

Together we can

Joint United Nations Programme on HIV/AIDS
UNAIDS
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Together we can

Leadership in a world of AIDS



PREFACE

The General Assembly Special Session on HIV/AIDS takes place as the world is at last starting to respond to the global AIDS crisis in a way that measures up to it. As we have seen in the advances achieved so far—and as this publication spells out—that response begins with leadership. It requires leadership from the top, but not only from the top. Building a full-scale response to HIV/AIDS requires a pooling of energy, creativity and resources from every possible quarter. The magnitude of the effort requires that new partners be brought to the table, from every sector of society, because all of them make a crucial difference to this struggle.

Wherever it takes hold, the AIDS epidemic feeds on existing economic and social problems. Ultimately, the test of our leadership will be how decisively we address the enduring poverty, inequality and inadequate infrastructures that are the enablers of this terrible disease. It is only by doing so that we can empower individuals, communities and countries to play their full part as leaders in the fight against HIV/AIDS.



Kofi A. Annan, United Nations Secretary-General



FOREWORD

Twenty years have passed since the world first became aware of AIDS. Over those 20 years, the epidemic has spread further and its impact has been more severe than anyone could have imagined.

Responses to the HIV/AIDS epidemic have shown humanity at both its worst and its best. Denial, blind panic and victim-blaming have been among the worst responses. But gradually, courage, creativity, care and new reserves of compassion have come to the fore. This collective humanitarian effort means the world now knows what it will take to turn the epidemic around.

Because the impact of AIDS is felt on every continent and in every field of human endeavour, an effective response to AIDS has to be equally broad. It requires all of us to find new ways of working together by:

- harnessing the leadership of governments to the energy and creativity of community organizations;
- bringing together the weight of all institutions—religious, social, political, economic—so they generate shared momentum; and
- finding new and better ways to bring public and private interests together, on everything from access to life-saving drugs, to protecting and supporting the workforce from the impact of the epidemic.

The decision of the General Assembly of the United Nations to convene a Special Session on HIV/AIDS is testament to the collective will of nations worldwide to join in redoubling their efforts against the epidemic. This report is designed to complement the Special Session by setting out some of the key elements of effective responses, based on the global experience in tackling the epidemic.

Above all, effective action against HIV/AIDS has required sustained and effective leadership at every level—from village to global. Leadership commitment is the basis for:

- systematic and accountable planning;
- tackling stigma;
- addressing the needs of those most vulnerable to infection and those made vulnerable by the impact of AIDS;
- supporting communities in their efforts to devise effective solutions to the spread and impact of AIDS; and
- strengthening the infrastructure needed in health, planning and development sectors.

Because turning back the AIDS epidemic will not happen through 'business as usual', UNAIDS itself exists as a unique entity, a HIV/AIDS programme that brings together the collective expertise and efforts of seven cosponsoring organizations: UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank. But the collective response to AIDS extends far beyond these bounds, to embrace nongovernmental organizations, community actors, private corporations and, ultimately, every one of us acting in global citizenship.

Can we act with sufficient force and urgency to turn back the global AIDS epidemic?

Together we can.



Peter Piot, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS)

THE CHALLENGE

HIV/AIDS is triggering national emergencies around the globe. It is destroying the lives of individuals and communities, wiping out hard-earned economic and social development gains and threatening social and political stability.

Even the worst-case scenarios of a decade ago underestimated the severity and scale of the HIV/AIDS epidemic. As morbidity and mortality rates rise—and the effects cascade through societies—the epidemic is weakening countries' institutions, and reversing decades of much-needed progress in health, education, literacy, and human and economic development.

Fortunately, it can be turned around. Although the varied nature of HIV/AIDS defies a universal blueprint, 20 years of experience have shown the need for an extraordinary, expanded response incorporating the following elements:

— Constant, visible examples must be set to promote openness about HIV/AIDS and defuse the associated stigma and discrimination;

— The response required to deal with the epidemic should extend across the various sectors (and at the different levels) of the state and civil society;

— Coherent national strategies and plans that draw a wide range of actors into the response are essential;

— Social policy reforms are needed to reduce people's vulnerability to HIV infection;

— Strategies should be grounded in communities' activities and mobilization, but these communities must also be enabled to rise to those challenges;

— The involvement of people living with HIV/AIDS is paramount;

— Broad and equitable access to prevention and care is vital, as is the realization that those dimensions are inseparable;

— Lessons learned must be translated back into practice;

— Adequate resources must be deployed—nationally and globally—against the epidemic.

Key to each element is leadership commitment—from households to communities, national governments and global institutions, and from local leaders to international figures. It is this commitment that inspires action, attracts the necessary human and financial means, and facilitates the creation of supportive policy changes and laws.

Every advance in the global struggle against HIV/AIDS has borne the mark of leadership. The successes have hinged on the perseverance of visionary and courageous people. Some are high-powered political and religious leaders and international icons. Others, less visible, have been no less effective in their actions as workers, students, business people, entertainers, politicians, community activists and village leaders.

These leaders are distinguished by their determination to act and innovate, to lead through example and encouragement, and to not be cowed by setbacks.

Some command vast assets and powers. Many others are armed only with their resolve, values and ingenuity. Driven by personal commitment, they offer the sparks of invention, marshal resources and forge partnerships—in all walks of life. These leaders do not just implore. They inspire confidence through the examples they set, the initiatives they generate and the achievements they nurture.

We now know from experience that the epidemic does yield to potent responses. Yet the scale of the emergency tends to eclipse the successes achieved. Though not yet widespread, such successes, along with the lessons drawn from failures, are the launching pads for an extraordinary global response to curb HIV/AIDS.

It is clear that:

— Too many people still seek shelter in silence. The corrosive effect of secrecy and denial can be offset by the determination and courage of people who speak out and act against the epidemic.

— Inaction has become inexcusable. We now have a far better understanding of the policies, programmes and partnerships required between government and civil society for an effective, expanded response. Such initiatives harmonize the resources of governments and international agencies with those of activists—from people living with HIV/AIDS, to community-based organizations, religious and academic institutions and nongovernmental organizations.

— Communities everywhere are becoming more aware of the kinds of activities that work best in their settings. Grassroots home-based care services are proving critical in providing basic care for people living with HIV/AIDS. Local financing schemes (often run as cooperatives) are re-organizing themselves to help prevent families from becoming destitute. Young people's peer education projects are changing attitudes and blunting stigma and prejudice. Traditional leaders and healers are stepping to the fore. Many of these efforts, though, are scattered, denied the support and resources they need.

— Thanks to the energies and determination of activists, community organizations and responsive leaders everywhere, many governments, state institutions and businesses are now alert to the threats of the epidemic. Political support for more vigorous and sustained action is higher than ever—from communities in Brazil, Nepal, South Africa and Ukraine, to bodies such as the UN Security Council, which has hosted several debates on HIV/AIDS. Still, top-level political and corporate leaders must convert rhetoric into action more swiftly and decisively.

— Some leaders have created legislative and policy environments that make it possible to sharpen and widen responses. National HIV/AIDS strategies are being used to coordinate the actions of government departments, recruit the support of nongovernmental organizations, and channel funds and resources to community initiatives. But those efforts must become more widespread and sustained to make lasting inroads against the epidemic.

— Some businesses are implementing workplace programmes to protect workers against HIV infection and its consequences. Along with trade unions, they are also putting their networks and resources at the disposal of broader HIV/AIDS campaigns. However, they are the exception and not yet the rule. The need for committed action in the private sector remains immense.

— The Heavily Indebted Poor Countries Initiative promises to trim some US$30 billion from developing country debt—savings that can be deployed against HIV/AIDS. But the funds flowing to support the response in sub-Saharan Africa—the poorest region in the world—are still a far cry from the US$3 billion needed to fund basic prevention and care programmes. Large-scale antiretroviral programmes would cost several billion dollars more. (Antiretroviral treatment involves the use of drugs that act against retroviruses such as HIV.)

Much more must be done. There is no avoiding the fact that the necessary leadership actions and commitments occur in a world of inequalities, with resources and opportunities abundant in some regions, and scarce in others. Leadership alone cannot turn the tide. However, the commitment of leaders everywhere is a prerequisite for an effective global response.

"Individually, we must demonstrate the qualities of courage, integrity and respect for others. Collectively, our governments must recognize that leadership means abandoning rhetoric and taking action. They must energize our people and mobilize the necessary resources to conduct the campaign against HIV/AIDS."

Graça Machel
African Development Forum, Addis Ababa,
December 2000

"You can love people with AIDS. You can touch them. You can be their friends. You can look after them. We are all the same."

Nkosi Johnson, AIDS activist, Johannesburg, South Africa



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AN OVERVIEW OF THE EPIDEMIC

HIV has generated an AIDS epidemic that has spread to every part of the world. Today, an estimated 36 million people are living with HIV. The epidemic has proved devastating. It is reversing important development gains, robbing millions of their lives, widening the gap between rich and poor, and undermining social and economic security.

Dozens of countries are already deep in the grip of the HIV/AIDS epidemic, with many more teetering on its brink. The scale of the threat they face is unprecedented, outstripping the worst-case scenarios of a mere decade ago.

In 2000, some 5.3 million people became infected globally, 600 000 of them children. Over the next decade, without effective antiretroviral treatment and care, they will join the ranks of those who have already died of AIDS—at least 4.3 million of them children who never lived to celebrate their fifteenth birthday. Since the first clinical evidence of AIDS was reported in June 1981, some 22 million people have died of AIDS.

Prevention campaigns are reaching millions, but they are still missing too many young people. Recent surveys in 17 countries show that more than half the adolescents questioned could not name a single method of protecting themselves against HIV/AIDS. Condoms are being distributed in greater numbers than ever before, but demand is still too small to drastically reduce the incidence of new HIV infections. Every month that the full-scale campaign needed to stop the terrifying epidemic is postponed, 440 000 more people are infected with the virus. More potent antiretroviral drugs and treatments for opportunistic diseases are being developed. Yet they remain out of reach for the vast majority.



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Sub-Saharan Africa

Sub-Saharan Africa remains by far the worst affected—but most poorly resourced—region in the world. More than 25 million Africans are living with HIV and a further 17 million have already died of AIDS—three times the number of AIDS deaths in the rest of the world. The death toll claimed by the epidemic in 2000 was ten times that of the region's wars and civil conflicts.

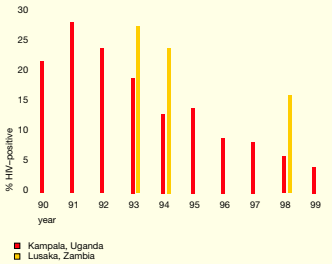
Two million more women than men carry HIV. By the end of 1999, 12.1 million children in the region had been orphaned by AIDS. The tragedies abstracted in such figures defy description.

Patterns of transmission vary, as do the sections of populations most at risk. In sub-Saharan Africa, the virus spreads mainly through heterosexual intercourse, in all social groups. Women's physiological, social and economic vulnerability, however, contributes to their higher rates of infection in this region. Across the continent, an estimated 1.1 million children under 15 were living with HIV at the end of 2000—evidence that mother-to-child transmission is also claiming increasing numbers of lives. Indeed, the region is home to over 90% of all children who became infected through mother-to-child transmission in 2000.

Uganda is the only African country to have turned a major epidemic around. Its extraordinary effort of national mobilization pushed the adult HIV prevalence rate down from around 14% in the early 90s to 8% in 2000. (The adult prevalence rate represents the estimated number of people aged 15-49 living with HIV/AIDS.) The prevalence rates in Ethiopia and Kenya remain stubbornly in double digits. In West Africa, whereas Senegal has managed to slow transmission, Côte d'Ivoire is one of the 15 worst affected countries in the world, and the adult prevalence in populous Nigeria has passed 5%.

East Africa has been overtaken by the continent's southern region as the area with the highest rates of infection. In southern Africa, the epidemic is still spinning out of control, despite belated efforts to contain it. In several countries (Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe), at least one in five adults is HIV-positive. In Botswana, the adult prevalence rate is approaching 36%, prompting the government and public to redouble their efforts to bring the epidemic under control. South Africa has renewed its efforts to contain the epidemic, but it will take years for this to bear fruit. In 2000, the HIV prevalence rate among pregnant women in South Africa rose to its highest level ever: 24.5%, bringing to 4.7 million the total number of South Africans living with the virus.

HIV prevalence in 15–19-year-old pregnant women, Kampala and Lusaka



Source: National AIDS Programmes, Uganda (1990-1999) and Zambia (1999)

The effects of prevention campaigns are becoming more evident among young people in parts of Africa—for instance, in Uganda and in the Zambian capital, Lusaka. Unfortunately, this does not rapidly translate into lower prevalence rates across the population.

Latin America and the Caribbean

In Latin America and the Caribbean, the spread of HIV is driven by a variety of factors, including unsafe sex between men and women (the main mode of transmission in the Caribbean and much of Central America). Elsewhere (in Costa Rica and Mexico), infection rates are highest among men who have sex with men and, in Argentina, Brazil and Uruguay, they are highest among injecting drug users. Nevertheless, heterosexual transmission accounts for an increasing share of infections throughout the region.

In Latin American and Caribbean countries, almost 1.8 million people are living with HIV/AIDS, including the 210 000 adults and children who became infected in 2000. At 5%, Haiti has the highest HIV adult prevalence rate in the world outside sub-Saharan Africa, and the rate in five other Caribbean countries hovers around 2% of the adult population. Brazil seems to be containing a potentially major heterosexual epidemic, thanks to its spirited prevention efforts.

Asia and the Middle East

Asia, home to more people than any other region, is seeing alarming increases in the number of infections. Six million people are living with HIV/AIDS—a figure that is set to multiply manifold unless concerted and determined measures to halt the epidemic are swiftly introduced.

In 2000, an estimated 780 000 people became infected in South and South-East Asia, with the adult HIV prevalence exceeding 2% in Cambodia, Myanmar and Thailand. Given India's vast population, its low prevalence rate (0.7%) nonetheless translates into 3.7 million people living with HIV/AIDS—more than in any other country besides South Africa. Unsafe sex and drug-injecting practices largely account for rising prevalence rates. While East Asia and the Pacific region still appear to be holding HIV at bay, the recent steep rise in sexually transmitted infections in China and the vast transmigration of people (spurred by the country's economic growth) could unleash an epidemic.

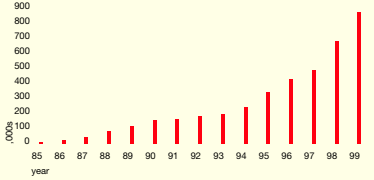
Meanwhile, in North Africa and the Middle East, infections are rising off a low base. Localized studies in Algeria, for instance, reveal prevalence rates of about 1% among pregnant women. Across the region, there were an estimated 80 000 new infections in 2000, bringing to 400 000 the number of people living with HIV/AIDS.

Central and Eastern Europe

Infection rates are climbing ominously in Eastern Europe and Central Asia, where overlapping epidemics of HIV, injecting drug use and sexually transmitted infections are swelling the ranks of people living with HIV/AIDS. Most of the quarter million people who became infected in 2000 were men—almost all injecting drug users living on the margins of society. In some parts of the region, more infections occurred in 2000 than in all previous years combined.

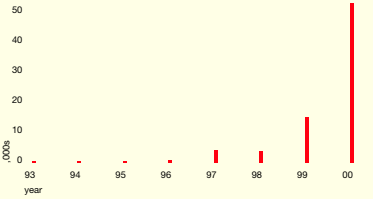
New epidemics have emerged in Estonia and Uzbekistan, while, in Ukraine, 240 000 people were living with HIV/AIDS in 1999. In 1996, only a few cities in the Russian Federation reported HIV cases; today, 82 of its 89 regions harbour the virus. The epidemic is still concentrated among injecting drug users and their sexual partners. But growing prostitution and alarmingly high levels of sexually transmitted infections could, in a climate of jolting social change, cause it to spread rapidly into the general population.

Annual number of reported sexually transmitted infections in China, 1985-1999



Source: *Chen X-S et al.* Epidemiologic trends of sexually transmitted diseases in China. *Sex Transm Dis*, 2000, *27*: 138-142; and *Monitoring the AIDS Pandemic. The status and trends of the HIV/AIDS epidemics in the world*, 5-7 July 2000, Durban, South Africa.

Annual number of newly registered HIV infections, Russian Federation, 1993-2000.



Source: Russian Federal AIDS Centre, Moscow, 2001.

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"HIV/AIDS threatens us all. Denying that we have a problem is fruitless. That goes for everyone, but especially for political and business leaders. For political leaders, to save their countries and people from AIDS, they have to make bold and tough political decisions to admit the existence of risky sex and drug use, and to talk about condoms. For business leaders, AIDS will kill their productive force and customers unless they start their workplace AIDS policy and put money into HIV prevention."

Mechai Viravaidya, Thai Senator and UNAIDS Goodwill Ambassador

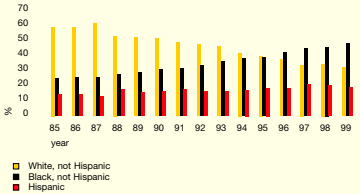
Industrialized countries

The view that the epidemic is a thing of the past in high-income industrialized countries is wrong. Almost 1.5 million live with HIV in those regions, many of them productively, thanks to pervasive antiretroviral therapy. However, that achievement is shadowed by the fact that prevention efforts are stalling in most industrialized countries.

In some countries, a new pattern is emerging, with the epidemic shifting towards poorer people—especially ethnic minorities—who face disproportionate risks of infection and are more likely to be missed by prevention campaigns and deprived of access to treatment (see graph). The HIV prevalence rates among injecting drug users give cause for alarm: 18% in Chicago and as high as 30% in parts of New York. By contrast, needle and syringe exchange schemes in Australia have kept prevalence rates low among injecting drug users.

And, as safe sex messages fade and complacency sets in, infection rates in some North American cities are again rising among men who have sex with men. One urban United States study found a HIV prevalence of 7.2% among this group. Also reported are sharp increases in sexually transmitted diseases among men who have sex with men in Amsterdam—an indication that unsafe sex threatens to become the norm again. There are signs that unsafe sex between men might also be a growing factor in Eastern Europe's epidemic.

Proportion of newly reported AIDS cases by race/ethnicity, 1985-1999, United States of America



Source: U.S. Centers for Disease Control and Prevention, 2000.

"A constant theme in all our messages has been that, in this inter-dependent and globalized world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS."

Nelson Mandela, former president of South Africa

The impact

The demographic impact is devastating. In southern Africa, like the rest of the continent, life expectancy rose steadily between the 1950s and the late 1980s. Citizens of these countries could, on average, expect to live to their 58th birthday. In combination with other socioeconomic reversals, AIDS is up-ending those achievements. Now, a child born between 2005 and 2010 can expect to die before the age of 45.

The effects of the epidemic radiate from the household across society. In Côte d'Ivoire, urban households that have lost at least one family member to AIDS have seen their incomes drop by 52-67%, while their health expenditures soared four-fold. To cope, they have cut their food consumption by up to 41%. Rural households facing similar predicaments in Thailand are seeing their agricultural output shrink by half. In 15% of the cases, children are removed from school to take care of ill family members and to regain lost income. Almost everywhere, the extra burdens of care and work are deflected onto women, especially the young and the elderly.

Policing and justice systems are fraying as more personnel succumb to the epidemic. Armed forces appear to have especially high rates of infection, as do specific economic sectors (notably the mining, transport and construction industries). A grievous toll is being taken on workforces, especially the more skilled elements. In 15 countries studied by the International Labour Organisation, it was found that there would be 24 million fewer people in the workforce by 2020 as a result of HIV/AIDS. Already, companies in badly hit areas are seeing rising sick leave rates, and higher insurance and medical care expenses, while soaring rehiring and retraining costs drive productivity down and eat into their profit margins.

Productivity and competitiveness are compromised, discouraging new investors. In some instances, the impact may be severe enough to compromise law and order services and contribute to social instability in the future.

In some countries, health care systems are losing up to a quarter of their personnel to the epidemic. The education sector is also hard hit. Teachers cannot be trained swiftly enough to replace predecessors who succumbed to HIV-related illnesses. In 1999 alone, an estimated 860 000 children lost their teachers to AIDS in sub-Saharan Africa. Yet, the right to education and the need for life-saving information about the epidemic remain as undiminished as they are unfulfilled. According to a study of 35 developing countries, uneducated men and women are five times more likely to know nothing about the disease than are those with post-primary schooling.

The epidemic actually comprises multiple epidemics, each adapting to local conditions. As they advance, they simultaneously feed off and trigger development crises. Not only are they indices of stunted social and economic development, they are also erasing hard-won achievements.

In harrowing ways, the past two decades have taught the world that the HIV/AIDS epidemic is nothing less than a global emergency. Curbing it calls for an extraordinary global response built on increased resources, improved coordination and the unprecedented commitment and initiative of leaders everywhere.

Yardsticks of leadership



Leadership commitments

1. To ensure an extraordinary response to the epidemic, which includes the full engagement of top-level leaders to achieve measurable goals and targets.

2. To reduce the stigma associated with HIV and AIDS and to protect human rights through personal and political advocacy and the promotion of policies that prevent discrimination and intolerance.

3. To affirm and strengthen the capacity of communities to respond to the epidemic.

4. To protect children and young people from the epidemic and its impact, especially orphans.

5. To meet the HIV/AIDS-related needs of girls and young women and to minimize the circumstances that disadvantage women with respect to HIV/AIDS.

6. To protect those at greatest risk of HIV/AIDS, including sex workers and their clients, injecting drug users and their sexual partners, men who have sex with men, refugees and internally displaced people, and persons separated from their families due to work or conflict.

7. To ensure the provision of care and support to individuals, households and communities affected by HIV/AIDS.

8. To promote the full participation of people living with and affected by HIV/AIDS in the response to the epidemic.

9. To actively support the development of partnerships required to address the epidemic—in particular, those required to improve access to essential information, services and commodities.

10. To intensify efforts in socio-cultural, biomedical and operations research to accelerate access to prevention and care technologies, to improve our understanding of factors which influence the epidemic, and enhance actions to address it.

11. To strengthen human resource and institutional capacities required to support service providers engaged in the response to the epidemic—in particular, those in the education, health, judicial and social welfare sectors.

12. To develop enabling policies, legislation and programmes which address individual and societal vulnerability to HIV/AIDS and mitigate its socioeconomic impacts.

A global plan

In July 1999, United Nations Member States committed themselves to achieving major reductions in HIV infection rates among young people in the most affected countries by 2005 and, globally, by 2010. It was the first time specific global targets had been fixed for HIV/AIDS responses. But lacking at that point was a comprehensive strategy for realizing those goals. Today, such a global framework exists.

It encourages leaders everywhere to intensify their actions against the epidemic. It proposes an all-encompassing, common understanding of the epidemic, derived from the wealth of experiences and information accumulated over the past two decades. Most importantly, it sets out a platform of guiding principles and leadership commitments for an expanded response.

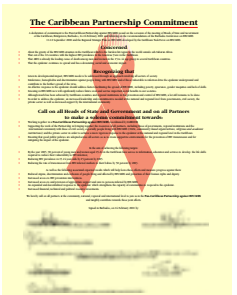
It is finally possible to devise a platform for action that incorporates the insights and lessons garnered over the past two decades. At its centre stands the conviction that tackling the epidemic is an indisputable, global priority, and that an expanded, extraordinary response is not simply necessary, but feasible.

Leading an extraordinary response

The epidemic poses challenges to all—from national leaders, to parents and heads of households. Exceptional personal, moral, political and social commitment is required. Most of all, leadership calls for many fundamental actions that should be taken anyway to enhance quality of life, but too often end up being neglected. They include national and global policy reforms that enable individuals and communities to protect themselves and their livelihoods.

In some of the worst affected regions, top-level expressions of political commitment are now common. In Africa, Asia and the Caribbean, for instance, regional bodies like the Organization of African Unity (OAU) and the Caribbean Communities Secretariat (CARICOM) now highlight the need to confront the HIV/AIDS epidemic, as do dozens of government leaders. Such declarations are a heartening contrast to the comparative indifference to HIV/AIDS just a few years ago.

At the African Development Forum, organized by the United Nations Economic Commission for Africa in late 2000, leaders from that continent mapped and committed themselves to strategies to halt the epidemic's advance. More recently, the Pan-Caribbean Partnership Against HIV/AIDS has emerged as a key player in the struggle against the epidemic in that region. An object lesson in pooling resolve and resources, the initiative harnesses the efforts of CARICOM, governments, NGOs, UNAIDS and other international agencies, donors and academic institutions. It has pinned up its targets for all to see, basing them on the goals set in the United Nations Millennium Declaration, which the General Assembly adopted in September 2000.



The Caribbean Partnership Commitment

Call on all Heads of State and Government and on all Partners to make a welcome commitment towards:

Commitment is measured by action on a wide range of fronts. The scale of the worldwide crisis is such that those efforts will have to be extraordinary. And they should be tailored to achieve measurable goals.

In countries with high HIV adult prevalence rates, prevention programmes should target explicit, realistic reductions and aim to cushion communities against the impact of the epidemic. Where prevalence is still low, the response should look to contain and then reverse infection rates. It is vital that these activities reach all social groups and classes.

There is abundant evidence that prevention works, as demonstrated by urban gay communities in North America and Western Europe, injecting drug users in Australia and heterosexual populations in countries like Brazil, Senegal, Thailand and Uganda. In the Ugandan capital Kampala, for example, determined prevention efforts sent HIV prevalence rates among teenage women plummeting from 28% in 1991 to 6% in 1998. Prevention projects cut prevalence among 21-year-old Thai military conscripts by almost half over the same period.

The benefits reaped by countries that invest in concerted and vigorous prevention programmes are huge. Just as evident are the many positive ways in which prevention, care and support efforts reinforce one another, making it essential for those activities to occur in tandem.

But not everyone is able to take preventative measures. Economic insecurity, displacement caused by conflicts and disasters, illiteracy, violence and abuse, and exclusion from information deprive millions of the ability to protect themselves and others. It has become evident that more decisive steps are needed to reduce people's vulnerability. This calls for the review and repair of social and economic policies that entrench inequalities, discrimination and social exclusion. Governments of the world have already declared their intention to achieve many of these goals, most comprehensively at the United Nations Millennium Summit in 2000. The challenge now is to observe the pledges. The authenticity and vigour of their leadership will be measured against such achievements.

The attention directed at the epidemic is not always matched by the resources made available to fight it. This applies as much to the rich, industrialized countries as to poorer countries that also have competing urgent needs.

It is the combination of vigorous leadership and adequate resources that is a prerequisite for an extraordinary response.



Vivid targets

A successful response requires clear targets. They exist. In mid-1999, for instance, at the follow-up to the International Conference on Population and Development, governments of the world agreed to ensure that, by 2005, "at least 90%, and, by 2010, at least 95%, of young men and women aged between 15 and 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection." Countries also pledged to provide young people with female and male condoms, voluntary HIV testing, counselling and follow-up. By 2005, they vowed, prevalence among young people would be lowered by 25% in the most affected societies.

An African consensus

"Success in overcoming the HIV/AIDS pandemic demands an exceptional personal, moral, political and social commitment on the part of every African. Leadership in the family, the community, the workplace, schools, civil society, government and at an international level is needed to halt the preventable spread of HIV/AIDS, and to provide a decent life for all citizens of Africa. Each and every one of the leadership acts necessary to prevent HIV/AIDS and to help those living with HIV/AIDS, without exception, are things we want anyway for a better, more developed Africa, and must be implemented in full and without delay."

Preamble to "The African Consensus and Plan of Action: Leadership to Overcome HIV/AIDS", agreed to at the African Development Forum 2000, convened in Addis Ababa in December 2000. Some 1500 African leaders and policy-makers, development groups, youth and business people met to map a continental plan of action against the epidemic.

Quick off the mark

Although prevalence is still relatively low in Bangladesh, the country's leaders have chosen to act early and decisively. At the UN Millennium Summit in 2000, Prime Minister Sheikh Hasina was one of many leaders to highlight HIV/AIDS as a priority. Her government teamed up with international partners to raise almost US$70 million, after which the World Bank stepped in with an additional US$40 million credit to help fund an extensive strategy to stem the nascent epidemic.

"If I am disappointed with a tape, we shoot it again. But with AIDS, the movie's over. It's up to you and me to break the silence."

Danny Glover, film star

"We have a desperate and pressing need to wage a war on all fronts to guarantee and realize the human right of all our people to good health."

Thabo Mbeki, President of South Africa, opening the 13th International AIDS Conference, Durban, July 2000

"HIV/AIDS may be the biggest public health and development challenge the world has ever faced. We have an overwhelming moral obligation to help countries fight the pandemic and its consequences. The first line of defence is prevention. If we emphasize prevention, and keep that aim clearly before us, treatment will become less burdensome for all countries."

Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA)

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At the highest level

The United Nations Development Programme (UNDP)-supported National Human Development Report for Botswana in 2000 focused on HIV/AIDS and provided both policy guidance and a boost for political action at the highest levels. The report spurred a public discussion on the accessibility of antiretroviral drugs and on whether the government should be responsible for providing them. The government is preparing to improve access to antiretroviral drugs and has boosted its budget allocations to HIV/AIDS programmes. The president, Festus Mogae, has also ordered that an abridged version of the National Human Development Report be distributed in all senior primary and junior secondary schools.



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Erase stigma. Protect human rights

The HIV/AIDS epidemic flourishes amid stigma, fear and denial—deep-seated sensibilities not easily dislodged. They stem from people's dread of fatal illness, of the association of infection with so-called deviant behaviour, and of the clashes between sexual (and other social) realities and the often stern moral codes that govern societies. Most of all, they are imbedded in people's belief that, by revealing that they have HIV, they risk being robbed of their livelihoods, families and friends, and even face violence.

The effects are devastating. Discrimination against people living with HIV/AIDS denies them access to treatments, services and support and hinders effective responses. It creates a climate in which government, corporate and other leaders can sidestep decisive action.

The best response to the stigma and denial that shroud the epidemic has invariably been provided by people living with HIV/AIDS. They bring faces and voices to the realities many would prefer to keep abstract and distant. Some are as young as South Africa's 12-year-old Nkosi Johnson, who touched the world with his plea for stronger action during the 13th International AIDS Conference in Durban. Others are as indefatigable as Brazil's Jaqueline Rocha—a transsexual activist who bombarded her health ministry with information and enquiries until they sat up and took notice. A co-leader of the Brazilian national Network of People Living with HIV/AIDS, Rocha today sits on the country's National AIDS Commission, along with the scientists, activists, doctors, journalists and planners responsible for the country's AIDS response.

> "Respect for civil and human rights in the context of HIV/AIDS is an integral part of an effective national response in every country. Prevention, treatment and care efforts will fail if infected and affected people cannot organize and participate fully in the local or national response to the epidemic."
>
> International Council of AIDS Service Organizations, statement to the UN Commission on Human Rights, Geneva, 1999

These kinds of examples can lead to organized activities and even mass movements that press political leaders, communities and governments into action or keep treatment and care high on societies' agendas. Examples of success are abundant. In Cambodia, the Khmer HIV/AIDS NGO Alliance has cultivated greater public acceptance of people living with HIV/AIDS, to such an extent that some politicians have stepped forward to declare their HIV-positive status and, in Phnom Penh, the local police and military have come on board in a project that helps sex workers protect themselves against the epidemic.

But if people are to choose candour over secrecy, they have to have an environment that will protect them. Government action is required to guarantee the protection of fundamental human rights, as well as reviewing and improving legal instruments, and extending people's access to legal services and information.

Human rights must be protected if people's vulnerability to infection and illness is to be reduced. Along with steps to eliminate discrimination against people infected with HIV, the right to health care, information and other social and economic rights inscribed in United Nations human rights conventions and the Universal Declaration of Human Rights must be realized. Implementation of international guidelines on HIV/AIDS and human rights is essential. In preventing the spread of HIV, individual and collective human rights, as well as public health interests, are simultaneously protected.

HIV-related human rights guidelines

GUIDELINE 1:
States should establish an effective national framework for their response to HIV/AIDS, which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities across all branches of government.

GUIDELINE 2:
States should ensure, through political and financial support, that community consultation occurs in all phases of HIV/AIDS policy design, programme implementation and evaluation and that community organizations are enabled to carry out their activities, including in the field of ethics, law and human rights, effectively.

GUIDELINE 3:
States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations.

GUIDELINE 4:
States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against vulnerable groups.

GUIDELINE 5:
States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities from discrimination in both the public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasize education and conciliation, and provide for speedy and effective administrative and civil remedies.

GUIDELINE 6:
States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of qualitative prevention measures and services, adequate HIV prevention and care information and safe and effective medication at an affordable price.

GUIDELINE 7:
States should implement and support legal support services that will educate people affected by HIV/AIDS about their rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues and utilize means of protection in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions.

GUIDELINE 8:
States, in collaboration with and through the community, should promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services and support to community groups.

GUIDELINE 9:
States should promote the wide and ongoing distribution of creative education, training and media programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance.

GUIDELINE 10:
States should ensure that government and the private sector develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.

GUIDELINE 11:
States should ensure monitoring and enforcement mechanisms to guarantee the protection of HIV-related human rights, including those of people living with HIV/AIDS, their families and communities.

GUIDELINE 12:
States should cooperate through all relevant programmes and agencies of the United Nations system, including UNAIDS, to share knowledge and experience concerning HIV-related human rights issues and should ensure effective mechanisms to protect human rights in the context of HIV/AIDS at international level.

Source: *HIV/AIDS and Human Rights. International Guidelines*. Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), Geneva, 1996.

The snowball effect
The AIDS Support Organization (TASO) in Uganda remains a powerful example of how the determination of a handful of people can breach stigma and denial, setting off responses that eventually help check an epidemic. TASO started humbly, as an attempt by about a dozen people to cope with the epidemic in their communities. All were either infected or directly affected by HIV/AIDS. Providing a 'package' of counselling, medical care, psychosocial support and basic needs, the first TASO centre (at Mulago) quickly became a springboard for other programmes. Together, their activities snowballed into a veritable campaign that transformed communities' abilities to cope with the epidemic. Today, TASO's approach is used around the world.

Faith in action
For more than a decade, Father Arkadiusz Nowak has been bringing care to people living with HIV/AIDS and struggling to encourage openness about the epidemic. His work with injecting drug users and his campaigns for the rights of people living with HIV/AIDS have put the epidemic on the map in Poland. He was the first representative of Poland's Roman Catholic Church to defend drug users who disclosed their HIV status. With the Ministry of Health, he opened Poland's first home for HIV-positive persons in Konstancin and has helped set up drug treatment centres in other cities.

"Those of us who live with HIV face discrimination. For me, and for many others, I imagine, it has affected us the most by being marginalized in the area of work. If we do not work, we cannot support our families [...] Yet, I'm capable, and I was educated in order to share my knowledge with society, to use the knowledge I have acquired."

Ramon Acevedo, Amigos Siempre Amigos, Dominican Republic

"The thing is the issue of sexual matters. Now people talk. In fact, even when they are working, they talk. They talk about it. They know. Demonstrating the condom was a big problem. Now people have accepted it."

Richard Chemjor, technician, Ngethu Water Treatment Plant, Thika, Kenya



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Communities are central

It is often said that the struggle against HIV/AIDS will be won community by community, in every family, village, town, city and state. Indeed, communities are replete with leaders—including youth—each fulfilling certain roles and responsibilities, as mother, traditional leader, soccer coach, priest, teacher or politician.

Chikankata Health Services, a local church-based organization in central Zambia, is a case in point. Staff set up the Community-Based Orphan Support Project in 1995, with support from the United Nations Children's Fund (UNICEF), to offer educational and medical support to orphans from five local villages. Today, it services 1500 orphans. The project is built around community volunteers who work in care and prevention teams. Other community members have responded by setting up a counselling component, and local schools are providing information on HIV/AIDS and sexual health to students.

Not only did teenage pregnancies steadily decrease, but some deep-set customary practices were challenged (such as the ritual cleansing of a widow through sexual intercourse with the brother of her deceased husband). Today, the Chikankata approach is used as a model for similar projects across Zambia and in neighbouring countries.

Thousands of similar examples around the world highlight the fact that effective responses tend to be rooted in communities and often stem from small-scale but successful grassroots activities and activism. They range from peer education projects and prevention, to care and support activities, community savings schemes and micro-credit networks that reduce people's vulnerability. Many draw their inspiration from the involvement of people living with HIV/AIDS. Most are driven by the energies of women and young people. Some attract the support nongovernmental organizations (NGOs), development agencies and government departments. But many, unfortunately, operate in isolation and with meager resources.

Community activism has enabled people living with HIV/AIDS—including those in North America and Western Europe—to push for faster action on drug licensing and availability. In Venezuela, a buyers' club was launched in 1994 to buy drugs and medical supplies for people living with HIV/AIDS. Under the general coordination of ACCSI (Citizens' Action Against AIDS), the scheme uses a healthcare facility run by a religious group as the distribution and resource centre, while an NGO takes care of procurement and transport. In South Africa's KwaZulu Natal province, local shopkeepers and vendors distribute AIDS information and condoms, provide antibiotics to TB patients, and even watch them take their pills to ensure that they complete their treatment courses.

Grassroots efforts of this kind must be boosted with the resources and support necessary for a successful response, ensuring that:

- resources reach communities;
- health care is improved and medical treatments become more widely available;
- prevention, support and home-based care programmes are supported;
- school, health, water and housing subsidies soften the impact on affected households;
- sexual health education reaches all;
- income-generating and micro-financing activities are supported.

Access to information enables community members and leaders to assess the extent of HIV/AIDS and to analyse the factors of risk and vulnerability that affect them. Success at the community level often requires the forging of partnerships and the tools for levering external resources. Thanks to such partnerships, awareness and experiences then spill into other sectors and communities.

Huge leadership responsibilities also rest with communities. Women and girls must be empowered in all spheres—at work, home and school. Traditional leaders and elders, together with magistrates, court officials and the local police, are especially central to preventing violence and abuse of women. Youth leadership is particularly important in helping with peer education.

Community-centred efforts tend to work best when they respect the social and cultural systems of marginalized groups, young people and low-income workers.

Tough lessons

Awareness-raising has been at the crux of the Phayao AIDS Action Centre's efforts in northern Thailand. After deciding that 'the battle against AIDS is in the community', it focused on building the abilities of individuals, families and communities to protect themselves. The idea was that local health staff would help establish community initiatives, rather than run them.

The centre soon discovered this was a tall order and that, unless properly understood and respected, the community's social dynamics could scupper those efforts. Tough but invaluable lessons were learned. Protocols of consultation and discussion in villages had to be observed. Yet, ways also had to be found to prevent meetings from being dominated by community leaders or certain social groups. Information had to be shared equally, and funding and other support had to be doled out effectively, without favouring certain groups or individuals.

"It's not only heads of state who have to lead in the fight against HIV/AIDS. We all have to lead, especially the millions of people who are infected and affected by HIV/AIDS, and the millions more who are vulnerable to this epidemic. We are in this together. And we should lead our way out of it together."

Stefano Vella, President of the International AIDS Society

Protect children and young people

The impact on young people is proving far worse than anticipated. A third of all people with HIV/AIDS are between the ages of 15 and 24—some ten million young people. In 2000 alone, some 600 000 children under 15 were infected with HIV.

But young people are also among those who act first and most decisively. At Bharitya Vidya Bhawan, a co-educational school in Kerala, India, students in the early 1990s designed and launched a savvy peer education and counselling programme. For money, they approached a local company. For ideas, they drew on their own experiences. The HIV/AIDS curriculum the students designed has proved so effective that they were soon being drafted in to help develop similar frameworks for state education departments. Supported by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the NAZ Foundation (India) Trust is training young peer educators to raise awareness on HIV/AIDS and promote safer sex practices at colleges in New Delhi.

Talking and learning about sex is a vital part of any HIV/AIDS response. But in too many societies, young people are failed by the lack of leadership of their elders. Denmark's 'Peer Education for Young People' project *(Sexualisterne)*, which evolved from Denmark's national HIV/AIDS campaign, is a happy exception. Every week, trained peer educators hold discussions with other young people on everything from safe sex to sexual manners. With the project reaching some 10 000 young Danes a year, there is no shortage of interest.

A television serial in Nigeria is tackling the problem from another angle, by convincing adults that silence can be deadly. Supported by the United Nations Population Fund (UNFPA), the programme 'I Need to Know' airs on 20 television stations across the country. It is jolting adults into recognizing that HIV/AIDS is destroying their children's lives. And it is enabling young people to speak out and ask questions on topics they used to only whisper about.

Yet, the myth persists that sexual health education promotes promiscuity and imperils young people. Numerous studies compiled by UNAIDS and its Cosponsors (UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank) have found the opposite to be true. They show that people exposed to appropriate information about sex tend to delay sex or use condoms, and that ignorance boosts their vulnerability to infection.

Parents have to talk clearly and openly about sex and sexuality with their children. Young people must be granted the knowledge and use of preventative methods, such as condoms. Forthright health and sex education, voluntary counselling and testing, and negotiating skills are vital if they are to protect themselves against the epidemic. But too many are denied these tools. Recent surveys in 17 countries have shown that one in two adolescents could not name a single method of protecting themselves against HIV/AIDS. In all instances, girls knew less than boys.

Informing young people is not simply a logistical problem. It is complicated by the fact that young people are not homogenous and that adult stereotypes of them seldom reflect reality.

Studies around the world confirm that even among well-informed boys and young men, awareness of HIV/AIDS does not automatically translate into safer behaviour. Inherited notions of masculinity seem to be a potent part of such dismissive attitudes. The immediate threat of poverty may dwarf the perceived longer-term threat of AIDS. Grievous combinations of discrimination, violence and religious prejudice force many young people—especially women—to the social margins. Even when prevention methods are within their reach, they often lack the power to use them.

More effective prevention campaigns must therefore tackle the underlying attitudes, values and socioeconomic conditions that prevent young people from protecting themselves. That is unlikely to happen until young people actively participate in designing and implementing the campaigns. Not only should they be involved in the decisions that affect them, but their positive endeavours must also be recognized and incorporated into HIV/AIDS programmes.



An estimated 13.2 million children have been orphaned by AIDS worldwide since the epidemic began. Many of them are struggling to survive, not only in Africa (where the vast majority live), but in developing countries throughout Asia and the Americas. They face greater risks of malnutrition, illness, abuse and sexual exploitation than children orphaned by other causes. Even if these children are not themselves infected, the stigma and discrimination so closely associated with AIDS often deprives them of basic social services and education.

Orphans and children with HIV-positive relatives must have access to adequate education, health and social services. Clear, firm targets should be set to improve the lives and prospects of orphaned children. But a first step is to avoid singling out 'AIDS orphans' and rather target vulnerable children and communities with programmes that elevate them socially and economically. Communities and families should be supported in their efforts to care for orphans, which, in turn, call for programmes that buttress them economically. Likewise, their abilities to meet the psychosocial needs of orphans and vulnerable children must be strengthened.



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"Global success in combating AIDS must be measured by its impact on our children and young people. Are they getting the information they need to protect themselves from AIDS? Are girls being empowered to take charge of their sexuality? Are infants safe from the disease, and are children orphaned by AIDS being raised in loving, supportive environments? These are the questions we need to be asking. These are the yardsticks for measuring our leaders. We cannot let another generation be devastated by AIDS."

Carol Bellamy, Executive Director, UNICEF

"I speak for those children and adolescents whose tremendous potential to influence society has not been fully harnessed […] If recognized, this potential can turn the tide against the relentless death march of HIV/AIDS [….] We are changing the perception that youth are a source of these problems. On the contrary, we are part of the solution. We have many talents and skills. We have a keen sense of the problems in our societies."

Hortense Bla Me, President of the Children's Parliament, Côte d'Ivoire

"Prevention is the most effective tool in our arsenal. No matter the cultural or religious factors to overcome, families must talk about the facts of life before too many more learn about the facts of death."

The Honourable Bill Clinton, former president of the United States of America

"On the field, I play hard, I take risks and do anything to score a goal. But when it comes to relationships, it is important to protect yourself. With HIV/AIDS, you play with your life. Think about it. Play hard, play well but, above all, play safe! Talk to your friends about HIV/AIDS, protect those you love and protect yourself."

Ronaldo, UNAIDS Special Representative for the World AIDS Campaign and UNDP Goodwill Ambassador

A different ball game

Set in Nairobi's biggest slum, the Mathare Youth Sports Association (MYSA) was formed in 1987 as a way of drawing local young people into environmental clean-ups. When the organizers asked local boys what they wanted most, the answer was football. It seemed like a marriage made in heaven: to join the football league, players had to pay their dues by cleaning the neighbourhood. Soon, companion football leagues for girls were started.

But as the HIV/AIDS epidemic swept through Mathare in the 1990s, MYSA turned HIV/AIDS into a central focus for its activities. Senior players were trained as peer educators and football-training grounds became the sites for prevention campaigns. The MYSA AIDS programme has reached tens of thousands of young people by respecting their values, realities and needs. Meanwhile, MYSA has become a vibrant part of Kenyan life, with its senior football teams even holding their own in professional competitions.

"The immediate difficulties are that there is no open and honest communication between parents and youth. Also the cultural beliefs, the cultural practices that continue in the community are not conducive to getting educated about sex and learning about how to actually behave like a man."

Salim Mohammed, Mathare Youth Sports Association, Nairobi, Kenya



Big and small
Straight Talk in Uganda is proof that the most successful youth projects are the ones that hit the right tone and strike the right attitude. Started as a monthly HIV/AIDS awareness newsletter, *Straight Talk* has grown into the leading sexual and reproductive health information medium for adolescents in Uganda. How? It 'speaks' in an idiom young people relate to and it tackles the kinds of questions they fret over. Boosted by a sister publication, *Young Talk* (for younger adolescents) and a weekly radio programme, the project now reaches an audience of almost five million people.

India's Universities Talk AIDS project is another example of youth at the fore. Led by a government ministry, it has trained 80 000 peer educators in hundreds of colleges and universities, in only two years. With its training manual now being used across South and South-East Asia, the project's impact is huge.

"If young people know how to handle relationships, if girls know how to talk assertively, how to negotiate for condom use, if boys know they don't have to ask for sex to show who they are, they would live healthier lives, and HIV and AIDS would become controllable."

Ann Akia, Co-director of *Straight Talk*, Uganda



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Caring for orphans
Thandanani Association, an NGO in the South African city of Pietermaritzburg, is trying to find solutions to a question many people refuse to even ponder: What is to become of children orphaned by the epidemic and how can they be protected against infection? It has set up dozens of rural community committees to place orphans in the care of families and support the caregivers.

Volunteers do most of the work. "Sometimes we have to take food from our own homes so that we can cook *phuthu* (porridge) to feed the children," says Medrina Bhengu, one of the volunteers. "We are parents, so when we see children affected by AIDS we think of our own children," she says.

Getting the basics right
The Convention on the Rights of the Child vividly outlines the rights that must be fulfilled and protected. Children should not face discrimination and should not be deprived of education, health or equality before the law. They have the right to receive relevant information, and to be consulted on decisions that affect them. And children who lose their adult caregiver are entitled to special protection and assistance from the state.

Do away with gender inequalities

Some of the most effective and inspiring grassroots projects are developed by women in communities where there is no choice but to organize better care and support themselves. Generally, these achievements occur despite—and because of—the deep gender inequalities that deprive women of their rights, while saddling them with the tasks of preserving families and communities.

Sexual abuse is one extreme expression of gender inequality. In many countries, it is an omnipresent reality that awaits women at school, in their homes and in their neighbourhoods. But in Mwanza, United Republic of Tanzania, mothers have decided that the best way to protect themselves and their daughters is to defend their rights. They train female students to act as guardians who can blow the whistle on harassing teachers or schoolboys and counsel young women on reproductive health issues and HIV/AIDS. Cases of sexual abuse of schoolgirls have dropped. So has the number of pregnancies among students. The national government has got the message; it has adopted the programme and is extending it to other schools in the country.

Other inequalities permeate the lives of women. Across the world, women comprise a disproportionate percentage of poor people. They are impoverished by the dominant social, economic and cultural orders that define their lives. Because their access to education, other basic services and economic opportunity is so compromised, the option of risk-reducing behaviour is unavailable (or even unattractive) to many. Survival in their settings often requires taking risks that, paradoxically, can rob them of their lives. All too often, women are forced into sexual relations with men in circumstances that deny them the right to protect themselves against HIV infection. This is true both within and outside marriage.

Addressing these problems requires the understanding that gender inequality invariably overlaps with other inequalities and forms of discrimination. The United Nations Development Fund for Women (UNIFEM) is involved in innovative research into the connections between gender relations and HIV/AIDS in countries ranging from the Bahamas to China. Researchers in Senegal are trying to decipher the myths and practices that accompany the epidemic, while in Mexico antiretroviral distribution policies are being brought in line with women's socioeconomic realities. In India, the research findings are helping public health officials and AIDS organizations target information to vulnerable women before they get infected. The findings of such community-based projects are vital if prevention and care programmes are to be strengthened.

Discriminatory social norms, cultural values and customs compound women's precarious circumstances. Male and female community and religious leaders should be at the centre of efforts to combat practices and attitudes that endanger the health of both men and women. Their authority in community affairs enables them to campaign for reforms that, for instance, reinstate women's right to own and inherit property, obtain credit and sue for divorce.

Many of the prejudices and expectations directed at women end up increasing men's vulnerability, too. Young men are especially prone; about one in four people with HIV is a man under 25. Because men can make such a difference, profound changes are required of them. The damaging concepts of masculinity that define their lives as men—and end up shaping those of many women—must be redefined. Prevention efforts should promote values that support communication, shared responsibility and mutual respect between women and men. Many of the positive roles men do play in combating the epidemic rest on such principles and on the powerful examples they set at home, at work or on the grander stages of society by showing that it takes a tough man to care.

The Men, Sex and AIDS Project in Botswana realized that information and awareness projects based around health clinic services reached women but missed men (who tend to use public health services less). So they set up outreach projects aimed at settings where men congregate and socialize. Working in pairs, trained fieldworkers visit bars and nightclubs, striking up conversations about sex and HIV/AIDS with groups of men. To their initial surprise, the response has been vibrant and keen.

Leaders must honour their pledges of gender equality, and convert legal rights into living realities. Women must be enabled to earn living wages for their work, complete their education, achieve relatively autonomous and sustainable livelihoods, access affordable basic services, and be protected against sexual and other forms of abuse and violence. Central is their right to information, prevention tools (such as female condoms), counselling and treatment. Although such rights are at the root of many laws and constitutions around the world, they fail to protect millions of women.

"When a husband becomes ill, it is the woman who nurses him. When a child is ill, it is the woman who nurses it. But when a woman is ill, she nurses herself."

Robert Mugemana, Kenya

Pitch it right
Gender inequalities cannot be set right without changing how men regard and treat women. That is not easy, but it is being done. In Africa, Asia and Central America, smart and respectful outreach projects are persuading long-distance truck drivers to turn to safer sex and to trim the number of sexual partners. Boy Scouts in some Arabian states are learning to weave into their activities information aimed at preventing HIV and other STIs and pregnancies. Projects like those run in inner-city high schools in New Haven and Hartford, USA, enable young men to have safer sexual partnerships.

"All too often, individuals and communities are denied the opportunity to discuss the difficult issues surrounding HIV/AIDS, to organize themselves into self-help groups and to take the necessary measures for protection from HIV infection. In an environment where human rights are not fully respected, the likelihood of vulnerability to infection and further exclusion increases dramatically."

Mary Robinson, UN High Commissioner for Human Rights

Using the law
Legal reforms are essential in ending violence against women. Community activism, combined with lobbying, is often the most effective way of bringing lawmakers on-side in such a venture, as demonstrated by the 150 Nicaraguan groups belonging to the National Network of Women Against Violence.

First, they struck up partnerships with researchers, legal and medical professionals, and other community groups. After presenting a new Domestic Violence bill to legislators in late 1995, they lobbied judges, politicians, the police and doctors. Then they mounted a massive letter-writing campaign and took out advertisements on television and in newspapers. As parliamentarians debated the bill, women demonstrated outside the National Assembly, while lawyers and psychologists supporting them lobbied politicians in the corridors of the institution. Less than a year later, the bill became the Domestic Violence Law.



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Defend those at greatest risk

Some of the most invigorating and courageous examples of leadership commitment are found among people who are ostracized by law, custom and social norms. Pink Triangle Malaysia is a case in point. A community-based project set in the red light district of the Malaysian capital Kuala Lumpur, it set up a safety net of services for marginalized communities—injecting drug users, sex workers and men who have sex with men.

It learned early on that assisting such communities required first earning their respect and trust. For many, that meant taking care of their bottom-line needs—housing, food and work. "Harm reduction information is ineffective if given to someone who hasn't had a proper meal for five days," says one project member. So, in addition to its prevention and counselling work, Pink Triangle provides basic medical services, contributes to basic needs, such as shelter and food, and draws injecting drug users into other community activities.

It is a small project. But it is making a difference, based on the knowledge that HIV/AIDS targets vulnerable populations and individuals.

Some of the most successful responses have come from leaders' determination to take appropriate and respectful action when the epidemic has appeared among vulnerable groups. The Canadian HIV/AIDS Legal Network, for instance, works at improving prevention and care services in prison, improving policies on illicit drug use and changing laws that discriminate against gay men, lesbians, bisexuals and transgendered people.

Thailand's 100% condom strategy and Senator Mechai Viravaidya's pioneering campaigns (which also targeted clients of sex workers), Senegal's schemes in the sex industry, and similar, grassroots activities in India are well-known examples of effective responses. None would have succeeded had people, especially political and community leaders, not rejected widespread bigotry and disdain.

Around the world, men who have sex with men are stigmatized and particularly prone to HIV infection. Many regard themselves as homosexual, but many others do not and have sex with men against their will (in prisons, the military or other all-male settings). Yet, prevention campaigns often neglect these environments, creating a deadly gap in their defence.

The exceptions might be more numerous in North America and Western Europe (e.g. the St Gallen-based Project MSM—men who have sex with men—in Switzerland), but they are matched in Eastern Europe by smaller projects such as the Vstretcha project in Minsk (Belarus), Oasis in Bishkek (Kyrgyzstan) and the MSM Outreach Programme in Hong Kong. Those examples should be emulated more widely, including in the industrialized countries where alarming new research is warning of a possible resurgence of the epidemic among men who have sex with men, because of the apparent increase in unsafe sex.

Meanwhile, HIV is spreading most virulently among injecting drug users across the Americas, Europe and Asia. Comprehensive prevention and care schemes are needed in many of those regions' cities. They would include needle exchange programmes, information and education for drug users and their sex partners about HIV risks and safe practices, condom distribution, counselling, care and support for drug users living with HIV/AIDS, and drug treatment programmes. While it is usually local initiative that propels these efforts, they falter in the absence of decisive government policy and legislation, not to mention sufficient funding.

Boxed in
Effective prevention and care means going into sometimes-challenging situations.

In Eastern Europe, that could mean working in prisons, which are fertile breeding grounds for HIV/AIDS. In Ukraine, 7% of prisoners are HIV-positive, while in Poland it is estimated that a quarter of the nearly 7000 HIV-positive people in the country were, at some point, imprisoned or detained.

High-risk activities—such as sharing of needles, forced or voluntary unprotected sex between men, tattooing and self-mutilation—flourish in many prisons in the region. But prison systems tend to be even more resistant to change than the rest of society, especially when it entails facing up to taboos and controversial practices.

Open Society, *Médecins sans Frontières* and UNAIDS have launched a large-scale prison programme in Belarus, Estonia, Latvia, Moldova, Poland and Russia. It trains prisoners as peer educators, provides counselling for injecting drug users, offers confidential and free HIV testing, trains administrative staff and police, and distributes condoms and, where feasible, clean needles or bleach in prisons. And a local NGO is now running needle exchange and condom distribution programmes in a Moldovan prison.

The necessary action is being taken in some countries. In Brazil, for instance, a United Nations International Drug Control Programme (UNDCP)-supported project has provided more than 100 000 school students with information on health promotion, drug abuse risks and the prevention of sexually transmitted diseases, particularly HIV/AIDS. It has been extended to four other South American countries. A treatment arm of the same project is helping 8000 drug users protect themselves against infection. Similar projects have been started in Kazakhstan, Myanmar and Viet Nam.

People displaced by war and civil strife (like those driven from their homes by famine and economic insecurity, or forced to migrate in search of work) are highly vulnerable. Wrenched from their familiar social systems and separated from their families, they are particularly prone to HIV infection. More effective peacemaking and peacekeeping therefore rank high among the leadership commitments that are too often lacking. More resolute moves are also needed to afford all people physical and economic security.



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High seas, high risk
Traversing the world's oceans and ports, merchant sailors are especially vulnerable to HIV infection. A team of partners in Thailand is doing something about it. Brokered between the UN Economic and Social Commission for Asia and the Pacific, the Thai Business Council on AIDS and the Thai Red Cross AIDS Research Centre, the scheme is integrating HIV/AIDS into the standard curricula taught at maritime colleges. Already underway is a pilot project, which is being extended to other Thai colleges. The next phase will introduce HIV/AIDS awareness training on-board ships, and train a crew of peer educators that can be dispatched to different shipping lines.

Making a difference
In Brazil, gutsy individuals, like Paolo Teixeira-Ferreira, and NGOs provided the impetus for an AIDS response that has become a flagship in the region and globally.

In São Paulo, activists and politicians like Teixeira-Ferreira pushed for, and won, laws that forced the local government to fund harm reduction programmes for injecting drug users, with UNAIDS and UNDCP support. The programmes include AIDS education, condom promotion, needle exchange and drug treatment.

About 600 NGOs and community organizations run AIDS programmes that reach people often overlooked by government efforts in this huge country. They organise needle-exchange schemes, distribute condoms, manage care and support groups, provide counselling, and keep HIV/AIDS in the public spotlight. The reward for this extensive commitment is huge. Bigger and better prevention campaigns, more funding and wider treatment access have pushed the epidemic back to its 1995 levels.

"Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities."

Cees Goos, World Health Organization (WHO)
Representative, Regional Office for Europe, Copenhagen

"The linkage between injecting drug use and the HIV/AIDS pandemic is indisputable. The sharing or use of contaminated needles constitutes a major mode of HIV transmission."

Pino Arlacchi, Executive Director, UNDCP

Provide equal access to treatment, care and support

Prevention, treatment, care and support cannot be separated. Neglect of one area undermines achievements in the others. A similar interplay connects voluntary counselling and testing to an effective care and support system. At a minimum, therefore, a comprehensive care package needs to slot into a wider developmental and public health response. It should include:

- voluntary counselling and testing, along with psychosocial support;
- prevention and treatment of opportunistic infections;
- prevention of mother-to-child transmission (while ensuring mothers' access to treatment and care);
- access to antiretroviral therapies;
- good nutrition;
- strengthened health systems.

Voluntary counselling and testing allow HIV-infected people to start benefiting from care and support. By the same token, there is proof that people are more likely to use voluntary counselling services when they know affordable treatment is available. For example in cases where pregnant mothers are provided with antiretroviral drugs to prevent mother-to-child transmission, more women tend to volunteer for HIV tests and counselling. In areas with high prevalence rates, the prevention of mother-to-child-transmission is an essential part of a comprehensive approach to care and treatment. Each year, more than 600 000 children under 15 are infected by HIV/AIDS, mainly in developing countries. About 90% of them inherit the virus from the mother. Two-thirds of the infections are believed to occur during pregnancy and delivery, and about one-third through breastfeeding.

In many African countries, health systems were already weak and under-financed before the advent of AIDS. Those structures are now buckling under the added strain of soaring needs. Rebuilding health and social service systems is a priority that requires substantial national and international resources.

Associations of people living with HIV/AIDS are prime movers in bringing emotional and social support to those affected by the epidemic. Families and communities have stepped in with health care for those infected. Some governments have recently begun to invest more of their AIDS resources in care, not just in prevention. But the needs are still only fitfully met and, in too many countries, outside the ambit of state health systems.

One of the surprising lessons learned is that efforts to expand access to treatment, care and support often end up spearheading wider health reforms and improvements. Because the epidemics have become focal points for public concern and activism, many long-neglected health demands are now back on the agenda.

Many governments are trying to heed these realities by:

- making clear the range of prevention, care and support services they will provide;
- setting and monitoring explicit prevention, care and support targets;
- declaring the standards to which they will adhere;
- investing afresh in infrastructure; and
- strengthening service delivery.

To help maintain that momentum, in May 2000, UNICEF, UNFPA, WHO, the World Bank and the UNAIDS Secretariat set up an initiative—Accelerating Access to HIV Care Support and Treatment—to support countries that are trying to establish national action plans that incorporate comprehensive care programmes. The support includes policy recommendations and technical updates.

Although HIV/AIDS still defies a cure, infection can no longer be equated with imminent death. Advances in the management of opportunistic infections, and the development of effective antiretroviral therapies, mean that the illnesses associated with HIV infection can be treated. People living with HIV/AIDS can now live longer and better-quality lives.

"It's not meaningful if you do prevention without care, or care without prevention. The elements are inter-related and can't be separated."

Clement Mufuzi, Network of Zambian People Living with HIV/AIDS

"Life should not be a commodity reserved for those who can afford to pay for it. We must all support the poor in our society to access information and drugs to help manage their conditions brought about by HIV infections."

Chris Kirubi, businessman and member of the National AIDS Council of Kenya

"Instead of continuing to accept what has become a palpable untruth (that AIDS is, of necessity, a disease of debility and death), our overriding and immediate commitment should be to find ways to make accessible for the poor what is [with]in reach of the affluent."

Judge Edwin Cameron, Johannesburg, South Africa

Yet access to those treatments is beyond the reach of the vast majority of HIV-positive individuals. In Africa, a mere fraction of those living with HIV/AIDS can currently afford antiretroviral combination therapies. Until very recently, the notion that antiretroviral therapies could and should be available widely in Africa was typically scoffed at. Today, the principle is generally accepted and attention has shifted to how that goal could be reached quickly.

It is in this realm that the courage and inventiveness of political and business leaders are being especially tested. Some have begun to respond. Mobilization by HIV/AIDS organizations worldwide and the UNAIDS campaign to widen and speed up access have seen major pharmaceutical firms slash the prices of antiretroviral drugs and HIV-related medicines in parts of the world. Negotiations are continuing to maintain that momentum. Generic manufacturers have also joined the effort to cut prices and widen public access to life-saving drugs. Community activism has proved particularly effective in spurring these changes and in pressuring governments into making these treatments more freely available (as demonstrated in Argentina, Brazil, Costa Rica, Panama and Venezuela).

Having such treatment options at hand can also speed up the strengthening of health infrastructures and improve the way health systems function. Brazil's decision (in the early stages of the epidemic) to provide free and universal access to antiretroviral treatment through the public health system has dramatically cut the medium-to-long-term costs of hospital care and other medical treatment for AIDS patients. It is a striking example of well-timed and decisive political leadership.

But needed, too, are new ways to finance much more widespread prevention, treatment and care in poorer countries. A growing activist movement is keeping these issues on the agenda, urging a review of international regulatory frameworks' effect on the epidemic's advance and its impact on communities, especially in the South.

These measures will require a healthy sense of perspective, not just of the scale of the emergencies but of the fact that drugs alone are not panaceas. They slot into an ensemble of prevention, care and support activities. Affordable treatment is a priority. So are better-functioning health systems. Together, they call for massive investments. An extraordinary response demands that as many options as possible be explored in earnest. Such options could include the creation of a special global fund that would include resources for HIV-related care and treatment. This would lead to greater reductions in the prices of life-saving drugs and commodities, widening debt relief schemes for the highly indebted poor countries, and ensuring that the released funds indeed are channelled into broad HIV/AIDS responses.

At the same time, there is an urgent need for further research and development into a HIV vaccine and better treatments. Within the framework of the TRIPS (Trade Related Intellectual Property Rights) agreement—including its safeguards—intellectual property is key to bringing forward these new medicines and vaccines for the health of the world's poorest people.



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"If there was an army invading every country in the world, threatening global stability and killing millions each year, the world's leaders would be meeting around the clock to develop a war plan to defeat this foe. It is time for such a coordinated global war plan to defeat AIDS. Every country must assign its brightest generals and find the billions of dollars needed to wage this war."

Eric Sawyer, Founding member, ACT UP New York
and Co-founder of the Health Gap Coalition

Hope and solidarity
As she began tackling HIV/AIDS in San Miguel—a working class neighbourhood in São Paulo—in the late 1980s, Sister Gabriela O'Connor discovered volunteer groups already working with HIV-positive persons in the area. Rather than reinventing the wheel, she decided to link the groups' work and, in that way, drum up a broader HIV/AIDS programme in the area. The result was Project Hope—a project that focuses the time and commitment of 170 local volunteers on home care for hundreds of people living with HIV/AIDS, support and training for HIV-positive people, raising funds, and running prevention campaigns in the community. With many of the volunteers either infected or directly affected by HIV/AIDS, the project is a hallmark of how community solidarity can be wielded against the epidemic.



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Involve people living with HIV/AIDS

People living with HIV/AIDS are the true heroes of the response to the epidemic. Their involvement and example erode stigma, bringing a human face to the epidemic, and often making the difference between failure and success.

In northern Thailand, groups of people living with HIV/AIDS are at the fore of providing care and support for HIV-positive people. They lobby politicians to step up their involvement, counsel people on their legal rights, and campaign for better social services. Inevitably, their activities radiate beyond the health aspects of HIV/AIDS to challenge politicians' attitudes and socioeconomic conditions. In Costa Rica, Panama and Venezuela, people living with HIV/AIDS have successfully combined popular protests with landmark legal action in their bids to win wider access to combination therapy drugs.

They are part of a tradition of activism and action by people living with HIV/AIDS that dates back to the initial stages of the epidemic. Then, organizations in North America and Western Europe fixed the world's attention on HIV/AIDS. Many have since joined forces with their counterparts elsewhere, campaigning for wider access to antiretroviral drugs, regimens to prevent mother-to-child-transmission, and improved health systems. After leading the way against HIV/AIDS in France, the NGO AIDES made the leap from fighting the epidemic behind national frontiers to tackling it across the globe, especially in the South and in central and Eastern Europe. By drawing the link explicitly between HIV/AIDS and development, it helped modify perceptions of the epidemic.

People living with HIV/AIDS are at the heart of the global activism and campaigns to bring affordable treatment and accessible care to all. Across the world, associations of people living with HIV/AIDS have also given the lead by setting up badly-needed schemes to counter the epidemic and its effects. Self-help groups and networks brought the disease into the open, popularized their needs and, in doing so, spurred national and international responses.

These initiatives range from community-based care and support networks, to prevention through peer education projects, counselling services and the organized activism that is highlighting the need for stepped-up action. Their courage and example have inspired countless similar efforts. The outcome has been much more effective HIV/AIDS programmes at national and community levels (e.g. in Thailand and Uganda).

The examples of Brazil, Côte d'Ivoire, France, Norway, Thailand, Uganda and the United Kingdom are among many worth emulating. There, organizations of people living with HIV/AIDS are helping draft national plans and tailoring them for grassroots conditions. Beyond that, people living with HIV/AIDS continue to provide essential community-based care and support for people infected with the virus—activities that should be priorities for state and corporate support. Often they are the most effective way to bring broad support services to a wide range of people, especially vulnerable populations.

"People cannot 'not see' or 'not believe' in HIV/AIDS if sufficient numbers of people are standing up and saying, 'I'm living with it'."

Peter Busse, National Association of People Living with AIDS, Johannesburg, South Africa



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We are alive
One of the most effective organizations in Burundi started when a tiny, brave group of people publicized their HIV-positive status. To their surprise, the public reaction was supportive. Helped by an NGO, they set up a care and support centre called Turiho (*we are alive* in Kirundi), which ballooned into the National Association of People Living with AIDS. Today, it runs prevention campaigns, promotes voluntary counselling and testing, and offers medical care and psychosocial support. The National Community of Women Living with HIV/AIDS in Uganda, a national NGO run by and for HIV-positive women in Uganda has been at the fore of confronting the public with the realities of HIV/AIDS, providing support to members, helping members set up small businesses, and advocating for the rights of HIV-positive women.

In the Caribbean, dozens of HIV-positive UN volunteers are helping co-workers come to terms with the epidemic. They have been placed in organizations in six countries as part of the Greater Involvement of People Living with or Affected by HIV/AIDS—or GIPA—project.



Prevention pays off
Acting decisively against the epidemic defends and builds healthier and stronger institutions, especially in private sectors where more businesses are stepping into the fray.

Promoting action. American International Insurance, Thailand's largest life insurance company, has developed group insurance benefits for policyholders who demonstrated they had effective policies for combating HIV and AIDS.

Prevention and care. At Volkswagen in Brazil, high treatment costs and absentee rates prompted the company to set up an AIDS Care Programme that included medical care, clinical support, information and installation of condom machines. Three years later, hospitalizations were down by 90% and HIV/AIDS costs had been cut by 40%.

Workplace programmes and community outreach. In South Africa, the electricity utility Eskom ensures that all its workers receive some form of HIV/AIDS education (which is also built into the company's Adult Basic Education and Training curriculum) and has helped draw up a national workplace strategy for use by other firms. It has trained 1200 peer educators and is extending its response to communities by joining forces with NGOs, local governments and mining companies.

Getting to the root. Among the massive rubber plantations in Côte d'Ivoire is one run by the Société de Grand Bereby. It employs 3000 workers, most of whom are migrants from Burkina Faso. Separated from their partners and families for long spells, they were highly vulnerable to HIV infection. The company decided to change that. Workers are now housed with their families in villages spread across the plantation, each with a school and health centre. The result is a win-win situation: medical costs have dropped, workers are healthier, and productivity and profits have risen.

Build fresh partnerships

Effective responses are distinguished by smart and novel partnerships, often at the community level. Most draw into coordinated action important social groups, government offices, people living with HIV/AIDS and NGOs. But it is also the commitment of religious-based organizations that proves crucial in local partnerships.

The Community Action for AIDS Prevention (CAAP) project in Uganda is one such example. By training Christian and Muslim leaders to spread AIDS messages through group talks at mosques, churches and local council meetings, the project uses their influence and trust in the local response. It also trains groups of bicycle taxi drivers and market vendors in AIDS awareness and prevention, turning them into broadcast points for an awareness and education campaign.

Combined in such ways, the resources and experience at a community's disposal multiply, as do the awareness and capacity of the various actors. Partnerships that span different sectors follow the same logic. They make it possible to draw on new resources and to more adroitly deploy existing ones. They can pioneer new options and routes for development, particularly at the community level.

The notion that the epidemic could be confronted strictly as a health emergency has been replaced by the knowledge that it feeds on and reinforces existing flaws and malfunctions in social and economic systems. Many of the more creative partnerships emerge from the realization that HIV/AIDS marks a crisis that touches and implicates everybody. Exciting partnerships, such as the International Partnership Against AIDS in Africa, have grown from that understanding. This partnership marshals the strengths of African governments, the UN system, donors, the private sector and community organizations. Brazil's knack at involving civil society organizations in its National AIDS Programme is another example of a successful partnership. UNAIDS is taking that approach even further by teaming up AIDS-specific organizations with other kinds of bodies—especially businesses, trade unions, and professional, political, women's and youth organizations—to boost their responses.

Telling the story

The logic of partnerships guides the UN Foundation's new US$19 million youth and HIV/AIDS initiative in eight southern African countries. In collaboration with UN agencies and local NGOs, multiple prevention projects are being introduced in each country. In Zimbabwe, for instance, the emphasis is on adolescent girls, peer education and micro-credit schemes, as well as boosted community support for orphans. A further region-wide project—'Telling the Story'—then links and publicizes the initiatives in neighbouring countries. An added bonus is the rare opportunity to compare similar projects in different settings, but within the same region.

Plans are already afoot to introduce similar projects in east Africa, South Asia and Central America, with new funding anticipated from foundations, traditional bilateral donors and corporate sector philanthropists.



"This disease is the defining humanitarian crisis of our times, and yet the corporate response to date has been inadequate, given the scale of the epidemic. The business community has a key role to play."

William Roedy, President of MTV Networks International and Chair of the Global Business Council on HIV and AIDS

Workplace programmes by definition imply partnerships between management, organized workers and even community structures. The most effective blends use the workplace as an ideal venue for prevention and awareness education. They are grounded in policies that counter discrimination, support people living with HIV/AIDS, and provide appropriate care and other services to infected workers and their families, as well as to the local communities they operate in.

The diamond-mining company Debswana is setting a good example by providing self-catering housing for miners and their partners in Botswana (rather than splitting families), building a community centre for peer educators and extending its HIV/AIDS programme into the 11 000-strong community that surrounds the Jwaneng mine. Debswana also funds 90% of antiretroviral treatment costs for workers and their spouses.

The Global Business Council on HIV and AIDS (GBC) is helping companies design programmes that match their strengths and needs by drawing on the skills of its members and on experts from the NGO and voluntary sectors. But many of the skills and strengths of the corporate sector are not yet being harnessed in HIV/AIDS responses. Generally, those contributions are thought of in terms of funding disbursements. But "it's not always about money," believes MTV (Music Television) chief William Roedy, who also heads the GBC. "It can be about playing to your strengths." MTV has teamed up with UNAIDS to promote HIV/AIDS awareness to its one billion young viewers around the world.

Still to be tapped, too, is the savvy that turns companies into success stories. The alchemy of talent and skill that drives thriving advertising and marketing firms, for instance, could be powerfully deployed in prevention and care campaigns. The same is true for the communication and distribution networks of large companies. Vast, exciting possibilities for partnerships exist, nationally and internationally.

Steaming ahead

Transport networks also serve as the routes along which HIV spreads. Alert to this, railway workers in Mongolia are teaming up with local NGOs to turn trains into a barrier against an epidemic. They have put together information programmes for railway workers, and are training them to serve as peer educators and as animators among passengers. They are also using the railway network for condom distribution, placing condom vending machines on station platforms. Overseeing the project is the National AIDS Federation of Mongolia (which combines NGOs and government), working with the UN theme group and the national railways—a pithy example of how partnerships can lead the way.



"The threat of AIDS and the problems arising from it cannot be left to government and NGOs alone […] The way forward is to accept that AIDS is a national problem at every employer's doorstep; it is a management problem."

AL Keembe, former personnel director, Barclays Bank, Zambia

"Often the best partnerships are those that are forged between unorthodox entities. When people with vastly different backgrounds come together with a shared purpose, creativity is released and expertise is used in innovative and constructive ways."

Gro Harlem Brundtland, Director-General, WHO



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"We can win. We can stop the spread of AIDS. We can prevent new infections. We can [better] treat those who suffer. In time, we can hope to find a cure. I propose to confidently hold up the prospect of a world free of AIDS."

James D Wolfensohn, President, World Bank

"The needs of AIDS patients and their families are universal: medicine and scientific progress are the common property of all humankind. There shall be no impunity for the half-hearted and the intractable. Let's do this together."

Dr Arnaud Marty-Lavauzelle, Honorary President, AIDES Fédération Nationale, Paris, France

More research for better prevention and care

Research into more effective prevention and care methods and tools is a key element of a successful response. In Uganda, for instance, it was research supported by the International Council of AIDS Service Organizations (ICASO) that unveiled the ways in which domestic relations laws were undermining safe-sex strategies among women. But the project did not stop there; it also designed possible legal reforms. These kinds of projects are essential. Yet, political and financial support for such research often is taken for granted, and therefore neglected.

Arguably, no epidemic in history has been as intensely researched as HIV/AIDS. Vast banks of knowledge have been assembled about the virus, its modes of transmission, the circumstances and behaviour that promote or inhibit its spread, the efficacy of various forms of treatment and prevention, and much more. Yet, profound gaps remain. They highlight the need for more pioneering research.

One priority is the development of microbicides and vaccines, and of potent new treatment regimens. It is equally important to decipher some of the remaining mysteries. The reason why HIV does not infect all children born to HIV-positive mothers could hold clues to a more effective defense against the virus. Similarly, a better understanding of the genetic variance of HIV is part and parcel of the quest for a vaccine.

Answering these questions will require new partnerships (regional and global, public and private) and fresh ways to mobilize funds to ensure that these quests and their outcomes are not governed solely by profit motives.

Studies into the socioeconomic and cultural factors that might inhibit or aid the spread of HIV continue to reveal idiosyncrasies and paradoxes that demand new research. This is also true for some of the effects of the epidemic. While most of the effects are evident, questions remain about how, for instance, migration patterns are being changed and where new services are most needed. But solving such puzzles requires the support of individuals and institutions equipped with the necessary resources and expertise.

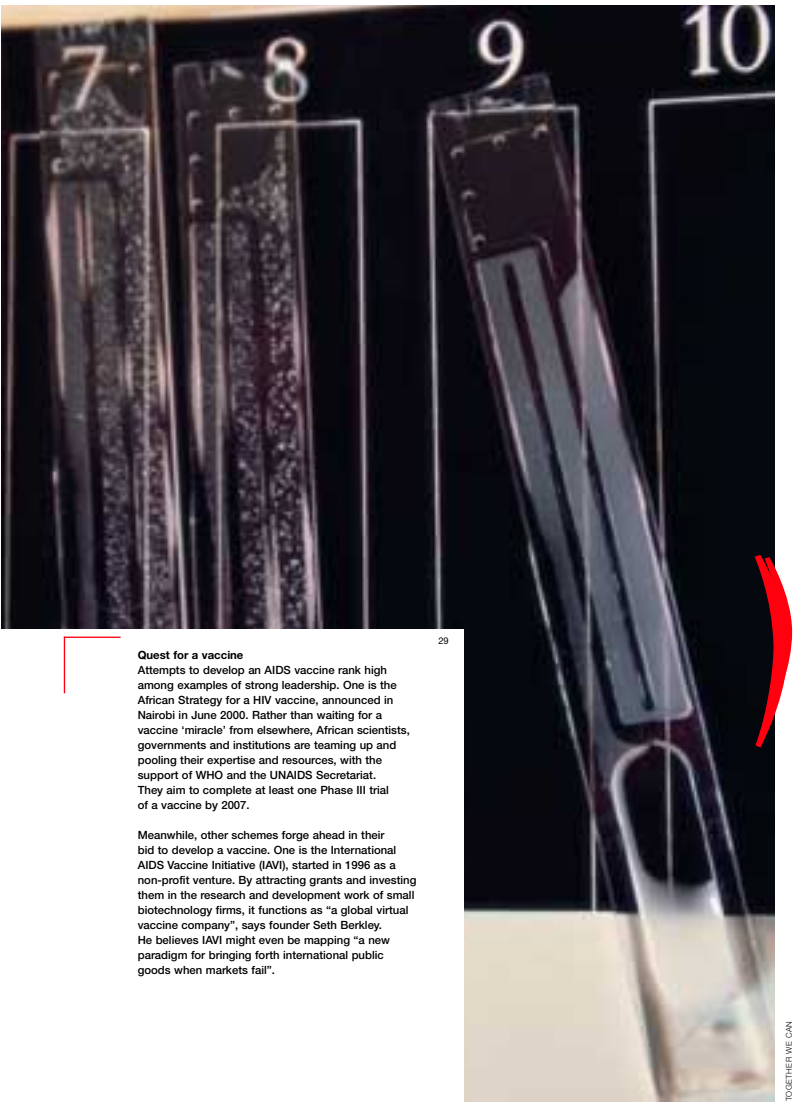
That kind of leadership already has brought to light myth-shattering evidence about, for instance, the positive effects of sex education and the contradictory interplay between the epidemic and many customary practices. Yet such leadership is also glaringly absent in some societies, where social researchers and theorists—even academia in general—have reacted timidly to the questions ranged before them. It is the social and ideological dimensions of HIV/AIDS that exhibit a particular need for more pioneering research and analysis.

The other side of the coin

Attention usually focuses on how to reduce the vulnerabilities of young women, while promoting their autonomy. But the other side of the same coin is masculinity, and the identities and values that boys are socialized to equate with manhood.

Much of this is unexplored territory. But WHO, along with national research institutes, has embarked on a nine-country study in Latin America to decipher these processes and plumb their influence on the sexual behaviour of boys and young men.

Striking findings have already emerged. Adolescents seem to create their identities amid conflicting impulses. One is the desire to be 'good men' in the image of responsible fathers and others who respect women. The other, however, equates status and worth with 'macho' attitudes that emphasize dominance, irresponsibility, disrespect for women, sexual prowess, and even abuse and violence. The challenge now is to help boys and young men untangle such binds—a quest that WHO and other UN agencies are committed to completing.



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Quest for a vaccine
Attempts to develop an AIDS vaccine rank high among examples of strong leadership. One is the African Strategy for a HIV vaccine, announced in Nairobi in June 2000. Rather than waiting for a vaccine 'miracle' from elsewhere, African scientists, governments and institutions are teaming up and pooling their expertise and resources, with the support of WHO and the UNAIDS Secretariat. They aim to complete at least one Phase III trial of a vaccine by 2007.

Meanwhile, other schemes forge ahead in their bid to develop a vaccine. One is the International AIDS Vaccine Initiative (IAVI), started in 1996 as a non-profit venture. By attracting grants and investing them in the research and development work of small biotechnology firms, it functions as "a global virtual vaccine company", says founder Seth Berkley. He believes IAVI might even be mapping "a new paradigm for bringing forth international public goods when markets fail".

"Success in responding to the HIV/AIDS epidemic requires the total mobilization of entire societies, enabling a community-led transformation of norms, values and practices that fuel the epidemic. Simultaneously, the full power and authority of the state needs to be brought to bear on the crisis, ensuring optimal allocation of resources and the mobilization of all sectors and levels of government around a results-oriented national strategy. This is the governance challenge of HIV/AIDS."

Mark Malloch Brown, UNDP Administrator



Stronger institutions

Governments have to mobilize resources equal to the scale and impact of the epidemic, and deploy them within coherent strategies. For example, in March 2000, Malawi recruited the help of UNDP to organize what it called a "resource mobilization" roundtable. Less an event than a process, it drew aboard NGOs, senior state officials and development agencies, underlining the government's bid to expand its response into all sectors. One outcome was a firmer relationship between donors and government. Another was the US$110 million in pledges the enterprise attracted, and the many new partnerships it has kindled.

But levering and deploying enough resources merely underlines the need for firm coordination, at the executive level, of national responses, and the need to integrate HIV/AIDS into day-to-day operations and decision-making.

Not only must AIDS programmes be bolstered, but every effort must be made to prevent them from being sidelined and relegated exclusively to just one government department (too often the health department).

There are many examples to build on. Parliamentary committees can serve as important vehicles for cultivating consensus around HIV/AIDS actions (the United Kingdom's All-Party Parliamentary Group on AIDS is one example). Interministerial committees, like the one chaired by the Thai Prime Minister, offer opportunities to extend programmes more widely and harmonize them more smoothly. And multisectoral advisory bodies like the Malaysian AIDS Council allow for professional and community input to help hone responses.

Coordinating bodies at the highest executive level are essential. And heading the national AIDS programme of each country should be its best and brightest professionals. More governments are locating their HIV/AIDS programmes at the highest level.

The fates of countries' responses are being decided also by the strength and resilience of their institutions, and by the skills of their personnel. These attributes have always been desirable. The epidemic has made them essential. Better training and bigger investments from domestic budgets, donors and private companies are needed if the various actors are to become more effective in deploying resources, delivering funding, targeting the areas of greatest need, monitoring progress, and supporting the actions of others. Although other priorities will conspire to detract from these needs, meeting such needs are a measure of leaders' commitments to curb the epidemic.

HIV/AIDS organizations continue to lead the way in advocating stepped-up activities, mobilizing public concern and devising activities that genuinely enhance people's lives. Many do so despite their frayed capacities. As a priority, more support should go towards overcoming those frailties by building their institutional and human capacities. It can be done. One good example of building capacity and bolstering civil society groupings is ASICAL (Asociación para la salúd integral y ciudadanía en América Latina). In 15 countries in Latin America and the Caribbean, it works to strengthen organizations of men who have sex with men, training them in strategic planning to ensure that activities related to prevention and care feature in their national work plans. The spin-offs could be considerable: for example, enabling HIV/AIDS organizations to help more NGOs to integrate HIV/AIDS into their programmes and work.

A matter of survival
As the epidemic swells and shifts its course, organizations are forced to review and amend their abilities to respond. Global bodies such as the International Council of AIDS Service Organizations and the Global Network of People with HIV/AIDS have done just that, with UNAIDS support, by examining their work and adapting their structures. As more people fall ill in high-incidence countries, the challenge is increasingly one of organizations' survival, rather than just their development, as the International Federation of Red Cross and Red Crescent Societies has realized.

Showing the way
Integrating HIV/AIDS into the programmes and work of all government departments is essential. Though attempts to do so are multiplying daily, few have been as bold as Norway's Ministry of Foreign Affairs. It has tasked an internal working group with ensuring that HIV/AIDS figures in all the country's international activities. This is not just lip service. Even security initiatives and new trade ventures now have to incorporate the findings of AIDS-specific analyses.

Reduce people's vulnerability

Most at risk of infection are the tens of millions of people who are forced into precarious survival strategies, whose health is chronically undermined by poor living and working conditions, and who are robbed of their autonomy and dignity by violence and discrimination. Those deprived of their basic rights to security and livelihood are also those most vulnerable to the epidemic and its consequences.

Because of this, it is crucial that countries urgently review their economic, education, human rights and social policies with respect to their potential impact on the HIV/AIDS epidemic. Where necessary, new legislation and policies should be introduced in order to reduce individual and societal vulnerability to HIV/AIDS. They should centre on steps that reduce gender inequalities, narrow income disparities, improve education and protect human rights.

In the early 1990s, not many in the Philippines worried about the spread of HIV/AIDS in their country. But one politician, Senator Freddie Webb, decided to do something about it.

As chair of the senate health committee, he first plotted the likely spread and impact of an epidemic. Then he drew on advice from government departments, NGOs, people living with HIV/AIDS, and UN agencies, and began drafting a ground-breaking 'AIDS Bill'. The idea was that the combination of a rights-based, preemptive approach and prevention campaigns could check the epidemic's passage.

Many openly ridiculed the bid. Conservatives snubbed the move towards HIV/AIDS education in schools, while organized employers refused to surrender their right to fire workers with incurable infectious diseases. Members of the public objected to the bill's prohibitions on mandatory testing, its defence of confidentiality, and its outlawing of discrimination against people living (or even suspected of living) with HIV/AIDS.

For five years, Senator Webb and a growing movement rode out the counter-attacks until the bill became the Philippines AIDS Prevention and Control Act of 1998. Their resolve exemplified the leadership needed and underlined the importance of legislative reforms. It also invigorated the groups working on HIV/AIDS and animated a chain of other activities, not least those aimed at breaking the vicious circle of impoverishment, social exclusion and inequality, and the spread of HIV/AIDS.

Social, economic and political intervention strategies that systematically promote social inclusion and greater socioeconomic equality rank among the essential challenges facing leaders. Crucially, as globalization progresses, such changes will remain fragile unless supported by similar reforms at the international level. Huge opportunities for progress exist in that realm.

By forthrightly addressing income and other inequalities, governments, the private sector and international agencies can reduce the vulnerabilities that thrust individuals towards risks they would otherwise avoid. The combination of greater socioeconomic equity and sounder governance could be potent in the battle against the epidemic. Many of those measures call for long-term, sustained commitment at every level—from the local domains of households and communities, to national policy-making and international relations. Always at a premium are education and information strategies. Whether launched through national media or built around peer projects, they have to reach everyone, which also implies improving access to information and services in rural areas, as well as raising literacy rates.

But a host of short-term innovations are possible. Integral to all should be attempts to improve the status of women. They could include:

— health and education subsidies, and outside-school teaching projects that enable young women, especially, to complete their studies;

— more support for micro-financing schemes and networks;

— extending paralegal services;

— the consistent challenging by high-profile leaders of discriminatory and abusive practices.

Decisive action is needed to defend women against violence, the threat or reality of which affects the lives of tens of millions of girls and women. One study in Cape Town has found that 30% of teenage mothers' first sexual intercourse had been "forced". Asked what the consequences of refusing sex might be, 75% said they would be beaten. Around the world, men deny women the right to decide when and under what circumstances they have sex, leaving them prone to infection. The Stepping Stones programme, developed in Uganda in the mid-1990s, is aimed at countering such behaviour, by tackling the attitudes and assumptions of both men and women. Today, the programme is used by thousands of organizations in almost 100 countries.



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"The AIDS epidemic is a challenge for research and for scientists, and it is a global challenge for the whole world. History has shown us that the human will can nonetheless prevail. The only means currently available to us of combating this epidemic is prevention. It is therefore through a powerful effort of education that this major public health problem, which is today primarily one of development, can be solved."

Koichiro Matsuura, Director-General, UNESCO



Getting the basics right

The Philippines AIDS law is an exceptional piece of legislation, not least because it mandates duties right down to the local level and explicitly sets out the steps that community leaders, local government officials and religious leaders must take to provide education, information and community-based services and mobilize communities. It affirms the human rights of people living with HIV/AIDS and outlaws discrimination not only against them but against people suspected of carrying the virus. People living with the virus cannot be denied medical services. And people suspected of being infected cannot be denied insurance, nor can they be compelled to undergo testing for HIV without their consent.



Elsewhere, other measures—such as ridding law and order officials of intolerance and prejudice (especially towards women)—are being added, as new training programmes and the creation of special rape courts in South Africa have shown. The Maharashtra Women's Forum in India has taken a different tack. It tries to improve members' social and economic power, putting the women in a stronger position to negotiate their sexual relationships with men.

All the while, though, more long-term strategies are also needed to dismantle damaging cultural practices and misguided notions of masculinity. The examples of community and spiritual leaders are central to such an accomplishment.

Young people who inject drugs and sex workers are being hit hard by the epidemic. Wide-ranging remedies are needed to improve their precarious status, from policies and projects that include rather than banish them from mainstream society, to initiatives like those run by the UNICEF-supported *Vera, Nadeshda, Ljubov* ('Faith, Hope and Love') NGO in Ukraine. It offers people the information and means to protect themselves against infection, provides psychosocial and medical support, and tries to inculcate a more caring approach among law enforcement personnel. In Moscow, the AIDS Infoshare project works closely with sex workers, many of whom are bearing the brunt of the epidemic in the Russian Federation. Its outreach teams provide women with safe sex information and distribute a sassy brochure on STIs and HIV/AIDS, which is designed to look like a fashion magazine because, according to its fieldworkers, "appearances count".

People displaced by war, political repression, natural disaster or even huge development enterprises (like dams) are especially vulnerable. At a minimum, they must be guaranteed physical, food and medical security. The relief efforts of international agencies are key. But they can be boosted by sturdier international cooperation, especially in returning people to more secure settings and livelihoods, or by accepting them as refugees or asylum-seekers.

Numerous other types of vulnerability must be tackled. Though with mixed results, many countries already attempt to control sexually transmitted infections (STIs) other than HIV/AIDS. But a host of proven remedies can be emulated—from the enlistment of traditional healers in treatment and prevention programmes in Africa, to China's now-faltering success in limiting STIs through its public health system. Preventing and treating certain STIs is vital because the presence of such infections increases the chances of HIV/AIDS infection.

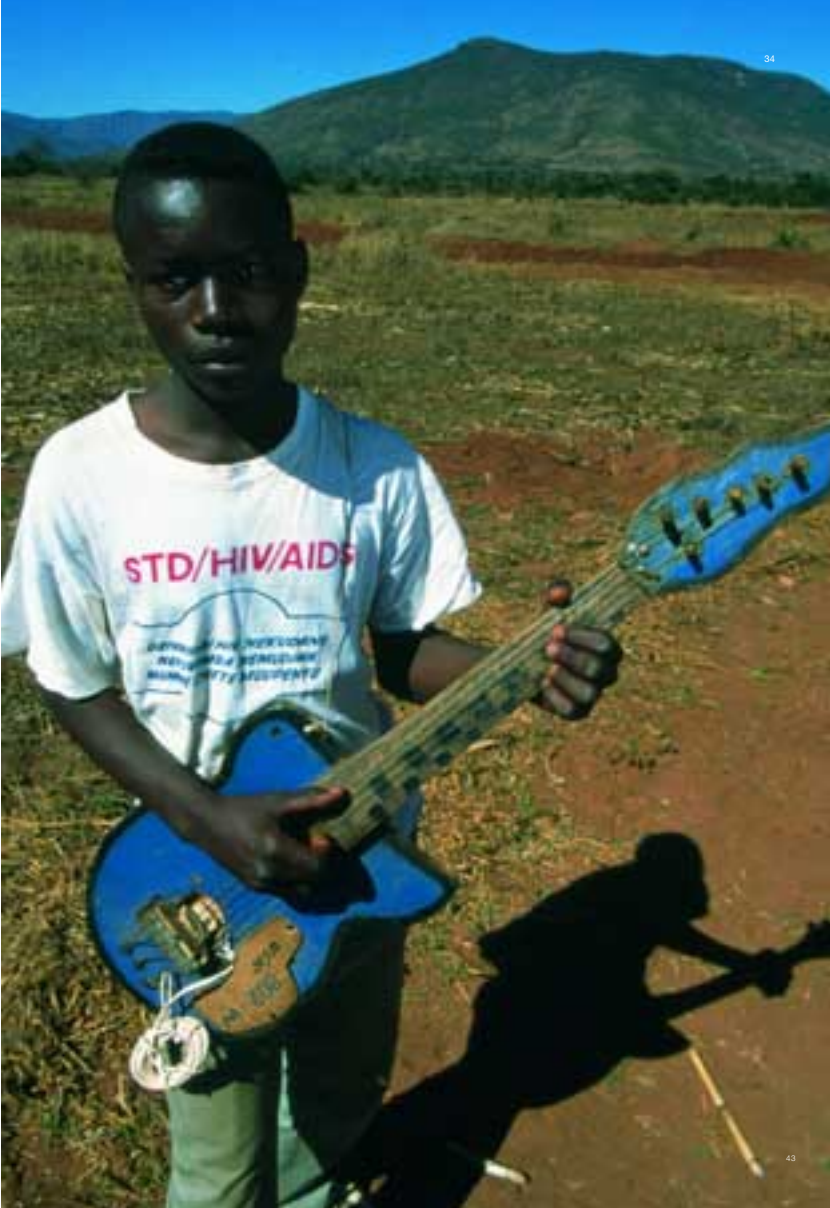
Drawing the links

Agincourt, a densely populated rural area in one of South Africa's poorest provinces, is the site for an innovative attempt to chip away at gender inequality and reduce HIV transmission. The area already has a high HIV prevalence rate. But it is also a shining example of partnerships in action.

Drawing together academic institutions, the national government and NGOs, the project links a microcredit scheme for women with gender awareness and HIV education. The Women's Development Bank (which is modeled on Bangladesh's Grameen Bank) identifies loan 'candidates' among the poorest community members, most at risk of infection. The aim is to boost women's autonomy and power and to cushion families financially against the epidemic's impact.

A central feature of the women's monthly loan meetings is a learning and action programme that tackles the thorny issues of gender relations, sexual health choices and vulnerability to HIV.

In Burkina Faso, the Association des Jeunes du Peryssae pour le Développement has taken a similar approach. At first, it concentrated on literacy and income-generation projects for women, only to realize that achievements in those areas were being eroded by the epidemic. As a result, HIV/AIDS is now high on its roster of activities.


STD/HIV/AIDS

CONCLUSION

The HIV/AIDS epidemic has penetrated every region of the world. In some countries, its devastating passage is only beginning. In others, it is unraveling decades of progress and deepening fault lines that already divide societies. The toll on human life is extreme. This is a global crisis that demands global action.

Two decades of efforts have provided the insights needed to turn the epidemic around.

Leadership at all levels and in all walks of life is vital. But political and other top-level leaders bear a special responsibility to set the examples that spur others into action. Their persistent commitment is essential in guaranteeing that coherent national plans operate effectively and that sufficient resources are channeled into responses. It must also ensure that the actions straddle different sectors and involve as many actors as possible.

Effective responses draw guidance and inspiration from the activities of communities, with particular focus on young people and women. The best of them closely involve people living with HIV/AIDS and those affected by the epidemic.

The success stories underscore the fact that the protection of human (including social and economic) rights is essential. They confirm the need to tackle, nationally and internationally, the many disparities that fuel the epidemic. And they prove the utility and importance of the links between strong prevention, care and support programmes.

"We face a terrible epidemic, but we are far from powerless against it. We can halt the spread of AIDS. We can even reverse it… Above all, the challenge of AIDS is a test of leadership. Leadership has formed the basis of whatever progress we have achieved so far. I am thinking of individuals who spoke out in the earliest days of the disease—at times quite provocatively—in order to get the issue onto the agenda. Or the many citizens' groups that have overcome obstacles of shame, stigma and taboo to provide essential services and support. Or men and women in the private sector who have recognized that the struggle against AIDS makes good business sense, and have taken steps to protect their employees. Or scientists dedicated to the pursuit of a safe and effective vaccine."

Kofi A. Annan, United Nations Secretary-General

We know
what has to be done.
We know what works.
NOW
is the time to act.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together seven United Nations system organizations to help the world prevent new HIV infections, care for those already infected and mitigate the epidemic's impact. The UNAIDS Cosponsors are:

UNICEF – United Nations Children's Fund
The United Nations Children's Fund (UNICEF), acting within the framework of the Convention on the Rights of the Child, works with governments and nongovernmental organizations in the fields of health, nutrition, basic education, safer water and sanitation to improve the lives of children, youth and women. It brings to UNAIDS its operational field capacity in over 160 countries. UNICEF's priority programme areas for HIV/AIDS focus on prevention of infection, especially of adolescents, school AIDS education, children and families affected by AIDS, and mother-to-child HIV transmission.

UNDP – United Nations Development Programme
The United Nations Development Programme (UNDP) works to increase understanding of the social and economic impact of HIV/AIDS on development; to create effective gender-sensitive multisectoral HIV/AIDS policies and poverty reduction strategies; and to strengthen institutional management, aid coordination and disbursement mechanisms. UNDP advocates for increased development funding and for actions to break the silence surrounding the epidemic. It promotes discussion and implementation of policies that integrate HIV/AIDS into national development strategies, poverty reduction strategies and institutional reform. UNDP acts as an honest broker in bringing together effective community-based programmes with potential sources of funding.

UNFPA – United Nations Population Fund
The mandate of the United Nations Population Fund (UNFPA) is, *inter alia*, to build the knowledge and capacity of countries to respond to needs in the area of population, with a major focus on reproductive health, including family planning and sexual health, UNFPA contributes to UNAIDS' mandate through its worldwide network of country offices; its expertise in reproductive health promotion and service delivery; its experience in logistics and management of reproductive health commodities, including condoms; and its experience in working with nongovernmental organizations, in organizing technical assistance and in strengthening national capacity-building.

UNDCP – United Nations International Drug Control Programme
The United Nations International Drug Control Programme (UNDCP) is entrusted with exclusive responsibility for coordinating and providing effective leadership for all United Nations drug control activities. In this context UNDCP is active in supporting HIV/AIDS prevention in programmes to reduce the demand for illicit drugs. Its primary focus is on youth and high-risk groups. UNDCP operates from its headquarters in Vienna, Austria, as well as from a field network currently serving 121 countries and territories.

UNESCO – United Nations Educational, Scientific and Cultural Organization
The mandate of the United Nations Educational, Scientific and Cultural Organization (UNESCO) is to foster international cooperation in intellectual activities designed to promote human rights, help establish just and lasting peace, and further the general welfare of mankind. UNESCO contributes to UNAIDS by virtue of the scope of its fields of competence, its interdisciplinary and cross-disciplinary approaches, and its experience, and by bringing the vast network of institutions with which it collaborates into the fight against AIDS.

WHO – World Health Organization
As a leading international health authority, the World Health Organization (WHO) supports countries to strengthen their health system's response to the epidemics of HIV/AIDS and sexually transmitted infections. Its major focus is on prevention of HIV and sexually transmitted infections; vaccines and microbicides; prevention of mother-to-child transmission of HIV; blood safety; epidemiological and behavioural surveillance; safe injection practice; strengthening of health systems; voluntary counselling and testing; management of HIV-related illnesses; alternatives and complements to hospital care; and access to drugs.

World Bank
The mandate of the World Bank is to alleviate poverty and improve the quality of life. Between 1986 and late 1999, the World Bank committed over US$ 980 million for more than 75 HIV/AIDS projects worldwide. Most of the resources have been provided on highly concessional terms. To more effectively address the devastating consequences of HIV/AIDS on development, the Bank is strengthening its response to the epidemic, working in partnership with UNAIDS, donor agencies and governments. The Bank's "Intensifying Action against HIV/AIDS in Africa" strategic plan aims to rapidly increase action and available resources and to bring to scale the interventions needed for prevention and impact mitigation.

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Front cover: A colourful painting outside the Baragwanath Hospital Research Unit in Soweto, South Africa, draws attention to the global AIDS crisis.

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