

PREVENTING HIV , PROMOTING REPR ODUCTIVE HEALTH

Strate gic Guidance on HIV Pr evention



UNFPA
United Nations
Population Fund

Foreword



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HIV/AIDS is one of the greatest challenges facing the world today in terms of health, development, and human security. The response required to meet this challenge is both complex and broad based. The needs are great and resources are limited. As individuals, as institutions, as communities and as nations we have a responsibility to act to prevent new infections and to provide care and treatment for those living with HIV/AIDS if we are to stop the pandemic and diminish its impact.

At UNFPA we must recognize our role at all levels: global, regional and country – including as part of the United Nations Joint Programme on HIV/AIDS (UNAIDS) and as part of UN Country teams – and the need to work in concert to be effective. To do so we must build upon our strengths and focus our efforts. We must form strategic partnerships not only within the UN system and with governments but also with civil society. We must not lose sight that our mandate is HIV prevention as part of STI prevention and treatment. Our entry point is sexual and reproductive health and rights. Our foundation is our experience in addressing sensitive issues and those that have a multi-sectoral dimension. Most importantly, our mechanism to make significant contributions is through you, the highly committed and qualified staff of UNFPA.

This document – Strategic Guidance on HIV Prevention – is a result of a collective and comprehensive exercise within the Fund to identify how we can best impact the pandemic as an organization. It calls upon the Fund to focus its HIV prevention efforts in three core areas – prevention in young people, comprehensive condom programming, and prevention in pregnant women – together with promoting an environment of gender equality and equity, cultural sensitivity, and partnership. The document is intended for use as a tool to guide our planning and action in relation to the pandemic, especially at the country level, taking in to account the status of the epidemic, priorities and support being provided by other agencies and partners. I have every confidence in your resolve and abilities to take action and to make a difference – remembering that every infection prevented is a step towards halting the epidemic.

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1. Purpose of the Guidance Note

With approximately 5 million new infections having occurred in 2001, the HIV/AIDS pandemic is rapidly spreading and threatens all countries and regions. More than 40 million people are living with HIV/AIDS.¹ The magnitude of human suffering and the increased burden of care and support associated with the pandemic make HIV/AIDS a major challenge facing the global community today.

Purpose of the Guidance Note

UNFPA has worked in the field of population and development for more than three decades and has addressed the issue of HIV/AIDS for the last decade. However, no organization by itself has the capacity or the resources needed to address and halt the pandemic. An effective response requires careful collaboration and coordination among organizations, with each bringing to the partnership a distinct set of capabilities, strengths and comparative advantages. As one of the eight cosponsors of UNAIDS (the other cosponsors being UNICEF, UNDP, UNDCP, UNESCO, ILO, WHO and World Bank), UNFPA chairs Theme Groups in many countries and supports HIV-prevention interventions in almost all of its country programmes. To maximize its response and to strengthen coordinated activities with other partners, it is critical for staff at every level to have a common understanding of the Fund's policies and strategic priorities. The aim of this document is to provide such guidance to staff, delineating the niche in which UNFPA as an organization has a definite comparative advantage in addressing the HIV/AIDS epidemic, especially at the country level.

Scope of the Pandemic

The HIV/AIDS pandemic consists of multiple, concurrent epidemics. Globally, the number of women is rapidly reaching the number of men infected, and in certain countries in sub-Saharan Africa, young women are now two to six times more likely than young men to be infected with HIV. Of the global total of 37.2 million adults living with HIV/AIDS in 2001, 17.6 million (or 47 per cent of adults) were women. Young people between the ages of 15 and 24 constituted about one third of those living with HIV/AIDS in 2001 and made up more than half of all persons with newly acquired HIV infections.

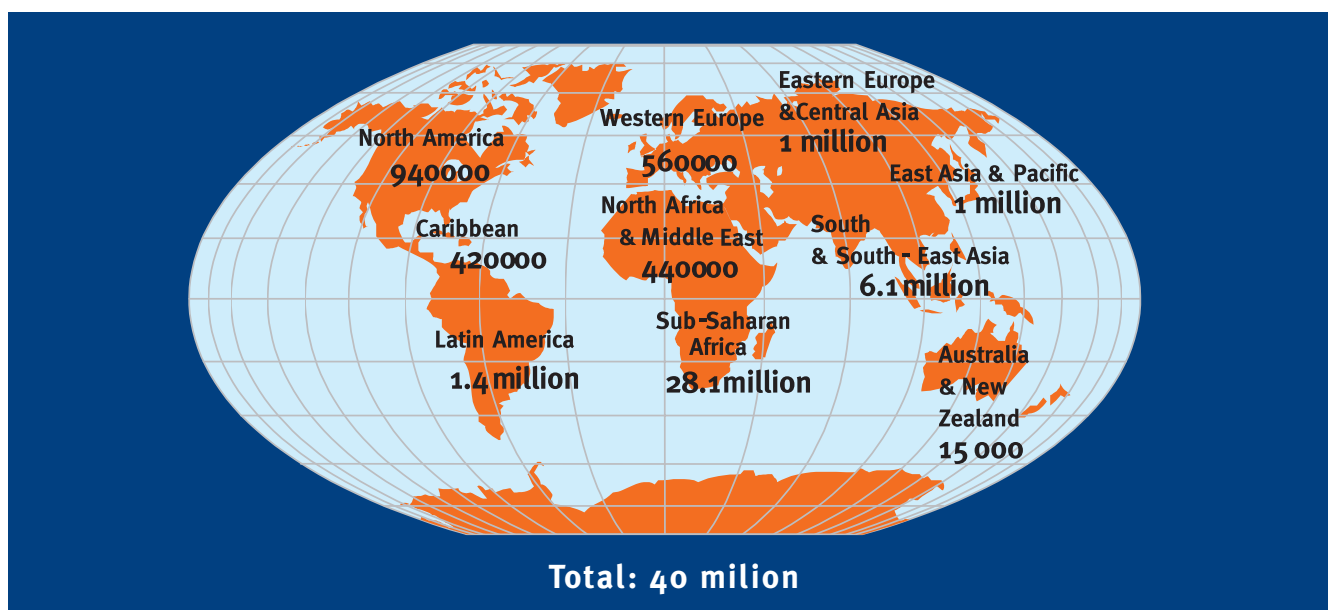
From a geographic standpoint, many countries and communities with relatively low prevalence rates until recently are now experiencing faster growth of the pandemic. The apparently low national prevalence rates are dangerously deceptive; as such rates often mask the fact that at sub-national levels and among specific population groups the rates are high.

- **Sub-Saharan Africa**, the region with the highest infection rates, shows signs that HIV incidence may be stabilizing in a few countries. In others, infection rates are still escalating. About 28.1 million Africans were living with the virus in 2001, with an estimated 3.4 million new HIV infections. It is estimated that 2.3 million Africans died of AIDS in 2001. In parts of southern Africa, the HIV prevalence rates have increased by 50 per cent over the two-year period 1999-2000. In several parts of southern Africa, prevalence rates among pregnant women exceeded 30 per cent. In West Africa, national adult HIV prevalence exceeded 5 per cent in at least five countries in 2001.

¹ Unless otherwise indicated, all statistics in this section are from UNAIDS and WHO, AIDS Epidemic Update: December 2001 (Geneva, 2001).

- **Asia and the Pacific**, by virtue of the sheer size of the region's population, has the potential to influence the course and overall impact of the HIV/AIDS pandemic significantly. The countries in this region fall into the moderate and low prevalence categories but with prevalence diversities and increases that need to be acknowledged. The spread of HIV has recently been faster in this region than in others, with the epidemic claiming the lives of 435,000 people in the region in 2001. An estimated 7.1 million people were living with HIV or AIDS in the region in 2001. In India alone, with a national prevalence rate of 0.7 per cent, 3.9 million people were living with HIV/AIDS by the end of 2000.
- In **Eastern Europe and Central Asia**, drug injection fuels the epidemic as it did in communities of South-east Asia a decade ago, increasing the number of adults and children newly infected with HIV by 250,000 in 2001. In the Russian Federation, the cumulative number of reported HIV infections was 129,000, up from 11,000 in 1998. In Ukraine, the HIV prevalence rate is 1 per cent, the highest in the region. HIV infections related to injecting drug use have also been reported in several Central Asian republics.
- **Latin America and the Caribbean** have a complex mosaic of transmission patterns, in which marginalized populations seem to be paying a disproportionately high toll. About 1.8 million adults and children were living with HIV or AIDS in 2001. With an average adult HIV prevalence of approximately 2 per cent, the Caribbean is the second-most affected region in the world.
- In **North Africa and the Middle East**, because of lack of accurate data, it has been difficult to produce estimates. However, recent figures suggest that new infections may be on the rise, particularly in those countries that are already experiencing complex emergencies (such as Somalia and the Sudan). With an estimated 80,000 new infections in the region during 2001, the number of adults and children living with HIV/AIDS by the end of 2001 had reached 440,000.
- **High-income countries**. There is evidence of rising HIV infection rates in North America and parts of Europe and Australia, with unsafe sex and injecting drug use among the reasons. More than 75,000 people acquired HIV in 2001, and 1.5 million were living with HIV or AIDS in these areas.

ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV/AIDS AS OF END 2001



Source: UNAIDS and WHO, AIDS Epidemic Update, December 2001

2. Strategic Orientation for UNFPA Action

UNFPA is committed to combating the epidemic. It recognizes that the fight against HIV/AIDS is a complex process, involving preventing the infection, caring and supporting people living with HIV and AIDS, and mitigating the consequences of the epidemic. HIV/AIDS should be a priority for all institutions concerned with development, with each contributing appropriately to the continuum of prevention and care.

Rationale for Emphasis on Prevention

For UNFPA, preventing and decreasing the number of new infections is the mainstay of its contribution to the global fight against HIV/AIDS. In the absence of a cure or preventive vaccine, and with treatment unaffordable or inaccessible for most people who need it, prevention is the most feasible approach to reversing the epidemic. Prevention is also the challenge most appropriately and directly linked to the Fund's primary mandate – to help ensure universal access to high-quality sexual and reproductive health services to all couples and individuals by 2015. The Programme of Action of the International Conference on Population and Development (ICPD), recommends that reproductive health programmes “increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections” (paragraph 7.30). In accordance with the ICPD Programme of Action, HIV/AIDS is as an integral component of reproductive and sexual health and rights.

Prevention has been proven to work, is cost effective and feasible. Irrespective of the magnitude or stage of the epidemic in a country or community, it is never too early or too late to begin prevention efforts.

Overall framework for UNFPA Action

The recommendations of the 1994 International Conference on Population and Development (ICPD), of the five-year review of the ICPD Programme of Action and of the United Nations General Assembly Special session on HIV/AIDS (UNGASS) provide the overall framework for UNFPA action.

At the ICPD, 179 countries agreed that population and development are inextricably linked and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary. In the ICPD Programme of Action, reproductive health is defined as “a state of complete physical, mental and social well-being, but not limited to, the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes.” (paragraph 7.2) The definition implies the ability to have a satisfying and safe sex life, the capability to reproduce, and the ability to decide the timing and spacing of children. Reproductive health care is defined as “the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.” The Programme of Action definitions provide for the prevention and care of sexually transmitted infections (STIs), including HIV.

The ICPD+5 review document (paragraphs 67 to 72) expresses the need for urgent action to address HIV/AIDS. The key actions for further

Continued on next page

implementation of the ICPD Programme of Action reiterates the need for education and services at the primary health-care level to prevent the transmission of STIs and HIV, especially among those between the ages of 15 and 24 years (see annex I).

UNGASS², held in June 2001, mapped out a comprehensive national and international response to HIV/AIDS. Drawing upon and endorsing the ICPD and ICPD+5 recommendations concerning HIV/AIDS, Governments pledged to pursue the following targets:

- To reduce HIV infection among 15-24-year-olds by 25 per cent in the most affected countries by 2005 and, globally, by 2010;
- By 2005, to reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them
- By 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 years should have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection;
- By 2003, to have in place strategies that begin to address the factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys.

The Fund's added value to the global effort is to concentrate its resources in areas where it has a comparative advantage vis-à-vis other organizations and institutions.

UNFPA's Comparative Advantages

UNFPA benefits from:

1. More than three decades of programme experience addressing sensitive issues such as gender relations and sexuality in various socio-cultural settings;
2. Expertise in negotiating with Governments to guarantee access to reproductive health, including family planning and sexual health, information, services and commodities;
3. A focus on sexual and reproductive health, including STI prevention, which provides an appropriate entry point for HIV-prevention interventions especially because most infections occur through heterosexual modes;
4. Long experience in supporting the introduction and implementation of family life and sexual health education programmes targeting adolescents and youth, both in-school and out-of-school;
5. A strong network of government and non-governmental partners and a strong country presence, including its technical resources and expertise, with HIV/AIDS advisers in place in regional, multidisciplinary Country Technical Services Teams (CSTs); and
6. More than three decades of experience in addressing population from a multi-sectoral perspective, as a result of which UNFPA brings a unique understanding of the multi-sectoral nature of the epidemic at country, regional and global levels.

Key elements for strategic programming for HIV prevention are summarized in the figure on page 7. These elements are in line with the Multi-Year Funding Framework (MYFF) goals and outputs for 2002-2003 approved by the Executive Board in decision 2000/9. The Fund's HIV/AIDS prevention focus will contribute to progress being made towards the MYFF goals:

² For the full text on the UNGASS Declaration of Commitment on HIV/AIDS, refer to <http://www.unaids.org/UNGASS/index.html>

- The capacity of couples and individuals to enjoy good reproductive health, including family planning and sexual health, throughout the life cycle;
- A balance between population dynamics and social and economic development; and
- The achievement of gender equality and empowerment of women.

Advocacy, strengthening national capacity-building, using an evidence and knowledge-based approach, and promoting, strengthening and coordinating partnerships, will all act as interactive and interdependent strategies in those countries and regions where UNFPA's institutional strategy for the prevention of HIV is implemented.

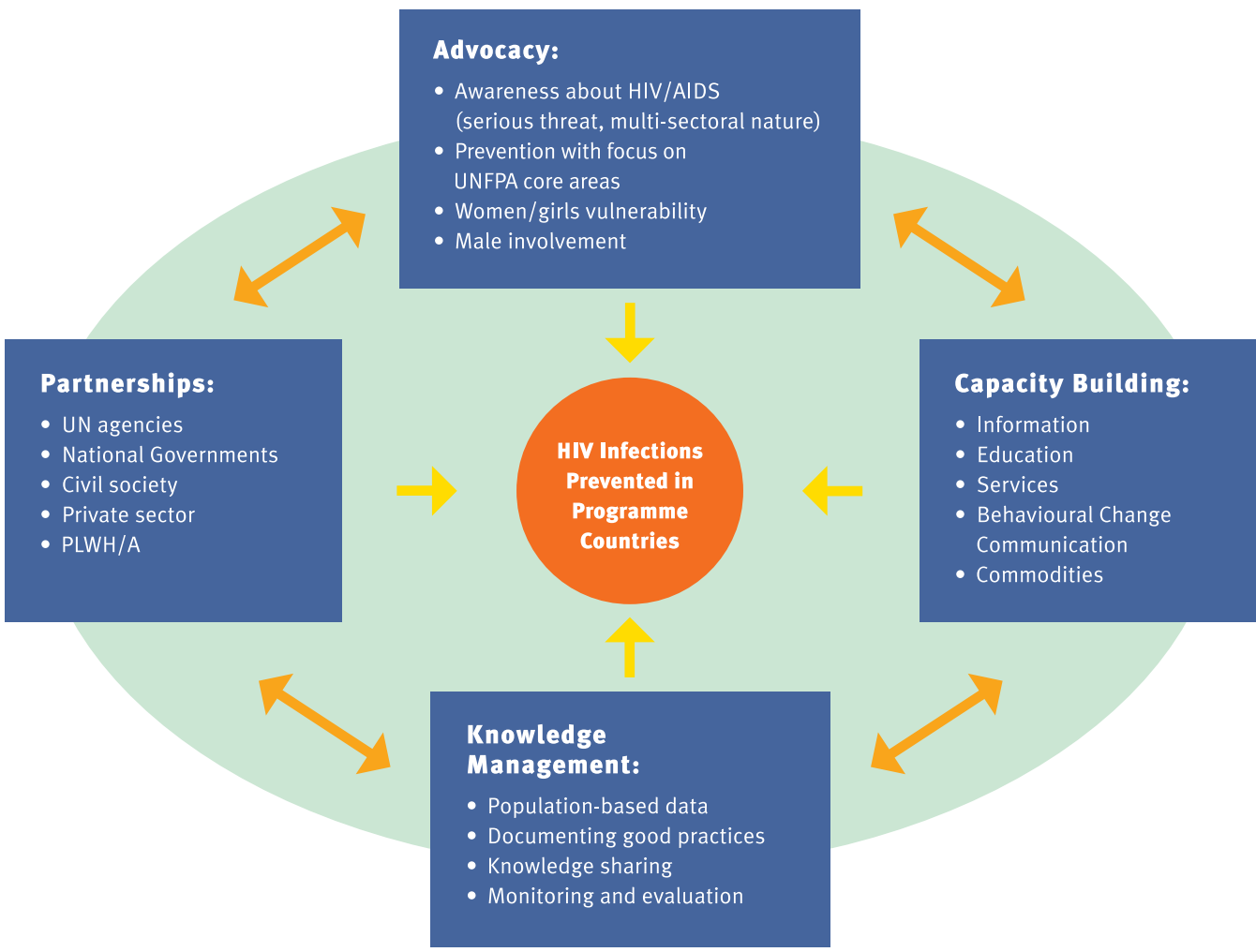
The three MYFF goals reflect and reaffirm the goals of ICPD, ICPD+5, UNGASS and other United Nations con-

ferences. They are also in line with UNFPA's three sub-programme areas endorsed by the Executive Board (decision 95/15) – reproductive health, including family planning and sexual health; population and development strategy; and advocacy, with gender equality and equity and the empowerment of women as a cross-cutting dimension in all programmes.

Framework for Strategic Programming

UNFPA has learned much from its efforts over the last decade to prevent HIV infections through various programme strategies including: advocacy for strengthening political commitment; IEC and efforts especially oriented towards behaviour change among young people; condom programming to improve access to and use of male and female condoms; and training of service providers at various levels. UNFPA will continue to build on the

ELEMENTS FOR STRATEGIC PROGRAMMING FOR HIV PREVENTION



opportunities it has created through integrating HIV prevention in its reproductive health and population development programmes and projects. However, in an effort to strategically prioritize efforts around the Fund's niche, UNFPA will, for the period 2001-2005³, concentrate its support in three core areas:

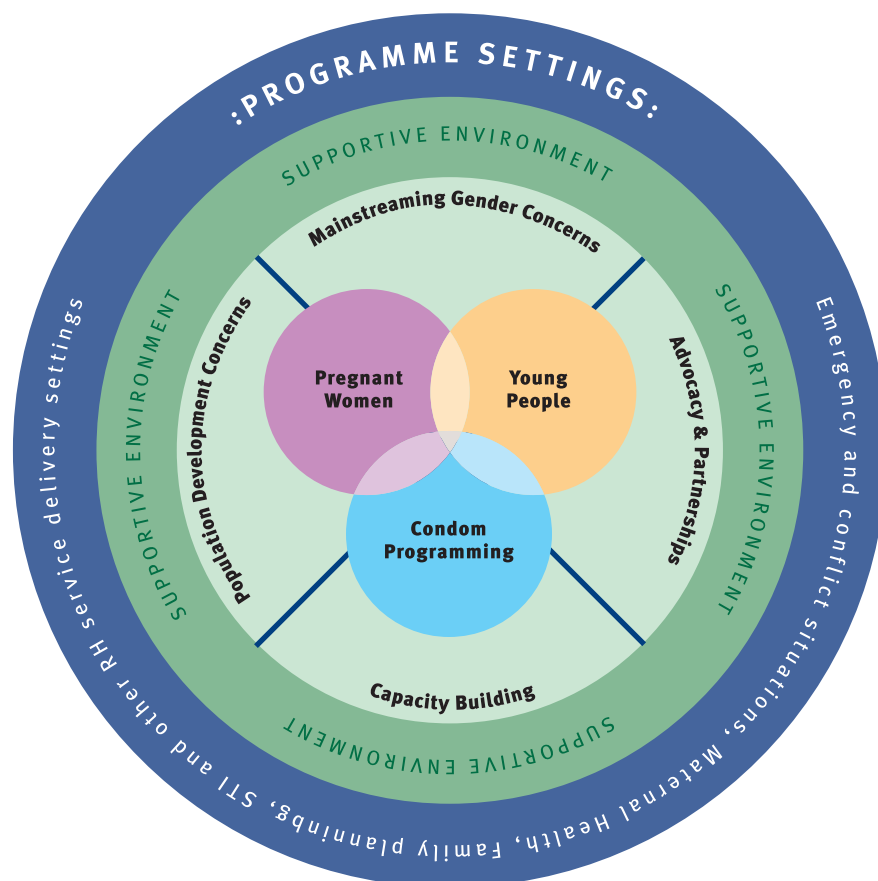
- Preventing HIV infections in young people;
- Condom (both male and female) programming in the context of STI/HIV prevention; and
- Preventing HIV infections in pregnant women.

Focusing programme efforts in these core areas would not only reduce the rates of HIV infections but also significantly reduce the risk of other STIs and, particularly among young people, unintended pregnancies, which are also important aspects of UNFPA's mandate.

In addition to these priority areas and to ensure that a supportive and enabling environment exists for prevention, the following cross-cutting issues need to be considered:

- The mainstreaming of gender concerns – gender equality and equity issues, including the empowerment of women and promotion of male responsibility;

UNFPA STRATEGIC PROGRAMMING FRAMEWORK



³ Refer to Executive Board document DP/FPA/2001/9 – UNFPA Proposed Contribution to the United Nations System Strategic Plan for HIV/AIDS for 2001-2005.

- Population development concerns – population and socio-cultural information and data on sexual behaviour patterns that influence STI/HIV transmission; population and socio-economic projections and socio-economic impact of HIV/AIDS; and integration of HIV-prevention issues into population and population-related policy development and implementation;
- Advocacy and partnerships for HIV prevention; and
- Capacity building

In the development and execution of country programmes, UNFPA country offices should consider the three core areas within the framework of the enabling environment. (See framework diagram on page 8)

Decision Making Process for Programming

UNFPA is committed to serve the needs of the poorest and most vulnerable individuals and groups. This commitment should also be applied in prioritizing actions within the core areas, with special attention paid to preventing HIV infections among individuals who because of their situation are especially vulnerable to acquiring HIV. Intervening in these situations is essential for successful HIV prevention actions, and a more efficient use of the Fund's core resources.

While integration will remain the main way by which HIV prevention is addressed within the context of the Fund's reproductive health mandate, in selective situations there will be a need to develop and implement specific component projects to meet the needs of special vulnerable groups and situations.

In operationalizing the strategic guidance at country level, country situations and needs will dictate the emphasis of the response UNFPA adopts. A comprehensive phase of problem identification and analysis needs to be conducted to ensure the most appropriate response. Specific country strategies will vary, based on a range of

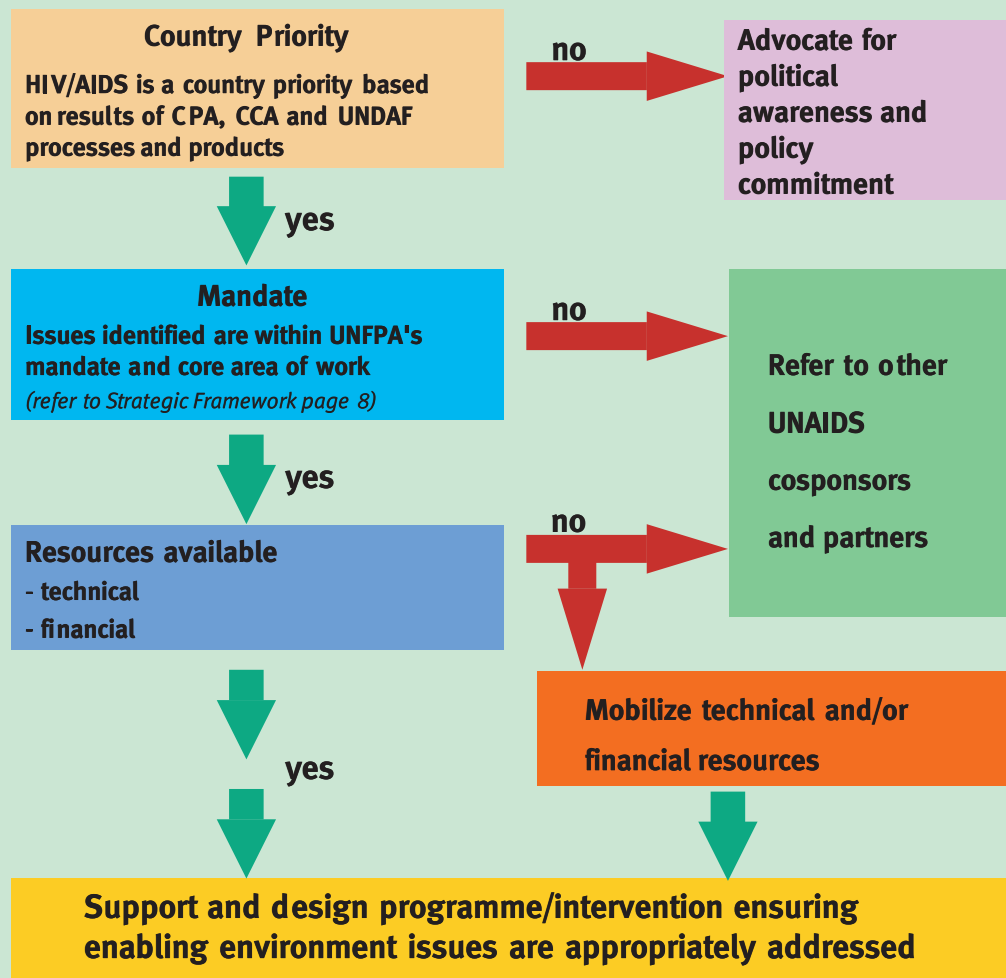
variables including the stage and the pattern of the epidemic, the socio-cultural context in which the epidemic operates, the evidence of what works best in the country situation, the comparative strengths and weaknesses of the country office and potential executing and implementing agencies, and the presence of other external funders. In determining which HIV-related issue or area of work UNFPA would support at country level, the diagram on page 10 provides overall guidance in the decision making process:

1. Is HIV/AIDS identified as a country priority based on the Country Programme Assessment (CPA), Common Country Assessment (CCA), United Nations Development Assistance Framework (UNDAF), and/or other development related frameworks?

2. Does the issue fall within the UNFPA mandate of HIV prevention and within the core areas related to HIV/AIDS: preventing HIV infections in young people, condom programming in the context of STI/HIV prevention, preventing HIV infections in pregnant women?

- If the answer to 2 is no, the issue might best be referred to other partners and stakeholders for action.
- For issues outside of the UNFPA core areas and cross-cutting issues, the Fund should advocate for the involvement of other UNAIDS cosponsors and partners at global, regional and country levels. For example, the supply of safe blood is a critical ingredient for maternal care and the prevention of maternal mortality. It is equally an important strategy for the prevention of HIV infection. Nevertheless, the Fund's strategy would be to advocate for and possibly assist other partners in developing and implementing blood-safety programmes without assuming responsibility or using its core resources on such interventions. To do so, existing collaborative mechanisms could be used, such as regional and country-level inter-agency working groups and task teams and the United Nations HIV/AIDS Theme Group.

GUIDANCE FOR DECISION MAKING



3. Integrating HIV/AIDS Issues into the Country Programming Process

Because of its multi-sectoral nature, HIV prevention cannot be addressed in isolation. For example, it is strongly linked to poverty eradication which also involves multi-sectoral interventions and stakeholders. Therefore, National Strategic Plans (NSPs) on HIV/AIDS should take into consideration the findings of the CCAs and CPAs and be aligned with UNDAFs, Sector-wide Approaches (SWAs), Country Development Frameworks (CDFs), and Poverty Reduction Strategy Papers (PRSPs).

Inter-agency cooperation and coordination is needed for defining goals, targets, benchmarks and roles based on comparative advantages to maximize the United Nations system's impact on the epidemic at the country level. For example, combined agency technical assistance efforts could assist in national institution-building, programmatic integration (e.g., national reproductive health and HIV/AIDS programmes, which are often developed separately), the preparation and reformulation of legislation in the field of HIV/AIDS, and guidance enabling countries to transform laws into public policies at the local level.

The population situation analysis, as part of the CCA process, is the initial step in the UNFPA integrated country programming cycle. Utilizing the ICPD framework, the situation analysis consists of two parts: a country assessment in the areas of population, reproductive health and gender, providing an in-depth analysis of the current situation and identifying critical health needs;

and recommendations for strategic actions to address these critical needs. Findings of the situation analysis are linked to the CDF, UNDAF and assistance programmes of the international donor community.

As the epidemic within each country is dynamic and rapidly changing, country-level components of support within the three UNFPA sub-programme areas should be reviewed and revised as necessary during country programme development or annual and mid-term reviews. HIV/AIDS activities need to be mainstreamed into ongoing programmes whenever and wherever feasible preferably with, activities identified at the programme development stage. However, even when financial resources have already been allocated, a careful analysis during reprogramming exercises such as annual and mid-term reviews can reveal relatively low-cost opportunities to mainstream HIV/AIDS into ongoing programme activities. This process should take place with adherence to certain fundamental principles: integration of HIV prevention into the Fund's sub-programme areas regardless of the country's HIV prevalence rate; and people living with HIV/AIDS (PLWH/A) involved as full partners at all stages of planning, development and implementation to ensure that their needs and sensitivities are being addressed.

4. Country Situations

There is good evidence globally that well designed and sustained policies and prevention programmes can reduce the rate of transmission of HIV. The combination of preventive strategies that a country may adopt should, for the most part, be driven by its local epidemiological patterns. Economic, social, cultural and behavioural factors are also important from the perspective of better understanding the factors that fuel vulnerability and risk in any given setting. UNFPA should consider promoting and where possible supporting countries to conduct in-depth analysis of the demographic, social, economic, cultural, behavioural and epidemiological factors in order to ensure the most appropriate multi-sectoral response to the epidemic.

In many regions where UNFPA provides support, the HIV/AIDS epidemic is still in its early stages and/or in transition from a nascent and concentrated epidemic to a more generalized one. Categorising countries as either low or high-prevalence based on national prevalence rates can be misleading as it tends to hide serious epidemics that are initially concentrated in certain localities or among specific population groups and also critical, rapidly increasing epidemics. When strategic decisions and priorities need to be made it is necessary, that these often hidden realities, are taken into account.

Low-Prevalence Situations:

In areas where HIV prevalence is low, the objective is to maintain those low levels, with the strategic preference to reach the sub-populations that may be more at risk for HIV infection (vulnerable groups) and subsequently for transmission (core transmitters). Depending on the country and area, such individuals could include, among others, injecting drug users, migrant workers, long-dis-

tance drivers, men in the armed services, men who have sex with men, internally displaced persons, refugees, and sex workers.

In low-prevalence areas, while actions should be geared towards creating awareness and desensitising the general population, concerning HIV/AIDS, more focused actions need to be supported that would be effective and appropriate for reaching vulnerable and at risk sub-groups. This means determining which population groups are at highest risk of infection and ensuring the political will to safeguard them against the epidemic. UNFPA may find that programming targeted-high-risk-group interventions within the context of a specific HIV prevention component project, would be more beneficial and produce better outcomes than trying to address HIV prevention through integration within on-going traditional family planning and maternal health component projects.

High-Prevalence and Rapidly Emerging Situations:

While the diversity of HIV/AIDS epidemics worldwide is striking, in over 16 sub-Saharan African countries, HIV prevalence rates in the general adult population are over 10 per cent. For sub-Saharan Africa many countries have generalized epidemics. Increasingly, in countries in Asia, Eastern Europe, Latin America and the Caribbean, which had previously recorded low rates of HIV infections are now seeing rapid increases in infection rates – indicating that situations that may appear unthreatening can very quickly and unexpectedly emerge into a full-scale epidemic.

In such situations it becomes more important for UNFPA to strategically prioritize the focus of its preventive ef-

forts. While less need may exist in the area of support to development of HIV-related policies and strategic plans and to in-depth analysis of the situation (as these may already exist), clearly it would be important for UNFPA to deepen the wider public's knowledge and understanding of the determinants and impact of the epidemic; further promote attitudinal and behavioural change; and in collaboration with other partners address through advocacy issues related to stigma, discrimination, treatment, care and support. Where strategic decisions have to be taken in countries with high prevalence, UNFPA should give priority to reducing the number of new infections among young people. Young people are the window of opportunity. Even in countries worst affected by HIV/AIDS, a significant majority of people are not infected and knowing that most infections occur among young people and during adolescence, focusing on this group becomes an effective and critical strategy.

A combined focus on preventing infection in young people through the establishment and/or up scaling of comprehensive and sustained adolescent and youth reproductive and sexual health programmes complemented by broader and more encompassing HIV prevention efforts would be the best strategic approach for UNFPA.

Emergency and Conflict Situations

It is clear that social and political conflicts constitute an important aggravating factor in the spread of the epidemic. STIs and HIV spread faster in communities where there is instability, war and poverty. In these settings the disintegration of family life and social relations leads to the breakdown of social norms and values. When social and cultural values no longer guide human behaviour, social systems are disrupted and infrastructures break down. In a search for survival, disease prevention, in general, and HIV/STI prevention, in particular, become a remote preoccupation, especially among women and youth, the most vulnerable segments of the population.

UNFPA has played an expanded role in emergency and conflict situations. In such situations, targeted interventions will be critical, as it cannot be assumed that all individuals have the same level of information, the same level of knowledge of the problems, and the same protective skills.

Although acknowledging that the survival needs of shelter, water and essential medical care must first be met, UNFPA can bring a distinct comparative advantage in HIV prevention to the international partnership, which involves national Governments, United Nations organizations and agencies, NGOs and local communities. UNFPA's focus would continue to be on reducing the

transmission of HIV through: the use of universal precautions; the provision of free condoms (male and female); and a designated Minimum Initial Service Package (MISP) – a cluster of reproductive health services intended to meet the minimum requirements in an emergency situation – with the expectation that comprehensive services will be provided as soon as the situation permits.

Recommended intervention package. As part of the support to reproductive health, the Fund's specific assistance would continue to include the following:

- The provision of emergency reproductive health kits (supplies and equipment) to treat the physical consequences of sexual violence, including the diagnosis and treatment of STIs;
- The provision, as much as possible, of HIV VCT services as part of the package to help individuals make informed choices and decisions about safer sex and testing for HIV;
- Support for the training of service providers to diagnose and treat curable STIs, including the provision of guidelines and protocols for case management and the provision of STI drugs;
- Support for the development and implementation of HIV/STI- and pregnancy-prevention IEC/BCC activities, with targeted communication interventions in these settings; and
- An assessment of reproductive health commodities needs, including male and female condoms, as part of the overall reproductive health needs assessment.

5. Core Areas of Support

Preventing HIV Infections in Young People⁴

Young people are at the centre of the HIV/AIDS epidemic. More than half of new HIV infections worldwide – between 6,000 and 7,000 daily – occur among young people, essentially through sexual intercourse or through drug injecting. In countries with high HIV prevalence rates, young people are at risk of contracting the infection as soon as they become sexually active. In many communities, because of such cultural practices as early marriage and sexual violence against women, and because adult men are searching for HIV-free sexual partners, the risk for adolescent girls and young women of being infected with HIV is high. In certain regions young women are as much as six times more likely than young men to be infected.

Many lessons have been learned about educating young people early in life about reproductive and sexual health, and equipping them with life skills. Evidence shows that young people who are provided with information and have access to counselling and services are more likely to delay their sexual activity and practice safer sex if sexually active, thereby reducing their risk of acquiring HIV infection or unintentionally getting pregnant. Yet, many parents as well as political, religious and community leaders around the world still show reluctance to the idea, thereby putting the younger segments of their population at a higher risk of HIV infection.

The ICPD+5 review document specifically emphasizes the needs of young people.

It calls on all Governments to ensure "that by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection." Governments should further ensure that "by 2005 [HIV] prevalence in this age group is reduced globally by 25 per cent in the most affected countries, and that by 2010 [HIV] prevalence in this age group is reduced globally by 25 per cent" (paragraph 70). Repeated commitment to these targets have been reiterated in many international consensus documents including the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) of June 2001.

⁴ Young People : - With respect to HIV prevention in young people, UNFPA's focus is on the larger age group of young people - 10 to 24 years. For the purpose of this guidance document, UNFPA has adopted the WHO definitions: young people - 10 to 24 years; youth - 15 to 24 years; and adolescents - 10 to 19 years.

UNFPA activities to prevent HIV infection in young people should pursue three broad directions, each of which reinforces the other:

- Create a supportive and enabling policy environment for programming for HIV prevention for young people;
- Strengthen HIV/AIDS and sexual and reproductive health education programmes for young people both in- and out-of-school; and
- Incorporate HIV-prevention strategies into “youth-friendly” sexual and reproductive health information, education and services.

Creating a supportive environment. Based on UNFPA’s experience in the area of population and demographic data collection and analysis, an important role for UNFPA would be to support the collection of gender-specific health and demographic data on young people through population and community-based surveys like the demographic health surveys and the design, implementation and analyses of qualitative sexual behaviour studies. These surveys and analysis would provide evidence-based information needed to: a) sensitize policy makers, communities and significant gate-keepers on issues related to sexuality, HIV and young people; b) ensure national policies recognize and appropriately address the epidemic among young people; c) develop situation-specific preventive and behavioural change messages; and d) advocate for up scaling of successful sexual and reproductive health and rights programmes for young people.

Recognizing that in many parts of the world the provision of sexuality education and reproductive health services for young people is still viewed with scepticism, concern and fear, UNFPA should support advocacy and awareness creation activities that promote dialogue and partnerships between young people, parents, community and religious leaders, and policy makers that can result in youth-friendly, gender-responsive policies and programmes which build on positive social norms and encourage open and frank discussion of young people’s concerns and needs.

Strengthening in-school and out-of-school programmes. Whether the rates of infection are low or high in a given country, integrating HIV/AIDS into education programmes dealing with family life, population and reproductive and sexual health issues are an important way to ensure long-term preparedness for young people. UNFPA should continue to support specific actions for the integration of HIV prevention and reproductive and sexual health information and education into the school sector, including the:

- Development of policies and programmes that strengthen the capacity of relevant education sectors in the provision of HIV prevention activities;
- Development of HIV/AIDS curricula content in the context of reproductive and sexual health for integration into mainstream educational curricula as well as into extracurricular activities and non-formal vocational programmes; and the
- Development of pre- and in-service teacher training packages on HIV/AIDS education and life skills.

School-based and out-of-school life skills education should promote positive attitudes and skills, including the promotion of self-esteem, negotiation, coping, and critical thinking, decision-making, communication and assertiveness skills. Additional support could be provided to strengthen parent education programmes that include parent-child communication skills.

Particularly for out-of-school youth and youth in especially difficult circumstances, support should be provided for initiatives that serve to empower young people (e.g., girls and boys empowerment initiatives) and that link reproductive health and HIV prevention with other specialized and social services, livelihood opportunities, skills building and vocational training.

To complement HIV/AIDS education programmes, UNFPA should consider supporting multilevel and multimedia communication efforts that encourage positive and healthy lifestyles, good social norms and safer sexual options. The development, production and dissemination of behaviour change communication (BCC) materials and messages must be mindful of the heterogeneity of young people; be sensitive to age, culture and gender factors; and, as much as possible, be based on audience segmentation and audience research to allow messages to be more tailored to specific attitudes, practices and needs. This is particularly important when addressing the adolescence age group 10 to 19 years where within this age cohort, the 10 to 14 age group and the 15 to 19 age group would require different strategies and messages.

The process should encourage young people to actively participate and explore innovative, entertaining and popular ways of reaching young people with information and educational messages. These include radio, television, drama, folk theatre and other traditional media, comic strips and youth magazines, videos, interactive computer games, the Internet, telephone hotlines/help lines, music and dynamic talk shows.

Positive role models including celebrities and peers are extremely useful in developing self-esteem. UNFPA

should expand its support to peer education programmes for in-school and out-of-school youth, in which young people serve as role models and the carriers of positive and culturally relevant messages.

Incorporating HIV prevention strategies into youth friendly sexual and reproductive health services.

Awareness creation and preventive education need to be complemented with institutional services especially for young people who are already sexually active, are in difficult circumstances, or who are susceptible to engaging in risky behaviours including substance abuse (particularly drug injecting). To this end, UNFPA should advocate and support the introduction and/or expansion of youth-friendly sexual and reproductive health services including those that integrate: reproductive and sexual health and HIV/AIDS information, education and counselling; the diagnosis and management of STIs; confidential and voluntary HIV counselling, testing and support; and access to male and female condoms including information and education to ensure proper and consistent use.

Efforts should be made to ensure that young people have access to information and services through a range of service delivery settings including multi-purpose youth centres, youth corners, public and private health clinics, hotlines/ help lines, outreach/mobile services and school-based clinics.

Where resources are limited, UNFPA should consider prioritizing its support to preventing HIV infections among young people most vulnerable, while advocating with partners for additional resources to address young people in general. Among young people as well, HIV disproportionately affects the poor and the marginalized. Marginalized young people including street children, are equally important in preventing unwanted because of their situations – exposure to unprotected sex, sexual violence, stigma and discrimination resulting in poor access to information and services. Consideration may also be given to supporting HIV-prevention initiatives in settings such as the workplace for migrant youth workers, the street for street children and in camps for refugee youth.

In support to this core area, UNFPA will need to assist Governments in training programme managers and service providers from a broad spectrum of youth and youth-serving organizations and related sectors, particularly health, education and youth. Training will need to ensure knowledge and skills to effectively integrate HIV-prevention activities into ongoing sexual and reproductive health programmes for young people. In addition,

capacity-building activities will need to address and clarify service providers' and educators' values and attitudes, which many times serve as barriers to access to services and information by young people.

Condom Programming in the Context of STI/HIV Prevention

The UNGASS Declaration of Commitment on HIV/AIDS states that "by 2005, ensure: that a wide range of prevention programmes... is available in all countries... aimed at reducing risk-taking behaviour and encourage responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections".

Condom programming to prevent HIV infection is complementary to other preventive strategies such as promotion of voluntary abstinence, delayed age of onset of sexual activity, and fidelity. Condoms, male and female, when used correctly and consistently are a proven, effective and practical way of reducing STI and HIV transmission. The presence of one or more STIs has been demonstrated to greatly increase the risk of becoming infected with HIV. Condoms are equally important in preventing unwanted pregnancy. This dual effect of disease prevention and pregnancy prevention is commonly referred to as dual protection.

UNFPA aims at ensuring the availability of, access to and proper and consistent use of high-quality male and female condoms, taking into consideration the needs and perspectives of users. Within the United Nations system, UNFPA is the lead organization for the procurement of condoms and other reproductive health commodities. However, condoms are more than just a commodity and ensuring an adequate supply does not guarantee their use. The readiness of clients to use condoms is equally

important. Globally, however, condom use falls short of estimated needs for HIV prevention. Central, therefore to an effective condom programme is a people-centred approach, understanding user needs and perspectives and systematically generating and addressing demand.

Through the Global Strategy for Reproductive Health Commodity Security (RHCS), of which condom programming for STI and HIV prevention is a component, UNFPA is committed to improving access to and use of male and female condoms⁵.

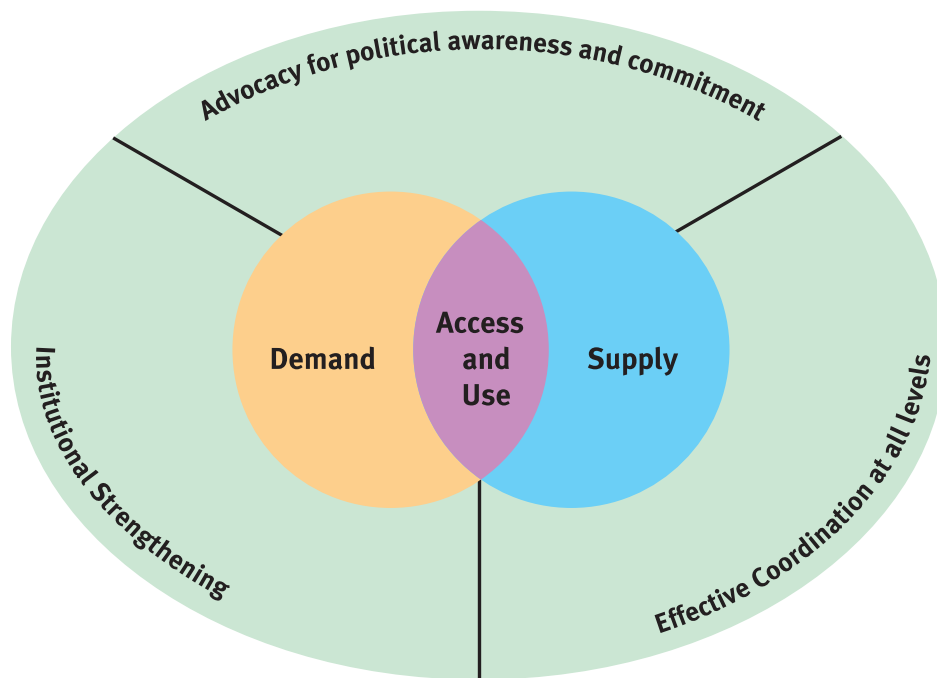
The condom programming approach is a comprehensive one, addressing demand, a supportive environment, and supply.

Demand. While the supply of condoms is essential, the readiness of sexually active individuals to effectively use condoms is equally important. There are many barriers to the receptiveness to use condoms including issues of cost, provider attitudes and an array of myths, misperceptions and fears.

UNFPA should ensure the demand aspects of condom programming are addressed including: promoting the importance of its use among sexually active people; ensuring that they are being used correctly and consistently; and monitoring user attitudes so that attitudinal barriers to use can be addressed. The socio-cultural and political environment that shapes user beliefs and practices and thereby influences demand should also be considered. Support should be provided for research to understand sexual behaviour patterns, myths, misperceptions and fears held by potential condom users and providers, and based on the finding develop and implement innovative and appropriate strategies to address these.

Supportive Environment. Without a supportive political, legislative and community environment, condoms are unlikely to get to those that most need them. Support must be garnered from all levels to raise awareness and political commitment for policy development and reform to remove or mitigate barriers to effective condom promotion, distribution, access and use. At a community level, support is needed for the development of socio-

COMPREHENSIVE CONDOM PROGRAMMING



⁵ Refer to Circular from UNFPA Executive Director – UNFPA/REP/01/99. Condom Programming for Prevention of HIV Infection.

culturally sensitive condom awareness and promotion campaigns.

The UN system, donors and partners are looking to UNFPA to provide leadership in condom programming. This entails ensuring the sustainability of national programmes in creating and meeting client demands, including focused strategies to better ensure the availability of and access to male and female condoms. UNFPA should endeavour to advocate for and facilitate increased collaboration and coordination in condom programming among all partners, including other UN agencies, Governments, donors, NGOs and the private sector.

Furthermore, UNFPA should endeavour to mobilize funds locally and internationally for the purchase of condoms in support of national STI/HIV prevention programmes and/or population programmes, and advocate for national budgetary allocations for the purchase of condoms. UNFPA should also, especially in countries where the Fund is the significant donor in this area, allocate core funds for the purchase of male and female condoms as part of its country programme of assistance.

Supply. While it is not sufficient to ensure use, provision of adequate supplies of high-quality condoms, male and female, is critical to establish and sustain condom programming for STI/HIV prevention. As condom needs increase in keeping with growing demand, condom supplies must also increase. Condom stock-outs are detrimental not only in the short term to potential users, but also in the long run to user's expectations and future compliance. Beyond numbers, quality is also critical to ensure effectiveness in STI/HIV prevention. The perception that a legitimately high-quality condom is indeed a reliable product facilitates its acceptance.

To ensure adequate supplies of high-quality condoms, programming would continue to address forecasting needs, production and procurement of high quality condoms based on internationally recognized standards and specifications, logistic management including safe storage and inventory monitoring, and user friendly channels of distribution.

UNFPA is the largest international supplier of condoms, and over the last 30 years has procured quality condoms for developing countries on behalf of many developmental partners and donors. UNFPA should continue to procure sufficient quantities of condoms meeting internationally recognized standards and specifications.

UNFPA should continue to provide support for training and guidance for forecasting condom requirements for

both STI/HIV and pregnancy prevention and for ensuring that all partners, both global and national, know the prevailing situation in countries and can prevent shortfalls of male and female condoms. In addition, such support would include training and guidance in commodity logistics management and, where appropriate, for strengthening the capacity of quality assurance laboratories or providing technical assistance to strengthen quality in countries where there are no laboratories. Special attention should be paid to support the development of more efficient and client-responsive promotion and distribution systems, such as social marketing, social branding and community-based distribution. For example, UNFPA could negotiate with national Governments for a certain percentage of condoms supplied to the national population programmes to be donated to existing social marketing and social branding programmes.

Preventing HIV Infections in Pregnant Women

The UNGASS Declaration of Commitment on HIV/AIDS calls on all Governments to : ' by 2003, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them..'

An estimated 200 million women become pregnant each year, of whom only about 1.8 million are HIV positive. Thus, 99 per cent of pregnant women are HIV negative. Even in countries where HIV prevalence is high, many women are HIV negative. In most developing countries, pregnancy is the one time when women seek access to health services. Thus, their contact with health services is an opportunity to ensure that they remain healthy. By preventing HIV infection in the mother in the first place, prevention of transmission to her unborn child is assured. However, women have the right to remain free from STI/HIV infections not only because they should

not transmit infection to their babies but for their own sake as individuals. In the face of limited resources, concentrating efforts on the majority – that is, on uninfected women – has been the basic rationale for UNFPA's focus on pregnant women. UNFPA stresses the importance of ensuring that pregnant women remain HIV negative during pregnancy and delivery and while breastfeeding their babies.

UNFPA collaborates with other UN partners, notably UNICEF and WHO, to contribute to bringing about a comprehensive programme for HIV prevention in pregnant women, mothers, and their children to meet the relevant UNGASS goals, but also in the context of its mandate to promote safe motherhood and provide quality maternal health care.

Risk factors that make pregnant women more vulnerable to the acquisition of HIV include, in certain social and economic settings, their difficulty in obtaining control over their sexual relations, particularly during pregnancy; the presence of STIs, often asymptomatic in women, which increase their vulnerability to HIV infection; limited access to antenatal services early in pregnancy and the limitations of antenatal services themselves, which sometimes provide little access to voluntary counselling and testing (VCT) services or even to basic screening for curable STIs; and limited knowledge about or accessibility to commodities which would permit them to adopt safer sexual practices, such as the importance of barrier methods to protect pregnant women, irrespective of their HIV status, from STIs and from reinfection with HIV in HIV-positive pregnant women. Early antenatal care is especially important for young mothers.

UNFPA should consider appropriate attention to prevent HIV infection in pregnant women. Prevention should be integrated into reproductive health programmes that aim at preventing unwanted pregnancies through adequate family planning services, preventing and managing STIs and providing maternal health. As always, interventions should be designed within the framework of maternal health and reproductive rights of pregnant women.

Making comprehensive interventions widely available depends upon the ability to influence political will and policy formulation, to strengthen human resources and infrastructures, and to mobilize enough funds to implement an intervention package. In this respect, UNFPA must provide technical and policy support to strengthen, at the national level, the capacity to plan, design and integrate STI/HIV-prevention services for pregnant women into the existing reproductive health services; advocate for support and the building of partnerships among in-

terested parties to ensure continued attention to women's needs, to maximize available resources and to ensure better coordination and integration of maternal health interventions.

UNFPA should ensure that the development and dissemination of IEC/BCC messages and materials on the prevention of HIV infection in pregnant women are available as well as tools and protocols on HIV prevention among pregnant women aimed at strengthening the skills of maternal health care providers.

UNFPA support may include the integration of programmes that educate outreach community volunteers and community health workers to provide to pregnant women, families and communities information on HIV/AIDS and STIs, VCT, safer sexual practices (including condom use), breastfeeding and the importance of proper antenatal delivery and postnatal care. The Fund would also need to further facilitate access to procurement of reproductive health commodities – primarily commodities for HIV prevention such as STI and HIV test kits, male and female condoms, equipment and supplies for safe and clean delivery and drugs for the treatment of STIs and assist in the maintenance of functional and efficient logistics systems.

Recommended Intervention Package. UNFPA should integrate the following intervention package for the prevention of infection among pregnant women in its supported maternal health care interventions. The package includes:

- Providing access to VCT services so that pregnant women can find out their HIV status and thereby adopt safer sexual practices;
- Providing access to appropriate antenatal, safe delivery and post-delivery care, including screening and treatment for STIs and access to trained personnel for the care of the mother during pregnancy, and for safe delivery;
- Avoiding unnecessary interventions during delivery, such as routine episiotomy and early rupture of membranes; and balancing benefits and risks associated with caesarean section; and
- Supplying and managing reproductive health commodities, in particular, those for HIV prevention: male and female condoms, HIV testing kits, STI screening and diagnostic kits, equipment and supplies for safe and clean delivery, and drugs for the treatment of STIs.

6. Creating an Enabling Environment for HIV Prevention

In all three core areas, key strategies would entail the creation of an enabling environment to promote the prevention of HIV through attention to gender perspectives; capacity-building both within and outside UNFPA aimed at strengthening national capacities to respond to the pandemic and at building and utilizing knowledge; the promotion, strengthening and coordination of partnerships; and advocacy.

Mainstreaming Gender Concerns

The UNGASS Declaration of Commitment indicated several areas in which gender and HIV/AIDS intersect and calls on countries to: "develop and accelerate the implementation of national strategies that promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection." (paragraph 59)

UNFPA emphasizes gender dimensions in the design of population programmes, stressing equity, equality and the empowerment of women; advocacy for the reduction of violence against women; and male involvement in reproductive and sexual health. Human rights, including sexual and reproductive rights and women's rights, are all part of international commitments and agreed conventions, as outlined in the ICPD Programme of Action and the Convention on the Elimination of All Forms of Discrimination against Women. The adoption of a gender perspective in the prevention of HIV/AIDS is an essential step towards effective programmes.

Women's vulnerability to HIV infection. Addressing HIV/AIDS from a gender perspective is crucial because the risks of infection and the attendant consequences are vastly different for men and women. The epidemic is spreading much faster among women than men. Globally, between 1997 and 2000, the proportion of female adults living with HIV increased from 41 per cent to 47 per cent, respectively. In sub-Saharan Africa, 12 to 13 women become newly infected with HIV for every 10 men, and in many sub-Saharan countries teenage girls are infected at a rate of 5 to 6 times greater than are their male counterparts.

Social, cultural and economic as well as biological factors heighten women's vulnerability to HIV infection. Cultural practices such as widow inheritance, female genital mutilation (FGM), early and forced marriages and sexual practices may contribute to women's vulnerability to infection, particularly in countries with high infection rates. In many cultures, prevailing gender systems pre-

vent women from making important decisions and critical choices for their lives. Often, this means that they cannot negotiate for safer sex, including condom use with their partners. Girls living in poverty may be forced or sold into sexual trafficking, obliged to enter sex work or take on “sugar daddies” for financial support for survival, school fees or other necessities. It is estimated that 2 million girls between the ages of 5 and 15 years are victims of sexual trafficking. Violence against women has been identified as one of the strongest co-factors in HIV infection. In addition, HIV-positive women face more discrimination than do HIV-positive men, often resulting in isolation, violence and rejection.

To address the gender dimensions of HIV prevention, it is necessary to address specifically the distinct needs of men and women, boys and girls. This requires the development of gender- and age-specific strategies that reach each group in addition to other general approaches. An important strategy for preventing HIV among women and girls is to recognize and build on their strengths rather than treating them only as victims who need protection.

Men’s vulnerability to HIV infection. For men, risk and vulnerability are heightened by norms that make it difficult for men to acknowledge gaps in their knowledge about sexuality; by the link between socializing and alcohol use; by the frequency of drug abuse, including by injection; and by predominantly male occupations (e.g., truck driving, military) that entail mobility and family disruption.

Male involvement in preventing HIV infection. Male responsibility for the prevention of HIV infection should be factored more prominently into the design and implementation of UNFPA programmes. Men are involved in almost every sexual transmission of the virus. They also have the power to stop this mode of transmission, given the overwhelming leverage they exert in sexual relations. When men fail to protect themselves and others, it is often due to social and cultural factors. Family, religion, customs and beliefs, power structures, gender roles and relations, and social expectations all play a part in encouraging men to take risks and to disregard women’s feelings and needs. Men and boys also have peer pressure to live up to expected norms of masculinity, including that of having many sexual partners. A long-term strategy to reach men with more long-lasting effect is to socialize children at an early age to adopt safer behaviours, including to respect the rights of women and to fight sexual exploitation and other violence against women.

Activities. In promoting gender equity and equality, the aims must be to empower women and girls; to foster

constructive roles for men and boys, including support for the establishment of male networks and utilization of the workplace to reach men; to introduce concepts of shared responsibility and increased communication on sexual issues between women and men; to support capacity-building for women’s organizations in HIV/AIDS policy development and implementation; and to improve sexual and reproductive health services for both men and women. UNFPA should consider including the following in country programmes:

- Advocate with respect to the legislative framework, addressing discrimination and sexual and reproductive rights, such as inheritance of property, widow inheritance, FGM, early marriage and sexual violence. This includes support to human rights education, including measures to address violations of such rights, especially for women and girls but also for community leaders and national policymakers;
- Undertake sociocultural research that identifies negative cultural practices and even more importantly, that identifies positive cultural practices as a basis on which to build HIV prevention programmes;
- Advocate and support the integration of HIV/AIDS and sexuality education in national education programmes which should also address roles and responsibilities of girls and boys;
- Promote awareness and BCC programmes that address practices and behaviours that fuel the epidemic;
- Build national capacities in gender analysis and gender mainstreaming as the foundation for relevant and effective HIV-prevention programming;
- Advocate for gender-sensitive national policies and legislative reforms on women’s rights and their protection from discriminatory practices that makes them disproportionately susceptible to HIV/AIDS. Needed are policies, laws, and public and community mobilization that create a supportive environment for girls and women, while encouraging male responsibility;
- Expand gender-specific and gender-responsive communication strategies, including through peer education, mass media, social marketing and entertainment. Special care should be taken to ensure that the messages do not reinforce harmful gender stereotypes but rather offer positive values, benefits and alternatives regarding gender relations and attitudes. A thorough understanding of the socio-cultural context of gender roles and gender-specific reasons for health-related decision-making is necessary to tailor messages effectively. Political, community, spiritual and other in-

fluent leaders should be enlisted as male spokespersons to encourage men of all ages to develop positive, respectful attitudes and behaviours towards women. Young peer educators of both sexes can serve as community role models of gender equality and responsible behaviour; and

- Promote gender-sensitive and user-friendly services. Reproductive health implementers at all levels, should be sensitized on gender and reproductive health and rights, including on STI/HIV issues. Training in gender-sensitive interpersonal skills and counselling should be emphasized for health providers and peer educators, including such topics as women's limited power in negotiating condom use, male attitudes and resistance, implications of partner abuse (for method options, security issues), and implications of encouraging pre- and post-test couple counselling. Both male and female condoms should be made available, including practical skills training.

Population Development Concerns

Understanding the social and demographic impact of the pandemic and the analysis of population dynamics associated with HIV/AIDS is another area in which UNFPA has relevant expertise. This would include critical analyses to identify distinct population dynamics and trends resulting from the pandemic, and how they influence, for example, production patterns, resource allocation and management in a given country.

The demographic consequences of the epidemic include shifts in the dependency ratio, with more young and aged persons having to take care of families; declining resource capabilities (human and material), especially in the health and education sectors; and the changing content of education, particularly in communities with high prevalence levels. Among the questions to be addressed are: will the population likely stabilize or decline in the most affected countries because of the epidemic. If so, what kind of population policies should be developed and implemented? What are the policy implications for the countries involved? What should be the priorities for these countries to strike a balance between national resources and population growth in the near future?

These projections and analyses, combined with research in sexual behaviour, would support more appropriate programme planning, population-based policy dialogue and the integration of HIV/AIDS issues in population policy development. UNFPA should continue to support

and promote the inclusion of HIV-prevention issues in population policies. The three core areas and cross-cutting gender issues must be duly reflected in those policies. UNFPA should also support multi-sectoral policy dialogues on the impact of HIV/AIDS.

One important feature of the ICPD Programme of Action is its focus on human rights and social dimensions at the core of population and development strategies. Since the beginning of the HIV/AIDS epidemic, a significant concern of decision makers has been to understand its social and demographic consequences on national development. However, the lack of reliable data and statistical capacity in programme countries has often hampered programme design and implementation. Although this is a multisectoral, multi-agency endeavour, UNFPA should, together with other donors and partners, continue to advocate for and selectively support national statistical capacity-building efforts. The aim is to promote suitable information systems and population-based surveys to enhance gender-specific demographic projections. UNFPA should encourage that a special module to collect information on social and sexual behavioural patterns and trends related to HIV/AIDS should be included in national survey designs. These data should be analyzed and presented in a way that makes the gender and poverty dimensions easy to understand and use for policy decisions and in programming for HIV prevention.

Advocacy and Partnerships for HIV Prevention

For the implementation of the ICPD Programme of Action, ICPD+5 Key Actions and the UNGASS Declaration of Commitment, UNFPA should build its institutional capacity to ensure the technical quality of country programmes in advocacy and behaviour change communication for the prevention of HIV infection. This would be undertaken within the context of the promotion of reproductive health and the prevention gender-based violence, including the involvement of men as partners. UNFPA should undertake advocacy to create awareness and mobilize both political commitment and financial support for interventions against HIV/AIDS.

Although the UNFPA focus is on the prevention of HIV infection, its advocacy efforts may include mobilizing commitments to support interventions in prevention, treatment, care and support. Advocacy for the prevention of HIV is the main concern of UNFPA, while it collaborates and coordinates with other partners with mandates in the areas of care, treatment and support.

UNFPA should continue to advocate for interventions against HIV/AIDS at global, regional, country and community levels. The focus of interventions will vary depending on the level and the audiences. Mostly, at global and the regional levels, advocacy will focus on enlisting political commitment and financial resources from leadership in various sectors, which would be translated into concrete laws and policies, programmes and other interventions against HIV/AIDS.

The four pathways employed by UNFPA for advocacy at the country level would include:

- Mobilizing for political will and policy change. This may involve specific changes in policies, practices, programmes or the behaviour of major national institutions that affect the public, such as government, parliament, the media, the private sector and programmes of other partners to support HIV-infection prevention;
- Alliance building and partnership with and between government and civil society, including building their advocacy capacities. UNFPA should facilitate an inclusive and participatory approach with government in the formulation, implementation, monitoring and evaluation of HIV-infection prevention interventions;
- Consensus-building to form alliances with other stakeholders to overcome resistance to change relevant religious or cultural attitudes or barriers to the prevention of the epidemic. Partnership with the media and with religious and community leaders would be very helpful to remove denial and stigmatization; and
- Community mobilization and empowerment to support HIV/AIDS interventions, using a rights-based approach. This would involve mobilizing community-based organizations and other citizens against any resistance or hindrances to HIV prevention and also viewing their personal involvement as an asset in support of interventions against HIV/AIDS.

Partnerships have the potential to strengthen and magnify any given response. They provide a mechanism for gathering and sharing information and knowledge. They provide technical guidance. They also instil a feeling of “ownership” that is essential for the sustainability of any given intervention or programme. Fostering partnerships at different levels (with United Nations organizations and agencies, Governments, the private sector and civil society, including NGOs), especially with those involved

in care and support, and with those infected and affected, is essential to meet challenges and to ensure harmonization of the continuum of prevention and care. The interplay of political, social, cultural and economic variables creates a unique situation in each country. The development of partnerships and interventions must reflect the country situation at any given time. Each entity plays a specific role that should be clarified early on. For example:

- Governments (including bodies at the community level) can be crucial in policy creation, ensuring adequate programme capacities, the identification of fiscal resources, sustainability and coordination of efforts to prevent HIV;
- Donors are critical to advocacy, resource mobilization, and financial and technical support, especially for national capacity-building with respect to HIV/AIDS;
- United Nations organizations and agencies best provide technical guidance on facets of the epidemic, leadership and coordination;
- Foundations can often offer flexible financing through grants and promote a focus on specific issues or on global problems;
- NGOs, intergovernmental organizations (IGOs) and contractors can be excellent sources of technical assistance, model approaches and training. They can also develop joint programmes through their existing networks, create awareness of needed policies and provide a “bridge” between public and private sectors in the efforts to prevent HIV;
- The private sector itself can play an important role in product and service delivery and sustainability of programmes; and
- People living with HIV/AIDS and communities have a significant contribution to make to the overall effort to support realistic and comprehensive prevention strategies.

The challenge is to identify and bring together the appropriate partners from the broad range of stakeholders to create partnerships that are both strategic and capable of implementing and sustaining programmes.

Capacity-building

The General Assembly resolution 56/201 calls on the United Nations system to explicitly articulate and implement capacity-building as a goal of the technical assistance provided. Capacity-building is one of the four strategies under the MYFF employed by UNFPA to assist countries in reaching their population and development objectives. Presently, the Fund spends more than two-thirds of its programme funds on essential activities to develop capacity both within the organization and more importantly in the countries that it supports. These include different types of training activities for national counterparts at various levels; improving technical and organizational processes and functions; improving the functioning of systems and mechanisms made up of network of partners and stakeholders; and addressing the needs of clients and communities for information through advocacy and awareness-raising activities.

For this strategic guidance to become optimally operational – the capacity among UNFPA staff at all levels needs to be continually enhanced. UNFPA staff particularly at the country level should be given the opportunity to acquire adequate knowledge on issues related to the HIV/AIDS epidemic, and to be well equipped with the necessary skills and tools to effectively analyze, programme, implement and monitor interventions for the prevention of HIV infections.

UNFPA should work in collaboration with other UN partners at all levels to intensify efforts to build national and regional capacity to analyze, strategically plan, implement and manage HIV preventive interventions. Capacity-building of national counterparts would be an important strategy in support for HIV prevention, including sub-regional and regional level training and country-level technical backstopping.

Towards this end, UNFPA at a regional and global level will intensify its support to country offices, through the expertise of specialized HIV/AIDS Advisers in the regional CSTs and through its HIV/AIDS Team at UNFPA Headquarters. In collaboration with regional training and resource institutions and CSTs, UNFPA will develop and implement a staff training programme on HIV prevention programming to complement the already developed distant-learning course on HIV/AIDS. A series of sub-regional training workshops are being planned for UNFPA field staff and national counterparts over the course of the next two years with the aim of ensuring that field staff are knowledgeable about the UNFPA strategic focus in the area of HIV prevention, and are able to effectively programme HIV prevention activities within the context of the country programme process.

On capacity-building the United Nations General Assembly resolution 56/201:

“Stresses that capacity-building and its sustainability should be explicitly articulated as a goal of technical assistance provided by operational activities of the United Nations system, with the aim of strengthening national capacities.....”

“Also stresses the importance of disseminating, to the fullest extent possible, the expertise acquired through the technical assistance provided by operational activities for development of the United Nations system in the programme countries”

“Reiterates that the United Nations system should use, to the fullest extent possible and practicable, available national expertise and indigenous technologies in the implementation of operational activities...”

“Requests the United Nations system to enhance the capacity of national Governments to coordinate the external assistance received from the international community, including from the United Nations system”

(Source: Triennial policy review of operational activities for development of the United Nations system, A/RES/56/201, March 2002)

The key actions for the further implementation of the Programme of Action - ICPD+5 calls on the United Nations system and donors to support governments in building of national capacity to plan, manage, implement, monitor and evaluate reproductive and sexual health services including services for the management of STIs and HIV/AIDS. Furthermore, it recommends that governments and international organizations create and support mechanisms to build and sustain partnerships with community-based organizations and non-governmental organizations, as well as other relevant organizations, the research community and professional organizations and together focus on human resources development and on building and strengthening national capacity to implement sustainable population and reproductive health programmes.

7. Advances in New Technologies and Issues

UNFPA along with all cosponsors in UNAIDS is committed to keeping abreast of all new technical and research developments in the field of HIV prevention. Moreover, UNFPA should also play an advocacy role in support of the research underlying the development of such potentially useful preventive products as vaccines and microbicides. It is primarily for the purpose of updating UNFPA staff on these few new technologies and approaches that they have been included in this strategic guidance document.

Vaccines

One promising tool in the arsenal to prevent HIV/AIDS is development of a vaccine. Extensive research to find a safe and effective vaccine has been ongoing for the last 15 years. International organizations, including UNAIDS and WHO, the scientific community, research agencies, the pharmaceutical industry, Governments and communities are cooperating to intensify efforts to develop a vaccine.

Vaccines have three potential roles to play in combating HIV/AIDS. They could reduce susceptibility to infection, reduce the rate of infection and/or disease progression in vaccinated people who become infected, and reduce the level of infectiousness of HIV- positive persons. Vaccine development is a complex protracted process, involving biological research and animal studies prior to conducting clinical trials on human populations. This explains why, two decades after the start of the pandemic, a suitable vaccine is still not available.

To respond to the HIV pandemic, there will be the need for multiple vaccines to be developed to address the different subtypes of the virus. Global surveillance is currently on going to assess the regional variations in HIV subtypes.

Once the relevant vaccines have been approved, several challenges are expected to arise in implementing an HIV vaccine programme. Initially, vaccines may not be fully effective. Because some studies have indicated an increase in HIV risk-taking during vaccine trials, intensive counselling will be required to limit risk-taking behaviour. Given the challenges ahead in developing and then disseminating an HIV vaccine, it cannot, at this stage in its development, be viewed as a panacea but rather as a part of a comprehensive ongoing prevention strategy.

Microbicides for HIV Prevention

One promising product under development are microbicides, which can be used vaginally or rectally to decrease microorganisms causing sexually transmitted diseases, including HIV. Microbicides could provide direct prevention of HIV infection and indirect protection by preventing STIs that increase the propensity for HIV infection. An important feature of microbicides is their potential for use in contraceptive and non-contraceptive forms, unlike barrier methods such as condoms. Microbicides would thus be ideally suited for couples who wish to have children but without risk of the transmission of HIV infection. Or, for dual protection from unwanted pregnancy and STI, condoms could be used in conjunction with microbicides for increased efficacy.

In communities where condom use is low or inconsistent, microbicides may offer a beneficial alternative, especially for women. Women are often limited in their ability to employ or insist that their partners employ many of the known strategies for preventing HIV, such as male condoms. Although microbicides afford women a weapon against HIV that they can control to some extent, microbicides protect both women and men. Some microbicides may have the ability to be used for vaginal

washing in HIV-positive women prior to vaginal delivery and, thereby reduce transmission to infants. Reinfection of HIV-positive persons would also be theoretically reduced with microbicides.

Microbicide research involves developing and testing new products, and assessing the microbicidal properties of existing spermicidal products. More than 50 microbicides are currently under development, about a fifth of which are in clinical trials (in Benin, Cameroon, Cote d'Ivoire, India, Malawi, South Africa, Thailand, Uganda, the United States and Zimbabwe, among others).

Most of the current research on microbicides is being supported by public-sector funding. Impediments to the private sector's becoming active in microbicide development include regulatory uncertainty, unclear market potential, safety and liability issues, and skepticism over whether microbicides are effective in preventing HIV and other STIs. To address these issues, an International Working Group on Microbicides was organized in 1993, with participation by UNAIDS, WHO and other international and national organizations. The working group has produced guidelines on the development of microbicides and is active in coordinating efforts to produce a safe, effective, affordable and acceptable product.

Male Circumcision

According to epidemiological and ecological studies, male circumcision is associated with a reduced risk of acquiring sexually transmitted HIV infection. On the basis of such studies controversy has emerged over the call for circumcision to become part of a public health HIV risk-reduction strategy. Proponents of circumcision argue that there is mounting evidence to correlate male circumcision with reduced rates of HIV infection and other STIs, including chancroid, syphilis and genital herpes and that the practice should therefore be encouraged as part of an HIV-prevention programme. The evidence consists of about 40 observational studies that uncircumcised men have about a two- to eight-fold increased risk for HIV infection.

Other scientists urge caution indicating that no randomized clinical trials exist to support the assertion that male circumcision reduces the risk of HIV infection, and that as yet unidentified confounder variables (including differences in religion, sexual practices and hygiene) could be responsible for the correlation.

Moreover, even if causality could be proved, male circumcision might be contraindicated for a variety of reasons. Male circumcision is a procedure that can potentially lead to infection, excessive bleeding, dismemberment, and even transmission of HIV through non-sterile equipment.

Even if the procedure were completely benign, support for male circumcision could lead to the erroneous assumption that circumcision was sufficient to completely prevent HIV infection, which could result in an increase in risk-taking behaviour. The effect of male circumcision on condom use is not known, but there is concern that condom use would be lessened if male circumcision were presented as a means of reducing the risk of STIs.

With no definitive cure for HIV/AIDS, and no vaccine yet available, it is important that any potential means of reducing the risk of HIV infection be explored. However, circumcised men are still at risk and as such proven effective measures such as condom promotion and use, behaviour change and STI prevention management must still be the main stay of preventive efforts while awaiting for more scientific evidence that validates the claims that male circumcision does reduce the risk of acquiring HIV infection.

8. The Way Forward

UNFPA has many opportunities to play a critical role in the fight against HIV/AIDS. Even with a focused perspective to adhere to its defined mandate and to concentrate on its comparative advantage and core areas, UNFPA has a decisive responsibility within the global partnership to deliver specific results in the areas of work outlined above.

In all of these areas, programme staff will need guidance and training to build their own capacities to assist national programmes in operationalizing the policies and programmes. A process to brief all the technical staff of the Country Technical Service Teams, whatever their areas of specialization, has begun and will continue. Training in technical areas such as logistics management of reproductive health commodities are also scheduled at headquarters to develop strategic frameworks and networking mechanisms.

UNFPA country offices are the front line for action. For this strategy to be implemented and make a difference, country teams, including Country Representatives, have a critical role to play. Workshops will be organized to orientate them accordingly. This is the best way to ensure that the policies and the strategic actions recommended in this document find their way into country programme documents. This strategy supposes that Country Representatives and their teams will be proactive, playing a more visible role in the HIV/AIDS Theme

Groups at the country level, with Country Representatives being more active as Theme Group Chair, and staff members being more active at the level of the Technical Working Groups where appropriate. Such activities will help ensure that the recommended strategic actions of UNFPA are taken into consideration in the joint programme; and results-oriented, to ensure the maximum impact of interventions.

Finally, the strategic orientations contained in this document have been defined at a particular period of the involvement of UNFPA in the global fight against the HIV/AIDS epidemic. As more information and knowledge are acquired about the nature and dynamic of the epidemic, as more experience and insight are gained about effective ways to handle it, and as partnerships to fight the epidemic are expanded, these strategic priorities and choices will need to be adjusted. This document should be revisited regularly and the strategic priorities redefined, keeping in mind all these elements and resource availability, ensuring that UNFPA remains effective in its response to the pandemic. It is clear that one overarching concept will remain: HIV-prevention efforts are relevant to all countries regardless of the stage of the epidemic and are most effective when implemented early.

List of Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
ARH	Adolescent reproductive health
ARV	Anti-retroviral
BCC	Behaviour change communication
CBD	Community-based distribution
CCA	Common Country Assessment
CDF	Country Development Framework
CPA	Country Programme Assessment
CSM	Condom social marketing
CSTs	Country Technical Services Teams
FGM	Female genital mutilation
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
ICT	Information communication technology
IEC	Information, education and communication
ILO	International Labour Organization
MISP	Minimum Initial Strategy Package
MYFF	Multi-year Funding Framework
NGO	Non-governmental organization
NSP	National Strategic Plan
PLWH/A	People living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
STI	Sexually transmitted infection
SWAps	Sector-wide Approaches
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing for HIV
WHO	World Health Organization

Glossary

Common Country Assessment (CCA). The CCA is a country-based process for reviewing and analysing the national development situation and identifying key issues as a basis for advocacy, policy dialogue and preparation of the UNDAF. The objective of the CCA is to attain deeper knowledge of key development challenges, based on a common analysis and understanding of the development situation. The CCA should address national needs and priorities and the status of follow-ups to United Nations conferences, conventions and declarations. The CCA Indicative Framework is a useful tool for helping countries select relevant indicators relating to the global conferences and capturing the extent of progress in the many dimensions of poverty. Expected results are an operational document, a common information base and improved United Nations collaboration.

Country Programme Assessment (CPA). Utilizing the ICPD framework, the CPA consists of a country assessment, which is a situational analysis in the fields of population, reproductive health and gender. It provides an in-depth analysis of the current situation, identifies critical health needs and recommends strategic actions for addressing these needs.

Minimum Initial Services Package (MISP). MISP is a cluster of reproductive health services to meet the minimum requirements in an emergency situation, with the expectation that comprehensive services will be provided as soon as the situation permits. MISP was developed by the Inter-Agency Working Group (IAWG) on Reproductive Health in Refugee Situations.

Multi-Year Funding Framework (MYFF). MYFF is a framework for integrating objectives, resources, budgets and outcomes, which is designed to link results with resources over a period of time. See, for more details, The Multi-Year Funding Framework, Report of the Executive Director, DP/FPA/2000/6, 6 March 2000.

Sector-wide approaches (SWAp). Integrated development programmes call for new types of partnerships among Governments, donors, development banks, the private sector and the wider civil society. The SWAp is designed to bring about a more coordinated approach to sector financing than was previously employed in project-based development. See, for more details, UNFPA and Sector-Wide Approaches, DP/FPA/1999/CRP.1, 4 February 1999.

United Nations Development Assistance Framework (UNDAF). UNDAF is the planning framework for the development operations of the United Nations system at country level. The Framework consists of common objectives and strategies of cooperation, a programme resources framework and proposals for follow-up, monitoring and evaluation. It is developed with the full participation of United Nations organizations and agencies, the Government and development partners and lays the foundation for cooperation among these through the preparation of a complementary set of programmes and projects.

Annexes

Annex I

ICPD+5 Goals

The following goals are enunciated in Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development A/RES/S-21/2.

ICPD +5 para 53 Governments, with assistance from the international community, should develop and use indicators that measure access to and choice of family-planning and contraceptive methods and indicators that measure trends in maternal mortality and morbidity and HIV/AIDS, and use them to monitor progress towards the goal of the International Conference on Population and Development of universal access to reproductive health care. Governments should strive to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections; including sexually transmitted diseases, and barrier methods, such as male and female condoms and microbicides if available, to prevent infection. By 2005, 60 per cent of such facilities should be able to offer this range of services, and by 2010, 80 per cent of them should be able to offer such services.

ICPD+5 para 67 Governments, from the highest political levels, should take urgent action to provide education and services to prevent the transmission of all forms of sexually transmitted diseases and HIV and, with the

assistance, where appropriate, of UNAIDS, develop and implement national HIV/AIDS policies and action plans, ensure and promote respect for the human rights and dignity of persons living with HIV/AIDS, improve care and support for people living with HIV/AIDS, including support services for home-based care, and take steps to mitigate the impact of the AIDS epidemic by mobilizing all sectors and segments of society to address the social and economic factors contributing to HIV risk and vulnerability. Governments should enact legislation and adopt measures to ensure non-discrimination against people living with HIV/AIDS and vulnerable populations, including women and young people, so that they are not denied the information needed to prevent further transmission and are able to access treatment and care services without fear of stigmatization, discrimination or violence.

ICPD +5 para 68 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. Gender, age-based and other differences in vulnerability to HIV infection should be addressed in prevention and education programmes and services. Governments should develop guidelines for HIV treatment and care, emphasizing equitable access, and for wide provision of and access to voluntary HIV testing and counselling services, and should ensure wide provision of and access to female and male condoms, including through social marketing. Advocacy and information, education and communication campaigns developed with communities and supported from the highest levels of Government should promote informed, responsible and safer sexual behaviour and practices, mutual respect and gender equity in sexual relationships.

Special attention needs to be given to preventing sexual exploitation of young women and children. Given the enhanced susceptibility to HIV/AIDS of individuals infected by conventional and treatable sexually transmitted diseases and the high prevalence of such diseases among young people, priority must be given to the prevention, detection, diagnosis and treatment of such infections. Governments should immediately develop, in full partnership with youth, parents, families, educators and health-care providers, youth-specific HIV education and treatment projects, with special emphasis on developing peer-education programmes.

ICPD +5 para 70 Governments, with assistance from the Joint and cosponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

ICPD +5 para 71 The private and public sectors should increase investments in research on the development of microbicides and other female-controlled methods, simpler and less expensive diagnostic tests, single-dose treatments for sexually transmitted diseases and vaccines. Governments, in particular of developing countries, with the support of the international community, should strengthen measures to generally improve the quality, availability and affordability of care of people living with HIV/AIDS.

ICPD +5 para 72 In accordance with its mandate, the Joint and cosponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome should be provided with financial resources in order to do the utmost to ensure a well-coordinated response from the United Nations system to the HIV/AIDS pandemic and to provide support to national programmes, particularly in developing countries.

ICPD +5 para 97 Since the HIV/AIDS pandemic is having a more severe impact than was originally projected, special attention should be given to providing promptly the necessary resources as has been called for in the Programme of Action for the prevention of sexually transmitted diseases and HIV. Particular attention should be given to vulnerable populations, especially children and young people. All countries affected by the pandemic must continue to make efforts to mobilize domestic resources from all sources in order to combat it. The international community is called upon to assist developing countries and countries with economies in transition in their efforts. Additionally, Governments and the donor community should intensify efforts to provide resources for care and support of those affected by HIV/AIDS and for specialized prevention needs.

Annex II

Regional HIV/AIDS statistics and features, end of 2001

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	28.1 million	3.4 million	8.4%	55%	Hetero
North Africa & Middle East	Late '80's	440 000	80 000	0.2%	40%	Hetero, IDU
South & South-East Asia	Late '80s	6.1 million	800 000	0.6%	35%	Hetero, IDU
East Asia & Pacific	Late '80s	1 million	270 000	0.1%	20%	IDU, hetero, MSM
Latin America	Late '70s – early '80s	1.4 million	130 000	0.5%	30%	MSM, IDU, hetero
Caribbean	Late '70s – early '80s	420 000	60 000	2.2%	50%	Hetero, MSM
Eastern Europe & Central Asia	Early '90s	1 million	250 000	0.5%	20%	IDU
Western Europe	Late '70s – early '80s	560 000	30 000	0.3%	25%	MSM, IDU
North America	Late '70s – early '80s	940 000	45 000	0.6%	20%	MSM, IDU, hetero
Australia & New Zealand	Late '70s – early '80s	15 000	500	0.1%	10%	MSM
Total		40 million	5 million	1.2%	48%	

Source: UNAIDS and WHO (2001), AIDS Epidemic Update: December 2001 (Geneva, 2001), p. 3.

Notes:

* The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 2000, using 2001 population number.

** Hetero (heterosexual transmission), IDU (transmission through infecting drug use), MSM (sexual transmission among men who have sex with men).



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