



HIV Prevention Now

Programme Briefs

No.1 - Overview

The purpose of this Programme Brief series is to provide staff, particularly field staff, with concise and useful information in supporting countries in their response to the HIV/AIDS epidemic. *HIV Prevention Now Programme Brief No.1 – Overview*, is intended to summarize the importance of prevention in combating the HIV/AIDS pandemic and baseline strategies for UNFPA programme response at the country level. Upcoming briefs will focus on substantive areas including prevention of HIV infection in mothers and its transmission to their children, young people, condom programming, gender, emergency situations, population policy, and population based data.

- HIV/AIDS Cluster

Why prevention¹?

The pandemic is rapidly spreading. Every minute, 10 people are infected with HIV. Today, more than 36 million people live with HIV/AIDS. There is no preventive vaccine and treatment is unaffordable or inaccessible for most people who need it. For now, prevention is the best and most feasible approach to reverse and ultimately halt this epidemic, which threatens the very fabric of our being – decimating families, destabilizing communities, and endangering the well being of elderly caretakers and future generations. In economic terms, infrastructures are often stressed beyond capacities and past development gains quickly erode. The magnitude of human suffering and increased burden of care, treatment and support associated with the epidemic makes HIV/AIDS a major challenge facing the global community today.

The urgency to take concrete action is evident. Prevention of HIV must be the mainstay of any response irrespective of the magnitude of the epidemic in a country or community. However it must also be acknowledged that prevention, care and treatment are inextricably linked along a broad continuum — their effectiveness is immeasurably increased when they are used together. Effectiveness is also greatly amplified when there exists an enabling environment based on a foundation of full respect for human rights including equity and gender equality.

The mode of HIV transmission is most often heterosexual (about 75%) and among people of reproductive age. This makes reproductive health a logical context in which to address HIV

¹ For more information on the importance of prevention and UNFPA's involvement in the fight against HIV/AIDS, please refer to: (1) *Preventing Infection, Promoting Reproductive Health, UNFPA's Response to HIV/AIDS*, June 2001; (2) UNFPA Proposed Contribution to the United Nations System Strategic Plan for HIV/AIDS for 2001-2005, Report of the Executive Director, DP/FPA/2001/9, 27 April 2001; (3) UN General Assembly Special Session, Declaration of Commitment on HIV/AIDS, A/S-26/L.2, June 2001; (4) UNAIDS UN General Assembly Special Session Fact Sheets, June 2001 (electronically available on <http://www.unaids.org>).

prevention. Sexual and reproductive health programmes, by providing needed information and services, serve as entry points for addressing the social and behavioural changes that can slow the spread of the HIV infection. Prevention of HIV is a component of prevention and care of sexually transmitted infections (STIs) and an integral part of sexual and reproductive health and rights. Overall country strategies – in which prevention, care and treatment are addressed in a complementary manner — will vary, based on the stage and pattern of the epidemic, the socio-cultural context in which the epidemic operates, and the specific needs of the local situation; however, prevention is always relevant. It is never too early nor too late to begin prevention efforts irrespective of the scale of the epidemic or stage of a person's life cycle.

What have we learned so far?

UNFPA has learned from our own efforts and those of others the most effective ways to promote and integrate HIV prevention in sexual and reproductive health programmes. These lessons learned from collective past experience can help guide our path forward:

- Prevention works, is cost effective and is feasible.
- Strong sustained political commitment is a common thread in all countries with positive experiences.
- While prevention is the mainstay of any response, prevention and care and treatment efforts are most effective when programmed together.
- To fully combat the epidemic the approach must be multisectoral.
- To reach the goals of the ICPD, ICPD+5, UNGASS Declaration of Commitment on HIV/AIDS, and other HIV-related goals and commitments², we must scale up the response.

- Whenever possible, programming and interventions should build upon existing sustainable structures rather than create new ones.
- Involvement of relevant stakeholders, especially recipients, is imperative at all stages of interventions: from planning and decision-making to implementation and evaluation.
- The earlier prevention efforts are started the more effective they are in quelling the spread of HIV.
- And lastly, stigma, discrimination, and denial coupled with sensitivities in addressing with sexual and reproductive health issues impede the response to the epidemic including prevention efforts.

What should be our guiding principles?

Promote the full realization of human rights, gender equality and the involvement of people living with HIV/AIDS. Respect for all human rights including the rights to non-discrimination, equality and participation in particular, can provide a solid foundation for all HIV/AIDS related activities and programmes.

Ensure national ownership and leadership. The best responses are country driven and adapted to fit the epidemiological, cultural, and demographic context in which they are implemented. To be successful, leadership at all levels must be inclusive and proactive, allocate adequate resources, be innovative and take risks to expand implementation, overcome obstacles, and empower others to take effective action against the epidemic.

Build national capacity. The ultimate aim should be to build sustainable national capacity across a broad spectrum of institutions (e.g. governmental, non-governmental, civil society, private sector) to respond to the epidemic especially in the area of

² The Copenhagen Programme of Action, the Beijing Platform for Action, the outcome documents of the 21st, 23rd and 24th special sessions of the United Nations General Assembly, the United Nations Millennium Declaration, the Commission on the Status of Women's Agreed conclusion on women and health, its resolution 44/2, Security Council Resolution 1308 (2000).

prevention. Collective action should be catalytic, complementary and synergistic; reflect findings from common country programme processes (e.g., CPA, CCA, UNDAF, CDF, PSRP, SWAps); and be incorporated into the National Strategic Plan including monitoring and evaluation.

Promote a multisectoral perspective. The approach, including for prevention, should be multisectoral, involving the widest possible range within government, and civil society including the private sector.

Support broad-based social mobilization. The creation of a broad-based social “movement” to fight the epidemic is an important building block towards success. Solidarity among people living with HIV/AIDS, those who care for them, communities, key national institutions, government authorities and the partners providing financial or technical support is essential for effective and sustainable prevention efforts.

Encourage a massive scaling-up of efforts. Successful small scale and pilot prevention interventions are not sufficient to defeat the epidemic. A more comprehensive and expanded programme approach based upon their lessons learned is urgently needed to respond on a scale commensurate with the challenge of the epidemic.

What can UNFPA do³?

Utilize its comparative advantages. UNFPA recognises that the fight against HIV/AIDS is a complex process and that the Fund’s added value to the global effort is to concentrate its energy and resources into areas where it has a comparative advantage. UNFPA’s comparative advantages lie in its experience addressing sensitive issues, negotiating with governments to guarantee access to quality sexual and reproductive health services and commodities, its strong network of partners, strong country presence, use of reproductive health as an entry point for HIV prevention, and its

experience in dealing with another multi-sectoral issue, population.

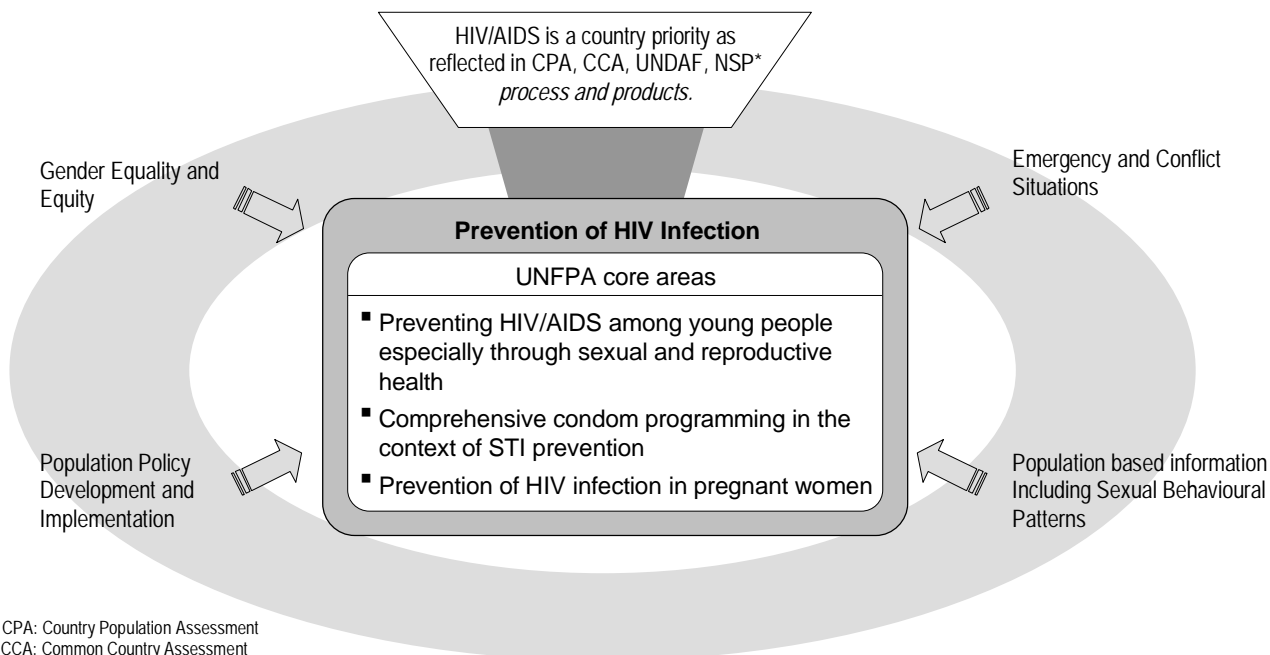
Focus. While UNFPA should use all opportunities to support HIV prevention in its programmes, the Fund’s strategic niche is to concentrate support in three core areas: **(1) sexual and reproductive health aimed at safer sexual behaviours among young people; (2) comprehensive condom programming in the context of STI prevention to improve access to and use of condoms (male and female); and (3) prevention of infection among pregnant women and work with other partners to prevent its transmission to their children and HIV negative partners.** These areas are what all UNFPA country offices should concentrate on as a matter of priority in dealing with HIV/AIDS. At the same time, other cross-cutting factors must be considered to create an enabling environment: gender equality and equity issues including the empowerment of women and promotion of male responsibility; HIV prevention within emergency and conflict situations; availability of country specific population-based survey data on sexual behaviour patterns that influence the STI/HIV transmission; and policy development and implementation especially in support of HIV prevention.

Safer sexual behaviour is the overall aim of our actions. How do we achieve this? Through utilizing an interconnected approach that links awareness and acknowledgement of the epidemic (especially for leaders), training and comprehensive prevention packages immersed in various strategies including advocacy, IEC for behaviour change, community mobilization, knowledge sharing, life skills education and outreach programmes, and national capacity building over a broad range of sectors. Key elements of programming for HIV prevention include:

Leadership acknowledgment. Coming to terms with the reality of HIV/AIDS means being aware that it is a serious threat, that it is multisectoral in nature, that it has a reciprocal relationship with

³ A more detailed UNFPA strategy document will be available by the end of 2001.

Framework: Strategic Programming for HIV Prevention*



* CPA: Country Population Assessment
 CCA: Common Country Assessment
 UNDAF: United Nations Development Assistance Framework
 NSP: National Strategic Plan on HIV/AIDS

poverty, and that girls and women have a greater vulnerability for HIV infection. UNFPA must work to help national leaders and other stakeholders understand the social and demographic impact of the epidemic and its sexual behaviour dynamics to lead to more appropriate programme and policy development. Avenues include support for multi-sectoral policy dialogues and for integration of HIV/AIDS issues into population policy development.

Comprehensive prevention package.

Programming should cover a wide range taking into account issues related to demand, supply, access, providers and recipients needs, capacities and the like. The prevention package must include elements of information, psychosocial support, and other products and services delivered through education and outreach programmes, counseling (including confidential voluntary counseling and

testing) and other sexual and reproductive health services, referral to treatment services when possible, and provision of commodities including male and female condoms and HIV test kits. Prevention interventions should be in context of the need for individuals to adopt safer sexual behavior and should cover a broad range from abstinence, delaying the age of sexual activity, and protection through condom use (male and female). This may often require innovative and non-traditional approaches for difficult-to-reach populations.

Women generally, and young women in particular, are more vulnerable to HIV infection due to social and biological reasons. Special attention is needed to protect them and address their special needs through appropriate policies, legislation and programming. Maternal health programmes must also be re-aligned to incorporate HIV prevention

and care concerns of pregnant women with the realization that most pregnant women in all countries are HIV negative and must remain so.

Youth friendly programmes and services must be made available to young people who currently constitute more than 50% of all new infections. Evidence shows that young people are empowered to make responsible sexual and reproductive health choices when provided with information and life skills, and have access to counselling and services and are more likely to delay their sexual activity, and are less likely to fall victim to HIV infection or unwanted pregnancy.

Trained programme managers and service providers. Building national capacities includes training programmers and service providers from a broad spectrum of sectors including health and education. The key is to strengthen capacities to plan, implement, manage and evaluate programmes related to halting the epidemic. Building national capacities in collection and analysis of population-based data for use in policy and programming development and decision-making is also important. To this end, UNFPA will also strive to strengthen the knowledge and capacities of its own staff to support country HIV/AIDS programme and policy development.

Strategic partnerships. As with ICPD and ICPD+5, the UNGASS Declaration of Commitment on HIV/AIDS goals and targets must be translated into time-bound, measurable national goals and targets with specific indicators to monitor progress. To reach these collective goals it is essential to work together with others both inside and outside the UN system and at all levels. Strategic partnerships have the potential to strengthen and magnify any given response, provide a mechanism for gathering and sharing information and knowledge, provide technical guidance, and instill a feeling of 'ownership' that is essential for sustainability of any given intervention or programme. Where political commitment exists, UNFPA must capitalize on partnerships that compliment the role of government and civil societies. Utilizing the Theme Group mechanism is one way in which appropriate partnerships can be identified and developed. Involvement of people living with HIV/AIDS as full partners at all stages of planning, development, and implementation is also important to ensure needs are being met and sensitivities addressed.

Success in these endeavors requires strong staff capacities especially in the field. UNFPA is committed to providing the needed training and information to its field staff to effectively support the nation's response to HIV/AIDS.

Comments or questions on Programme Briefs should be addressed to Dr. Suman Mehta, HIV/AIDS Coordinator, Technical Support Division, UNFPA or sent by email to hiv@unfpa.org

Quick Facts on HIV/AIDS

HIV/AIDS does not discriminate, everyone is at risk regardless of age race, class, income or religion.

Poverty, discrimination and stigma feed the pandemic. To stop the pandemic, the response must be multi-sectoral, culturally sensitive, adequately funded and use human rights- including gender equity -as a foundation.

What makes us vulnerable to infection? Biological and cultural factors (e.g. girls and women). Situations (e.g., displaced persons, refugees, poverty stricken, mobile and transient populations such as truck drivers, migrant workers, miners, uniformed services, and prison populations). Risky behaviour (e.g., anyone not practicing safer sexual behaviour -ranging from abstinence, delayed sexual activity and condom use, commercial sex workers and their clients, men who have sex with men and intravenous drug users).

How many are infected? By the end of 2000, global estimates (children and adults) included:

- 36.1 million people infected including 1.4 million children (those under 15 years).
- In the year 2000 alone, there were 5.3 million new infections. Everyday HIV infects over 1700 children and 13,000 others between the ages of 15-49 (47% of whom are women).
- Over 50% of new infections are in young people between the ages of 15-24 years. And, more than 95% of those infected are in developing countries.

Regional HIV/AIDS statistics and features, end of 2000

Region	Epidemic started	Adults & children living with HIV/AIDS	Adults & children newly infected with HIV	Adults prevalence rate (*)	% of HIV positive adults who are women	Main mode(s) of transmission(#) for adults 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 '80's	400 000	80 000	0.2%	40%	Hetero, IDU
South & South-East Asia	late '80s	5.8 million	780 000	0.56%	35%	Hetero, IDU
East Asia & Pacific	late '80s	640 000	130 000	0.06%	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

Over the past 20 years, an estimated 21.8 million people have died from HIV/AIDS. In the year 2000 alone, the figure was 4.3 million including 500,000 children (under 15 years old). The end of 1999 saw 13.2 million children orphaned by HIV/AIDS.

Africa is worst hit continent. Adult prevalence rates rise as high as 20% in Namibia and Zambia, 24% in Lesotho, 25% in Swaziland and Zimbabwe, and almost 36% in Botswana. India ranks second in the total number of people living with HIV/AIDS (3.7 million) behind South Africa (4.2 million). Some sub-regions in the Caribbean, Eastern Europe and Central Asia are showing dramatic increases in infection rates. In the Russian Federation, there were more infections registered in 2000 than in all previous years combined. Ignorance still abounds: in a recent survey in 17 countries on three continents showed that more than half the adolescent questioned could not name a single method of protecting themselves against HIV/AIDS.

In responding to the epidemic, prevention, care and treatment are linked along a broad continuum in which one element reinforces the other. Prevention is a long-term response – campaigns can be complex to implement and results take time to appear. However, **prevention is the mainstay of any response**, from ensuring a safe blood supply, empowering young people with life skills to make responsible decisions, to 100% condom use prevention efforts are always relevant. The time to act is now.

¹ UNAIDS and WHO (2000) AIDS epidemic update: December 2000, Geneva 2000