2001, nearly a quarter of the population was affected by an earthquake and more than 1.25 million people were displaced. An increase in STDs associated with crisis—tied to sexual violence and a lack of school—raised concern about an increase in HIV/AIDS, although prevalence is low in this country. UNFPA supplied emergency reproductive health kits as part of an immediate response.
- Refugees trained as peer educators in **Zambia** have helped Angolan, Congolese and Rwandese refugees prevent HIV infection. Refugee peer educators received training in peer education, condom distribution and awareness-raising through educational materials. Evaluations cite heightened awareness of HIV/AIDS and its prevention.
- Many victims of Hurricane Mitch in **Honduras** still live in temporary shelters or recently constructed neighbourhoods. To improve their access to reproductive health information and services, UNFPA supported a project that trained local facilitators to visit households and provide condoms along with information about reproductive health.

⁷ United Nations High Commissioner for Refugees (UNHCR).

⁸ The threat of HIV/AIDS to international peace and security was raised in the UN Security Council meeting on 10 January 2000; Resolution 1308 was adopted 17 July 2000 and Resolution 1318 on 7 September 2000.

III

Leadership and partnership

"Encouraging the active participation of all partners in the fight against AIDS has become my personal priority. The epidemic is the greatest public health challenge of our times and we must harness the expertise of all sectors of society."

— Kofi Annan, UN Secretary-General

Funding for intensified action

Funding for reproductive health is not keeping pace with regular needs, let alone the needs created by a pandemic like HIV/AIDS. The pandemic is worse than anyone imagined, yet UNFPA resources are still below 1995 levels.

In 2000, UNFPA core resources increased by approximately 5 per cent, to \$262 million, and the total number of donor countries to UNFPA increased to 102. In addition to core resources, supplementary resources exceeded \$103 million. The dramatic increase in supplementary resources was due primarily to generous contributions by the Government of the Netherlands in support of reproductive health commodity security. At a time of growing demand for UNFPA services, core resources fall far short of the \$310 million projected in the Fund's multi-year funding framework. The precise level of UNFPA financial support for HIV prevention activities is difficult to measure, given the high degree of integration within reproductive health programmes.



Prevention is working

Evidence shows that prevention is working. HIV infection rates are stabilizing or decreasing in places where focused and sustained prevention programmes have brought about significantly safer behaviour. Delayed first sexual intercourse, increased condom use and fewer sexual partners are making a difference—particularly among young people. Young people who are informed and have access to reproductive health counselling and services tend to start their sexual relationships later and are less likely to acquire an STD or have an unwanted pregnancy.


- In **Uganda**, surveillance testing reveals a 40 per cent drop in HIV infection among pregnant women over the past five years. Overall, strong prevention campaigns have brought the rate of infection down from nearly 14 per cent in the early 1990s to 8 per cent today.
- In northern **Tanzania**, active prevention programmes led to a drop of 60 per cent in prevalence rates among young women over a period of six years.
- In **Senegal**, prevention efforts seem to have reduced rates of STDs and stabilized HIV rates at comparatively low levels of less than 2 per cent among sexually active adults.
- In **Thailand**, strong programmes are yielding decreases in HIV prevalence among both pregnant women and young male soldiers. Annual surveys of young men show both substantial reductions in risk behaviour and decreases in HIV infection levels.

Encouraging results have been achieved in countries where leaders have given HIV/AIDS the priority it demands. Overall, however, prevalence rates have reversed in only a few countries and are increasing dangerously in others.

Leadership and partnership

Prevention is extraordinarily complex, linked as it is with societal norms and taboos. This is why, after 30 years in reproductive and sexual health, UNFPA has so much to contribute. A results-based management process has guided UNFPA activities, ensuring that the Fund's support is used effectively and that verifiable progress is achieved. In UNAIDS, this expertise has been combined with that of other UN agencies to coordinate the strategies and mobilize the resources that can slow and stop the spread of HIV/AIDS.

Partnership and cooperation with governments, other agencies and NGOs are helping provide a coordinated response. Yet without increased resources from all possible sources, the world will face an even more devastating situation in the near future. To world leaders, UNFPA Executive Director Thoraya Obaid recently stated: "Your determination, your commitment, your example, your leadership are vital to defeating this greatest scourge of our times. This is a fight we can win, and a fight we must win, for our children, and the countries they will inherit."



A Ugandan father with his daughter. Persuading men to take fewer risks, to assume more responsibility, and to respect the rights of girls and women is one of the ways UNFPA is working to prevent HIV/AIDS.



Chronology of UNFPA and HIV/AIDS

Early 1990s

UNFPA supported the integration of HIV prevention into a wide variety of activities in partnership with governments, NGOs, other international organizations and UN agencies.

1991

The first issue of the annual publication *AIDS Update* reported on UNFPA activities in HIV prevention.

1994

SEPTEMBER—The International Conference on Population and Development, held in Cairo, produced a Programme of Action agreed to by 179 countries. HIV prevention was identified as a priority.

1995

NOVEMBER—Revised guidelines on support for reproductive health were issued to UNFPA field offices to enable them to implement HIV prevention as called for in the ICPD. The guidelines were updated in October 1998.

1996

JANUARY—The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established, with UNFPA as a cosponsor. The Fund has assumed a leading role in strengthening and coordinating UN system support.

1998

MARCH—The UN started the Special Initiative for Africa. UNFPA was designated the lead agency in a “partnership in the implementation of action to prevent HIV/AIDS as part of the population sector.”

1999

JANUARY—The International Partnership Against HIV/AIDS in Africa (IPAA) was established by UNAIDS co-sponsors meeting in Annapolis, Maryland (USA), and later recognized by the UN Secretary-General.

JUNE/JULY—ICPD+5. A Special Session of the UN General Assembly reviewed progress towards the ICPD goals and called for intensified action to prevent HIV/AIDS, especially among young people.

JULY—Sixty advisers from UNFPA Country Technical Services Teams in Africa attended a workshop that prepared them to assist governments in mainstreaming HIV/AIDS interventions in all population and reproductive health programmes.

2000

JANUARY—The UN Security Council debated the threat of HIV/AIDS to peace and security in Africa. In July, a resolution linked HIV/AIDS to conditions of violence and instability and called for prevention among peacekeepers.

MARCH—A meeting was held to plan activities for the Joint Advocacy Initiative Against HIV/AIDS in Sub-Saharan Africa, which was developed by UNFPA and will function as the advocacy arm of the IPAA.

SEPTEMBER—The United Nations Millennium Declaration, a resolution of the UN General Assembly, set a goal to halt and begin to reverse the spread of HIV/AIDS by 2015.

DECEMBER—The Framework for Global Leadership on HIV/AIDS was approved by the UNAIDS Coordinating Board. The Framework guides the development of the United Nations system strategic plan.

2001

APRIL—The African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, organized by the Organization of African Unity, focused on the need for funding and intensified action to fight HIV/AIDS.

MAY—A forum on Meeting the Reproductive Health Challenge addressed the problem of securing contraceptive supplies and condoms for HIV prevention.

JUNE—The UN General Assembly Special Session on HIV/AIDS alerted leaders at the highest political level to the impact of HIV/AIDS and to the need to commit resources to end the pandemic.



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