



# Roundup



United Nations Non-Governmental Liaison Service (NGLS)  
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## HIV/AIDS: Developing New Fronts Against an Extraordinary Crisis

"AIDS is an extraordinary kind of crisis; it is both an emergency and a long-term development issue. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response. No region of the world has been spared. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission," begins the *2004 Report on the Global AIDS Epidemic*, produced by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

More than 20 years and 20 million deaths since the first AIDS diagnosis in 1981, globally an estimated 39.4 million people are living with HIV or AIDS. In 2004 alone, 3.1 million people died and another 4.9 million were newly infected with HIV. Each day there are 14,000 new infections, more than 40% of which are among young people 15-24 years of age and 2,000 among children under age 15. Only 7% of the 5-6 million people who need HIV treatment in low- and middle-income countries had access to it by the end of 2003.

### AN EXPANDED RESPONSE TO HIV/AIDS

UNAIDS comprises ten cosponsoring agencies—the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), the World Health Organization (WHO), the World Bank, and most recently the United Nations High Commissioner for Refugees (UNHCR)—as the leading advocate for worldwide action against AIDS.

UNAIDS promotes partnerships among and between a broad range of actors—including other UN agencies, governments, corporations, media, sports and religious organizations, community-based groups, regional and country networks of people living with HIV/AIDS, and civil society representatives—to mobilize an enhanced response to AIDS.

### UNAIDS AT COUNTRY LEVEL PROGRESS REPORT

An independent evaluation of UNAIDS and its first five years was undertaken and presented to the UNAIDS Programme Coordinating Board (PCB) in December 2002. It found that where UNAIDS had invested resources in countries, national responses were more quickly mobilized, the UN as a whole

worked more effectively to address AIDS, and a greater number of partners were supported and engaged. It also found, however, that the quantity and quality of UNAIDS support to countries as they implement national responses to AIDS was inconsistent. To address this need, UNAIDS's Country and Regional Support Department worked throughout 2003 on the design and preparation of a plan to expand UNAIDS's capacity at country level, including strengthening monitoring and evaluation capacity; resource mobilization and tracking; and social mobilization and partnership-building.

In collaboration with UN Theme Groups on HIV/AIDS, the Department designed a plan to meet the increased demands for assistance from UNAIDS at country level. In September 2004, the *UNAIDS at Country Level Progress Report* was released, summarizing achievements made in 2003 and outlining directions for the future. The report includes six regional summaries that provide an overview of UNAIDS's regional and country-level work, and concludes with a collection of two-page country situation and progress summaries from 70 of the 134 countries with UN Theme Groups.

### XV INTERNATIONAL AIDS CONFERENCE

An estimated 20,000 delegates from over 160 countries attended the XV International AIDS Conference held in Bangkok (Thailand) from 11-16 July under the theme of "Access for All." The conference—which brought together scientists, political leaders, youth, communities, NGOs, people living with HIV, religious, intellectual and private sector leaders—focused on improved access to HIV-related prevention, treatment and resources, particularly among women and youth.

Speaking at the opening ceremony of the conference, UN Secretary-General Kofi Annan said, "[O]ver the past few years, we have seen a terrifying pattern emerge: all over the world, women are increasingly bearing the brunt of the epidemic." Empowering women and girls must be a top priority if the fight against HIV and AIDS is to be won, he stressed, calling for girls' education, job opportunities and land and inheritance rights for women and girls, as well as full access to practical means to protect themselves against the virus.

In an interview with the BBC, Mr. Annan said that AIDS is as big a global threat as terrorism, and called for the United States to lead the fight against the disease. "We hear a lot about weapons of mass destruction. We hear a lot about terrorism, and we are worried about weapons of mass destruction because of their potential to kill thousands of people," he said. "Here we have an epidemic that is killing millions. What is the response?"

During the conference, participants underscored the urgent need for increased resources and the importance of accountability in the global fight against AIDS. They called for concrete commitments by leaders in all sectors, from policymakers and public officials to business executives and the entertainment industry.

### ***The Treatment Challenge***

Community leaders, people living with HIV, and scientific experts called for a dramatic scale up in access to HIV treatment in the developing world. While acknowledging the current debate on the use of generic versus branded drugs, participants argued that such controversies must not be used as an excuse. "Further delay in access to HIV treatment is measured in lives," Joep Lange, co-chair of the conference and President of the International AIDS Society, said. "While the task of scaling up access to treatment is formidable, it is within our reach if political leaders have the will to do so."

Diane Havlir (AIDS Research Institute at the University of California, San Francisco) discussed the importance of treating HIV in the context of other major diseases. "The biggest challenge of the HIV epidemic is that it is super-imposed on pre-existing epidemics of TB, malaria and sexually-transmitted diseases, all fuelled by inadequate health care infrastructure," she stressed. Nelson Mandela, in an unscheduled appearance on 15 July, also spoke about the need to fight tuberculosis in the context of the AIDS epidemic. "We are all here because of our commitment to fighting AIDS. But we cannot win the battle against AIDS if we do not also fight TB. TB is too often a death sentence for people with AIDS," Mr. Mandela stressed.

The high cost of antiretroviral treatment was identified by many as a barrier to scaling up treatment. Although negotiations and activism have contributed greatly to the reduced cost of therapy over the past few years, the cost of treatment still remains high for many in need of care. Other critical barriers to scaling up treatment in the developing world include a limited pool of trained providers—including doctors, nurses, pharmacists, lab technicians and community health workers—and weak health systems in many areas.

### ***Access For Young People***

Highlighting the high infection rate among young people aged 15-24, speakers identified two specific obstacles for this age group: lack of access to HIV prevention information and health services, and the failure to promote educational messages in a manner that engages young people's interest.

UNFPA Executive Director Thoraya Ahmed Obaid articulated the case for a concerted effort to ensure that young people are involved in the fight against AIDS. "Like most of you, I have heard that young people are the future. I have news for you: Young people are the present and we must support their leadership today." Ms. Obaid indicated how field experience has shown that young people are more likely to delay sexual activity and protect themselves when they have the information and skills to make informed decisions. She called on all parties to provide youth-friendly services which young people have participated in designing and implementing.

Raoul Fransen (Young Positives Foundation in the Netherlands) called for the inclusion of youth in the fight against AIDS. "We are not asking for understanding; we want to participate," he said. "Involvement must not be restricted to conferences and meetings."

### ***Stigma and Discrimination***

On the last day of the conference, experts warned of the dangers of HIV-related stigma and discrimination, arguing that such factors discourage people from coming forward to learn their

HIV status and from taking precautions to protect others from possible infection. Stigma and discrimination also lead to the violation of human rights of people living with HIV, and to insufficient care or inadequate programmes to serve them. Several speakers addressed how legal and policy frameworks can either reinforce or help reduce HIV-related discrimination and stigma. Irene Khan, Secretary-General of Amnesty International, said, "The fight against AIDS, if it is successful, must be a fight for the rights and interests of the world's most marginalized people. Whilst accessible, appropriate and quality prevention, treatment and care services are vital, without a legal framework that establishes equality, we risk entrenching the very inequalities that are driving the epidemic and worsening its impact."

### ***Prevention Efforts***

In his closing speech, UNAIDS Executive Director Peter Piot said that prevention efforts must be boosted "with the passion and urgency" that is being brought to treatment. Without a greatly expanded prevention effort, treatment is simply not sustainable, he warned. Dr. Piot stressed that ownership, capacity building and prevention were three essential elements necessary to effectively fight AIDS. He also said that now was the time "to move from tactics to strategies, to combine long term investments with crisis management of today." Speaking on increasing resources for AIDS, he suggested that an obvious resource would be to convert the public debt of developing countries into AIDS action. "Africa's crippling debt must be relieved—the US\$15 billion dollars annually that disappears down the money pit. That is four times more than is spent on health and education—the building blocks of the AIDS response."

He stressed that the world must finally accept the exceptionalism of AIDS: "There simply is no precedent in history for this crisis. And please let's not have an illusion that in a few years the world will return to what was before AIDS! ... AIDS has rewritten the rules. To prevail, we, too, must rewrite the rules. An exceptional threat demands exceptional actions, be it on financing, development, trade rules, activist strategies, public service delivery, or fiscal ceilings," he warned.

## **UNAIDS REPORT ON THE GLOBAL AIDS EPIDEMIC**

Released in June 2004, the UNAIDS 2004 *Report on the Global AIDS Epidemic* finds that although funding has greatly increased, it is still only half of what is needed and is not always effectively utilized. Furthermore, "Many national leaders remain in denial about the impact of AIDS on their people and societies." Although global spending on AIDS increased 15-fold from US\$300 million in 1996 to an estimated US\$6.1 billion in 2004, it is less than half of what will be needed by 2005 in developing countries. According to newly revised costing estimates, some US\$12 billion (up from US\$10 billion) will be needed by 2005 and US\$20 billion by 2007 for prevention and care in low- and middle-income countries.

The estimated US\$20 billion would provide antiretroviral therapy to just over six million people (over four million in sub-Saharan Africa), support for 22 million orphans, HIV voluntary counselling and testing for 100 million adults, school-based AIDS education for 900 million students and peer counselling services for 60 million young people not in school. About 43% of these resources will be needed in sub-Saharan Africa, 28% in Asia, 17% in Latin American and the Caribbean, 9% in Eastern Europe, and 1% in North Africa and the Near East.

## **WOMEN AND AIDS**

Worldwide, women represent an increasing proportion of adults living with HIV, up from 41% in 1997 to just under

half in 2004. This trend is even more pronounced in sub-Saharan Africa, where women account for close to 60% of people living with HIV. According to UNAIDS, the HIV prevention strategies currently available are failing to stem the tide of new HIV infections among women and girls in countries hardest hit by AIDS.

Women and girls face a range of HIV-related risk factors and vulnerabilities that men and boys do not—many of which are embedded in the social relations and economic realities of their societies. They are facing infection which they often cannot prevent as they are unable to negotiate safer sex due to imbalances of power, the lack of female-controlled HIV prevention methods such as microbicides, inadequate knowledge of HIV/AIDS, and the lack of access to sexual health and educational services. Marginalized sections of populations, including minorities, immigrants and refugees, are often at higher risk.

AIDS underscores and exacerbates the unequal divisions of labour and responsibility within households as women and girls generally provide the bulk of home-based care and are more likely to take in orphans, cultivate crops and seek other forms of income to sustain households. Poverty and faltering public services in many areas are combining with AIDS to turn the care burden for women into a crisis that has far-reaching social, health and economic consequences. Entire families are affected when women are diverted from other productive tasks, and households often dissolve when an adult female dies. Much of the burden generated by the death of an adult woman then tends to shift onto other, usually older, women who step in to foster the children.

#### ***Women and HIV/AIDS: Confronting the Crisis***

Action against AIDS that does not confront gender inequality is doomed to failure, according to a report by UNAIDS, UNIFEM and UNFPA released in Bangkok. *Women and HIV/AIDS: Confronting the Crisis* finds that without AIDS strategies that specifically focus on women, there can be no global progress in fighting the disease. Despite the odds stacked against them, many women are battling to change AIDS policies and strategies, calling for funding to be directed to meeting women's needs and circumstances.

"Promoting concrete actions that address the reality of women's lives and help decrease their vulnerability to HIV is the only way forward," said Kathleen Cravero, Deputy Executive Director of UNAIDS. "We must reduce violence against women, ensure greater access to HIV prevention and treatment services and protect their property rights."

"The ABC approach—Abstain, Be faithful, use Condoms—is not a sufficient means of prevention for women and adolescent girls," said Ms. Obaid. "Abstinence is meaningless to women who are coerced into sex. Faithfulness offers little protection to wives whose husbands have several partners or were infected before marriage. And condoms require the cooperation of men. The social and economic empowerment of women is key."

"Gender inequality has turned a devastating disease—AIDS—into an economic and social crisis," said Noeleen Heyzer, UNIFEM Executive Director. "The crisis requires the infusion of serious resources into programmes and policies that promote gender equality and women's empowerment. Women are not just victims, they are agents of change. Infected and affected women's voices must be heard and their leadership invested in."

#### ***Global Coalition on Women and AIDS***

Launched by UNAIDS in early 2004, the Global Coalition on

Women and AIDS seeks to highlight the effects of AIDS on women and girls and to stimulate effective action to reduce that impact. The Global Coalition is not a new organization but a movement of people, networks and organizations supported by activists, leaders, government representatives, community workers and celebrities. Its efforts focus on preventing new HIV infections among women and girls, promoting equal access to HIV care and treatment, accelerating microbicides research, protecting women's property and inheritance rights and reducing violence against women.

"All too often, HIV prevention is failing women and girls," said Dr. Piot, speaking at the launch of the Global Coalition. "Because of their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness and use of condoms. It is precisely to address these inequalities and reduce women's vulnerability to HIV that the Global Coalition on Women and AIDS has been created."

#### ***2004 World AIDS Campaign***

Around half of all people living with HIV in the world are female, and this year's World AIDS Campaign—with the slogan 'Have you heard me today?'—explores how gender inequality fuels the AIDS epidemic. The Campaign was conceived to help accelerate the global response to HIV and AIDS by encouraging people to address female vulnerability, while also raising awareness about the many issues affecting women and girls.

The UNAIDS Campaign website ([www.unaids.org/wac2004/index\\_en.htm](http://www.unaids.org/wac2004/index_en.htm)) contains briefing and background papers, documents, publications, training materials, manuals, toolkits, videos, films and other communication materials. It also provides UN documents relating to gender and HIV/AIDS, a page dedicated to counselling hotlines and testing centres by country for youth around the world, and links to Campaign partners. Four Campaign posters have been created and are available, each carrying a message about the challenges of gender inequality in the face of HIV and AIDS. The Campaign culminated on World AIDS Day—1 December 2004.

As of 2005, the World AIDS Campaign will operate under a governance system led by civil society. Already, an NGO has been created in Amsterdam to support expanded campaign activity including fostering campaigns at the national level that can be more responsive and relevant to local cultures and needs ([www.worldaidscampaign.org](http://www.worldaidscampaign.org)). Next year's theme will be "Stop AIDS. Keep the promise" to tie in with fulfilling the targets outlined in the Declaration of Commitment on HIV/AIDS (see *NGLS Roundup 76*).

#### ***CHILDREN ON THE BRINK 2004***

A biennial report released by UNAIDS, UNICEF and the US Agency for International Aid (USAID) finds that by 2010, about 50 million children in sub-Saharan Africa will be orphans, more than a third of them having lost one or both parents to AIDS. According to *Children on the Brink 2004: A joint report of new orphan estimates and a framework for action*, the number of AIDS orphans worldwide has increased from 11.5 million to 15 million, most of them in Africa. In Asia, Latin America and the Caribbean, the number of orphans has decreased by about one-tenth since 1990.

"Parts of sub-Saharan Africa are undergoing a tidal wave of orphaning, in varying degrees due to AIDS," UNICEF Executive Director Carol Bellamy said. "The report clearly spells out what's best for children—keeping their parents alive and healthy, ensuring that they get good educations, and strengthening the laws, policies and norms that protect children from exploitation and abuse."



Although HIV prevalence in Asia is low, in terms of sheer numbers there are more orphans there than in Africa. In 2003, there were 87.6 million orphans in Asia, twice that of sub-Saharan Africa's 43.4 million, and while the proportion of children orphaned by AIDS in Asia is likely to remain small, the report warns that even a slight increase of prevalence in heavily populated countries such as China and India could drastically increase the number of these children.

With family being the most important factor in protecting orphans, the report calls for the development and expansion of family-based and community-based care for children living outside of family care.

#### AIDS EPIDEMIC UPDATE 2004

A UNAIDS and WHO report released on 23 November, entitled *AIDS Epidemic Update: December 2004*, finds that the total number of people living with HIV rose in 2004 to reach its highest level ever: an estimated 39.4 million people are living with the virus. This figure includes the 4.9 million people who acquired HIV in 2004. The global AIDS epidemic killed 3.1 million people in the past year, including 2.6 million adults and 510,000 children under 15 years of age.

The report finds that the number of people living with HIV has been rising in every region, compared with two years ago, with the steepest increases occurring in East Asia, and in Eastern Europe and Central Asia. The number of people living with HIV in East Asia rose by almost 50% between 2002-2004, an increase that is attributable largely to China's swiftly growing epidemic. In Eastern Europe and Central Asia, there were 40% more people living with HIV in 2004 than in 2002. Accounting for much of that trend is Ukraine's resurgent epidemic and the ever-growing number of people living with HIV in the Russian Federation.

Sub-Saharan Africa remains by far the worst affected region, with 25.4 million people living with HIV at the end of 2004, compared to 24.4 million in 2002. Just under two-thirds (64%) of all people living with HIV are in sub-Saharan Africa, as are more than three quarters (76%) of all women living with HIV.

HIV prevalence in the Caribbean is the second highest in the world, exceeding 2% in five countries, and AIDS has become the leading cause of death among adults aged 15-44 years in this region.

#### "3 BY 5" CAMPAIGN

A WHO and UNAIDS global initiative to provide antiretroviral therapy to 3 million people with HIV in developing countries by the end of 2005 was launched in December 2003. A progress report on action undertaken from December 2003-June 2004 finds that as of 30 June 2004, 440,000 people living with HIV were receiving antiretroviral therapy in developing and transitional countries. This is 60,000 less than the target for the initial six months of the "3 by 5" Initiative. Although WHO and UNAIDS say this is lower than expected, the absolute increase of 40,000 people in a few months does indicate that country and international efforts to scale up HIV treatment are resulting in progress. National and international efforts related to "3 by 5" have advanced national planning for antiretroviral

therapy, reduced drug prices and increased political will. Following intense work over the past six months, many of the building blocks are now in place to facilitate a rapid increase in the number of people on treatment over the next 18 months, the report finds. It is available online ([www.who.int/3by5/en/Progressreport.pdf](http://www.who.int/3by5/en/Progressreport.pdf)).

#### ILO REPORTS ON HIV/AIDS AND WORK

An estimated 36.5 million people of working age have HIV and by next year the global labour force will have lost as many as 28 million workers due to AIDS since the start of the epidemic, according to a report by the International Labour Organization (ILO). Furthermore, *HIV/AIDS and work: global estimates, impact and response - 2004* estimates that in the absence of increased access to treatment, the number of workers lost due to HIV/AIDS will have increased to 48 million by 2010 and 74 million by 2015, making HIV/AIDS one of the biggest causes of mortality in the world of work.

The analysis of 50 countries in sub-Saharan Africa, Asia, Latin America and the Caribbean, and two developed regions suggests that HIV/AIDS is expected to have a severe impact on the rate of growth in gross domestic product (GDP) and of GDP per capita by destroying the "human capital" built up over years and weakening the capacity of workers and employers to produce goods and services for economies.

"HIV/AIDS is not only a human crisis, it is a threat to sustainable global, social and economic development," ILO Director-General Juan Somavía said. "The loss of life and the debilitating effects of the illness will lead not only to a reduced capacity to sustain production and employment, reduce poverty and promote development, but will be a burden borne by all societies—rich and poor alike."

"The challenge for national policy is to address human capital issues, and develop means to sustain the supply and quality of public goods and services," the report says. "Furthermore, to reach a critical mass of response to the epidemic, a supportive and enabling policy environment needs to be fostered, with specific focus on the legal framework, sustaining educational and employment capacity, integration as a goal of development strategies, and reduction of poverty."

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