

UNAIDS PROGRESS REPORT

1996-1997

EXECUTIVE SUMMARY



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UNICEF • UNDP • UNFPA
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*Joint United Nations
Programme on HIV/AIDS*

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UNAIDS Progress Report (1996-1997)

EXECUTIVE SUMMARY

The years 1996-1997 represent the first biennium of the Joint United Nations Programme on HIV/AIDS, launched in January 1996. A novel venture in the United Nations system and a pioneer of UN reform, UNAIDS works through and on behalf of its six cosponsoring organizations – the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank, which offer complementary expertise ranging from education to family planning, from economic development to health. UNAIDS aims to build global AIDS awareness and commitment. It aims to make the UN system, in its rich diversity, a strong and unified partner for over 150 countries struggling to curtail the epidemic and cope with its development impact.

This report highlights the activities, achievements and challenges of UNAIDS during its first two years of operation. It describes the strategic approach developed by UNAIDS based on lessons learned about how HIV epidemics spread, how they can be countered, how people infected and affected by the epidemic can be supported, and how the collective resources of the United Nations system can be harnessed to help countries respond to AIDS. It shows the significant improvement in AIDS coordination achieved within the United Nations system – in support of national governments, as well as the expanding collaboration with civil society. It describes the work done by the UNAIDS Secretariat and Cosponsors to build up and facilitate access to “best practice” – the body of knowledge and practical tools that countries need to slow the spread of HIV and soften its

impact. The report documents how the Programme confronted complacency in the face of a growing epidemic – the paradoxical feeling among many that the “AIDS crisis” was somehow over – despite UNAIDS statistics showing that in many places the epidemic was even more serious than previously thought.

Current status of the epidemic and the response

By the end of 1997, through the development of a comprehensive system of monitoring by the UNAIDS Secretariat and WHO (described below), the world had a far more accurate picture of what was happening in terms of HIV and AIDS. Over 30 million adults and children were estimated to be living with HIV. HIV rates had stabilized or dropped in industrialized countries and a handful of developing countries, but in most parts of the world the epidemic was continuing to expand, often at a staggering rate.

The new data showed that during 1997 approximately 2.3 million people died of AIDS – about the same number as died of malaria. Despite recent advances in highly-active antiretroviral treatment and consequent reductions in AIDS deaths in the industrialized world, the vast majority of HIV-infected people live in developing countries, where access to antiretroviral drugs is difficult, if not impossible. Consequently, mortality in those countries continues to rise especially among young adults – a pattern otherwise seen only in wartime. In addition, in the hardest-hit countries, where there is significant mother-to-child transmission of HIV, infant and child mortality rates are set to rise by up to 100% or more compared with 1990 figures because of AIDS.

Altogether, the epidemic's impact on development has been far more severe than is generally realized, whether measured against the yardstick of life expectancy (in some countries this has declined to levels not seen since the 1960s), child survival or economic costs, direct and indirect. With millions more becoming infected and joining the ranks of the over 30 million people alive today with HIV, it is clear that far worse is yet to come in terms of compromised socioeconomic development.

New developments in 1996-1997

The biennium saw a number of significant new developments in the response to the HIV epidemic. The scientific evidence that prevention works was bolstered by UNAIDS-facilitated research in countries such as Thailand and Uganda demonstrating that well-designed prevention programmes had led to large-scale decreases in the rate of HIV transmission. A study conducted with WHO, UNAIDS and USAID support from 1995 to 1997 in Kenya, Tanzania and Trinidad and Tobago confirmed that voluntary counselling and HIV testing can help prevent new infections. For the prevention of HIV infection among injecting drug users, 1996-1997 saw increasing acceptance of harm-reduction approaches. UNAIDS-supported research showed that female condoms effectively slow the spread of HIV and other sexually transmitted diseases, in addition to expanding the protection options available to women. For women already infected with HIV and wishing to maximize their chances of giving birth to a healthy child, a trial in Thailand, whose findings were announced in February 1998, demonstrated that the use of a relatively short course of the antiretroviral drug zidovudine (also called AZT) by pregnant women halved the risk of mother-to-child transmission of HIV for non-breastfed infants. Together with UNICEF and WHO, the UNAIDS Secretariat began to translate these findings into guidelines and practical initiatives for developing countries.

The epidemic contributed heavily to the large increase in new tuberculosis cases over the last decade, and preventing tuberculosis through drug prophylaxis given to HIV-infected people

took on greater urgency. In collaboration with the UNAIDS Secretariat, WHO revised its essential drugs list to include several drugs of special interest to people living with HIV. For people living with HIV especially in the industrialized world, the newly developed 'highly-active antiretroviral treatment' (HAART) helped postpone the development of AIDS and prolong life. However, the usefulness of HAART is limited by various factors including the cost of therapy, which is prohibitive in most countries. UNAIDS and its cosponsors, particularly WHO, helped battle these restrictions on a number of fronts while pushing for better access to basic health care and support for those living with HIV and AIDS.

Opinion leaders and decision makers continue to deny the epidemic's multiple consequences and the need to tackle the epidemic as a top priority. However, over the past two years UNAIDS and its cosponsors have advocated vigorously for AIDS to be given greater attention at the highest political level.

***Expanding the response to HIV:
the strategic approach***

Though 16 000 new HIV infections occur every day, the epidemic is not out of control everywhere. Based on analysis of the features of the AIDS response in countries which have stabilized or even turned around their HIV rates, UNAIDS advocates a strategic approach to the epidemic. The approach calls for prevention programmes that are focused on individuals and groups at higher risk of infection, to encourage safer behaviour; societal action to reduce the vulnerability of those who have little control over their HIV-related risks, and to soften the epidemic's impact on orphans and others; care for those infected; and active mainstreaming of AIDS-related measures within broader development efforts.

UNAIDS promotes a process of national strategy development to tailor the country's approach to the specifics of its situation. According to UNAIDS' published guidelines, development of a country AIDS strategy should

begin with a serious analysis of the local HIV/AIDS statistics, risk behaviour and vulnerability factors. The strategy relies on best practice – tried and tested methods of AIDS prevention, care and impact alleviation. It should seek an appropriate balance between the prevention needs of people at higher risk and those at potential or future risk, such as young people. Just as importantly, the strategy should build expanded partnerships between governments and civil society at all levels in order to make the response stronger and more sustainable over the long haul.

The United Nations system response to AIDS

One of the critical goals of UNAIDS during the 1996–1997 biennium, and a major rationale for its creation, was the development of a coherent United Nations system response to the epidemic. The challenge was to operationalize the common approach laid out in documents prepared at the inception of the Programme, such as the UNAIDS 1996-2000 Strategic Plan.

Surveillance and monitoring took top priority in 1996-1997, since combating HIV effectively must be based on an understanding of the dynamics of the epidemic and of the social, cultural and economic factors that spur or curb the spread of the virus. The UNAIDS Secretariat and WHO worked together and with governments and other partners to set up a global system that would facilitate data collection from a reliable common source. Using newly-designed instruments such as country profiles and country-specific epidemiological fact sheets, UNAIDS and WHO calculated new estimates of the number of people living with HIV at the end of 1997 (the last such country-specific estimates dated from 1994) and assembled updated information on behavioural and other determinants of HIV spread. This resulted in the first-ever country-by-country analysis of the epidemic, and has contributed significantly to a common understanding of its gravity.

Advocacy is another top UNAIDS priority – speaking out about the epidemic and building a sense of urgency about the need to tackle it without losing time.

A major advocacy channel is World AIDS Day, marked every year on 1 December. In 1997, for the first time, UNAIDS extended the time frame by working with Cosponsors and other partners to launch a World AIDS Campaign that would run for months before culminating on 1 December. The 1997 Campaign – “Children Living in a World with AIDS” – saw the UNAIDS Secretariat working closely at regional and country levels with its Cosponsors and other partners, particularly UNICEF and WHO. This was followed logically in 1998 by “Force for Change: World AIDS Campaign with young people”, in which the focus is on working out strategic approaches to meeting the needs of young people in the context of HIV, promoting their participation in the response.

In addition, UNAIDS devoted considerable effort to persuading the business sector to engage in the response to AIDS. The creation of the Global Business Council on HIV/AIDS; the high-level coverage of HIV issues at annual meetings of the World Economic Forum; and UNAIDS’ partnership with Rotary International are all examples of how the Programme tapped into non-traditional resources for advocacy and action.

While the UNAIDS Secretariat works on behalf of its Cosponsors in fields such as global advocacy, the Programme works through the six Cosponsors when it comes to country-level action. The success of the UN response at country level thus hinges on their commitment to strengthen, support and coordinate the AIDS-related work done by their field staff. With the creation of 127 United Nations Theme Groups on HIV/AIDS, often assisted by UNAIDS Country Programme Advisers or by Focal Points (staff members designated by a Cosponsor), there was a discernible improvement in UN coordination and commitment during the first biennium of UNAIDS.

In many countries, Theme Groups composed of the local heads of the six Cosponsor agencies, with representation from the national government, helped provide support for the country in developing its strategic plan on HIV/AIDS; strengthened national mobilization of technical and financial resources; supported advocacy on HIV/AIDS with political leaders and the public; and harmonized UN system initiatives on AIDS. By the end of 1997, the Cosponsoring Organizations had established Theme Groups covering 152 countries, and many of these had progressed from information-sharing to coordinated planning, often with input from people infected or affected by AIDS and other parts of civil society.

Progress was also made in developing and brokering mechanisms for technical cooperation, an important goal for UNAIDS. At global level, a good foundation was laid for the division of labour among the Cosponsors and Secretariat, which will lead to an integrated UNAIDS workplan at global and regional levels. Globally, a number of Inter-Agency Working Groups in key areas related to the epidemic (such as school AIDS education) helped build policy consensus, as well as coordinate and stimulate activities by the UNAIDS Cosponsors and Secretariat. The Programme worked closely with nongovernmental organizations, established new partnerships with business and political organizations, and otherwise brokered or supported technical resource networks of many kinds as a way of building up institutional capacity for AIDS action in regions and between countries. These developments have been aided by the designation of collaborating centres in many parts of the world, the provision of support to key global and regional networks (including networks of people living with HIV/AIDS and AIDS-service organizations), and the establishment of three UNAIDS Intercountry Teams in Asia and Africa.

A key role of these networks is to assist countries to apply "best practices" when tackling AIDS. These are principles, policies, strategies or activities that, according to collective experience, have proven to be sound ways of responding to the epidemic.

Throughout 1996-1997, UNAIDS helped identify existing best practices, develop new ones (e.g. by supporting research or influencing the global research agenda), and advocate for their use. To disseminate best practices and other lessons learnt in dealing with AIDS, the Secretariat published guidelines, technical updates, policy statements and other documents in the *Best Practice* collection, which grew to over 50 publications during the biennium, and provided countries with practical help for their AIDS-related advocacy and programme planning. UNAIDS also coproduced important publications with Cosponsors and other UN agencies, e.g. on HIV interventions in emergency settings and the dual tuberculosis/HIV epidemics.

Some of the tools and practices developed through research, such as AZT for the prevention of mother-to-child transmission of HIV, and voluntary counselling, testing and support in both AIDS prevention and care, have already been mentioned above under the section "New developments in 1996-1997". To enhance efforts to protect women, UNAIDS served as secretariat for an international working group coordinating efforts to develop vaginal microbicides. The Programme successfully promoted the use of female condoms and negotiated a lower public-sector price for developing countries, leading to greatly increased sales. More broadly, a strategy for covering gender issues in the work of the UNAIDS Secretariat and Cosponsors was developed and a good start was made on implementation.

Since the presence of an untreated sexually transmitted disease multiplies the risk of HIV transmission by as much as 10-fold, UNAIDS has engaged in considerable advocacy and best practice development in this area. The Programme also helped establish a regional task force on the care and prevention of STDs in Eastern Europe.

In collaboration with UNICEF, WHO and UNESCO, the Secretariat continued to promote school-based sexual health education, emphasizing that this has been shown to reduce the likelihood of risk behaviour. In the communications area, working with UNESCO, UNICEF and

the World Bank, the Programme is helping forge communications strategies and build regional networks to aid best practice development.

To expand the involvement of the religious sector, UNAIDS and its partners promote training and the exchange of ideas for community-based prevention and care programmes, for example by providing key support to the first International Conference on Religion and AIDS (Dakar, 1997). At the same time, the Programme encouraged religious institutions to strengthen life-skills training on HIV/AIDS in schools operated by their congregation.

The Programme's efforts to reduce risk and vulnerability in institutional settings such as prisons and workplaces took the form of strengthening national and regional networks, and facilitating information exchange on best practices. A joint undertaking with the Civil-Military Alliance to Combat HIV/AIDS has been particularly active in mobilizing a response in military settings in Africa, Asia and Latin America; activities included a seminar for NATO and "Partnership for Peace" countries.

In collaboration with Cosponsors and other partners, such as the International Organization for Migration (IOM), UNAIDS has sought to increase understanding of the linkages between migration/mobility, and HIV and to propose strategies to reduce the resulting vulnerability and risk. In Africa, to take one example, this double goal is being pursued through projects and studies by the West Africa Initiative on HIV/AIDS with the support of the UNAIDS Intercountry Team based in Abidjan.

Given the significant contribution of drug injecting to HIV spread, close collaboration with the United Nations International Drug Control Programme (UNDCP) was formalized in 1996 with the signature of a Memorandum of Understanding. In countries such as Bangladesh, India, Myanmar, Nepal and Viet Nam, UNDCP participates as a member of the UN Theme Group on HIV/AIDS. Along with UNDCP and the WHO Programme on Substance Abuse, UNAIDS helped to strengthen regional harm-reduction networks, support country projects on all continents, and

develop guidelines and training manuals. In the areas of commercial sex work and men who have sex with men, UNAIDS concentrated on the identification and dissemination of best practices in HIV prevention and care, the strengthening of regional networks, and the development of tools and guidelines to facilitate project development.

A critical area of best practices is improving care and support for people living with HIV infection and AIDS. In this regard, UNAIDS developed a partnership-based strategy for improving access to HIV-related drugs as an entry-point for improved access to palliative care, prevention and treatment of opportunistic infections, and antiretroviral therapy. Among other concrete initiatives, the Programme has helped launch pilot projects in Chile, Côte d'Ivoire, Uganda and Viet Nam in collaboration with ministries of health and a growing number of pharmaceutical companies. The projects involve setting up a financial mechanism to lower the price of drugs, strengthening infrastructure and human resources in the pilot centres, and helping develop national policies on the care and management of people living with HIV.

While by definition limited in scope, the pilot projects are being evaluated to provide insights and approaches that can be adapted and scaled up elsewhere. To aid AIDS care and improve awareness and response, UNAIDS has promoted the involvement of community organizations, for example through the provision of technical and financial support for pilot projects in Malawi and Zambia to train, place and support people living with HIV at various levels of the national response in both countries, in collaboration with UNDP and the United Nations Volunteers (UNV). Working together with WHO, the UNAIDS Secretariat initiated case studies to assess the extent and capacity of districts and other local government structures to take action on AIDS, and prepared a technical update on the cost-effectiveness of HIV/AIDS programmes for health-sector decision-makers. The UNAIDS Secretariat and Cosponsors are also supporting a wide range of studies and publications to facilitate experience-sharing among various regions, districts and

countries, in an attempt to alleviate the impact of the epidemic with a particular focus on young people and their families.

Human rights, ethics and law constitute a cross-cutting theme for UNAIDS in its activities. During the 1996-1997 biennium, the Programme helped countries draft legislation in the context of AIDS and developed instruments for collecting data on HIV-related discrimination and stigmatization. In 1996, the Second International Consultation on HIV/AIDS and Human Rights, organized with the Office of the United Nations High Commissioner for Human Rights (HCHR), produced a series of international guidelines on the concrete measures governments can take to redress HIV-related discrimination and human rights abuses. These have since been published jointly by UNAIDS and HCHR.

UNAIDS has promoted the development of a safe, effective and affordable HIV vaccine as a major priority in the global response to the epidemic. In this context, part of the Programme's role is to build up the capacity of countries to ensure that the highest scientific and ethical standards are respected when it comes to vaccine trials. During the 1996-1997 biennium, under the guidance of its Vaccine Advisory Committee, UNAIDS provided technical and financial support for activities included in the national plans for HIV vaccine developments in Brazil, Thailand and Uganda. The UNAIDS Secretariat is collaborating with the WHO Global Programme for Vaccines and Immunization on a project to promote the development of novel vaccines approaches, especially those which could be more appropriate for developing countries. Also in collaboration with WHO, as well as the Council for International Organizations of Medical Sciences (CIOMS), the Programme launched a series of international consultations aimed at drafting ethical guidelines for the conduct of HIV vaccine efficacy trials.

Organizational development of the UNAIDS Secretariat

During its first biennium, UNAIDS necessarily dealt with organization and structure as priority

issues. Each department of the Secretariat is engaged in activities to strengthen internal management and organization, including strategic planning; strengthening management teams; and team-building for individual units.

A monitoring and evaluation plan sets forth a conceptual framework with three primary components: impact, outcome, and output. The framework recommends that the roles, responsibilities and accountability of relevant partners be clarified, and incorporates qualitative tools to ensure that monitoring and evaluation measure both UNAIDS' progress in stimulating an expanded response to HIV at country level and its success as a coordinating and advisory body for the UN system response. Two user satisfaction surveys of the Theme Groups have also taken place since 1996.

In order to take advantage of the administrative structures of its cosponsors and eliminate the need for a full scale administrative office, the programme made arrangements with WHO and UNDP for programme support. Although owing to budgetary cuts of their own, the UNAIDS cosponsors were not able to absorb a significant proportion of UNAIDS costs in the field, many Theme Groups and country offices were able to provide materials and services to assist the UNAIDS Country Programme Advisers.

The Programme also undertook several initiatives to improve office efficiency and to support information systems supplied by WHO, including improved Local Area Networks and document management systems.

In mobilizing resources, UNAIDS aims to finance the core budget of the Secretariat and the Coordinated Appeal for extrabudgetary funding for Cosponsors' activities; to ensure funding for country-level responses to the epidemic; and to mobilize expertise and in-kind resources by expanding the response from the NGO sector at global and country levels. Twenty-five countries made financial contributions to UNAIDS' core budget. Countries donated a further US\$ 14 million for additional specific projects conducted in collaboration

with bilateral donor agencies and for the Coordinated Appeal.

UNAIDS helped to expand national capacities for resource mobilization through training workshops held in different regions of the world. Mobilizing resources from the private sector for national responses to the epidemic is also an important part of UNAIDS' efforts in this area.

In addition to meetings of the Programme Coordinating Board and the Committee of Cosponsoring Organizations, governance was strengthened through the establishment by the PCB of a working group on indicators and evaluation, and a working group on resource mobilization. The working groups have been instrumental in providing specialized guidance to UNAIDS in these two areas of endeavour.

Challenges, opportunities and strategic options

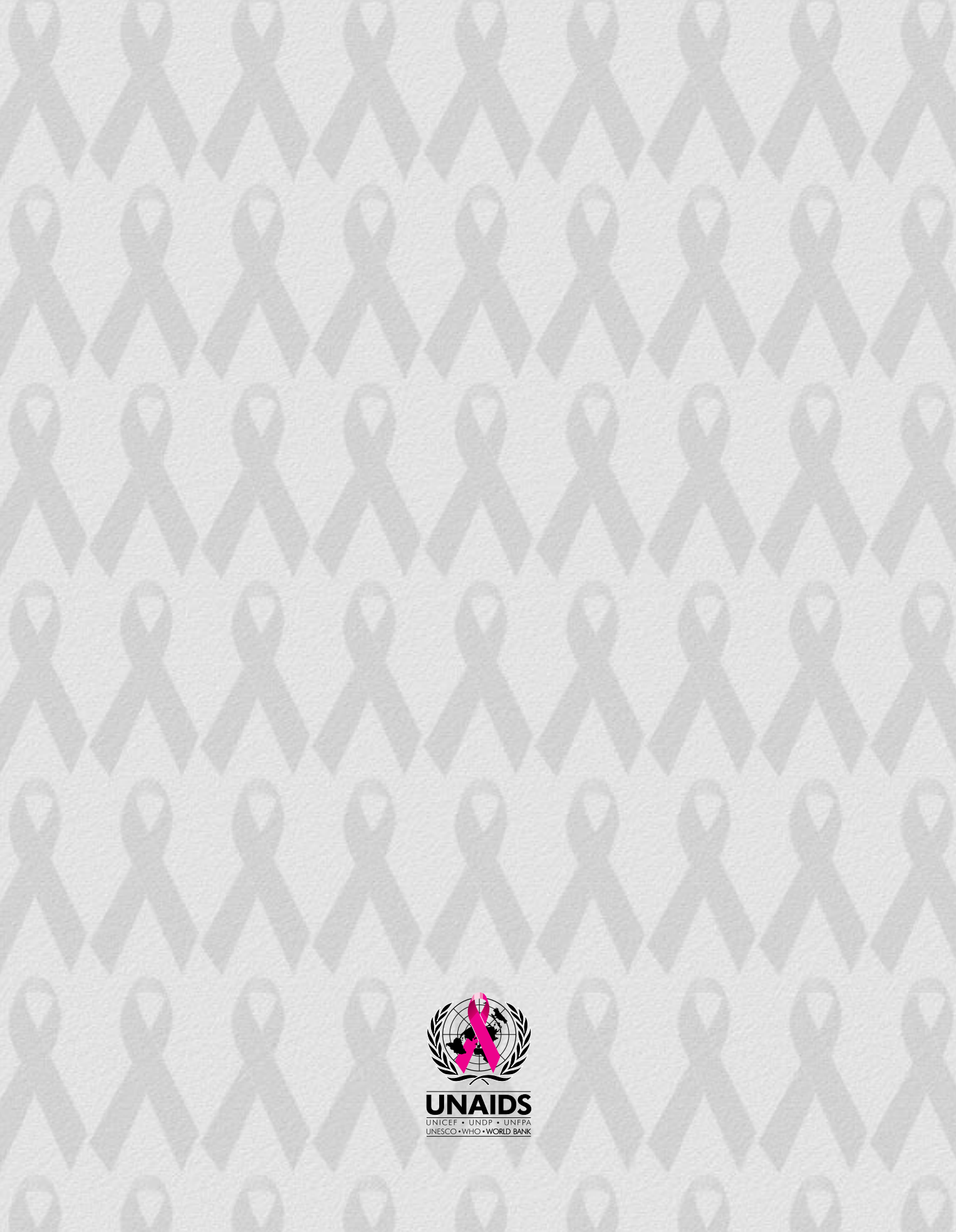
As UNAIDS' global HIV/AIDS analysis has shown, the epidemic is still spreading in much of the world and is out of control in many countries. It is vitally important to keep up the momentum towards a prompt and effective response. As devastating as the epidemic's impact has been, its future impact will be even more devastating if we choose to wait for better solutions rather than make the best use of the successful approaches available to us today. Collectively, we are now poised to move from analysis to action by translating successful experience and best practices from one setting to another.

To encourage a genuine expanded response to HIV, one of UNAIDS' strategic challenges is to continue strengthening alliances and brokering partnerships, particularly with the scientific, political, business, labour, religious, sports, and entertainment communities. At the conceptual and programmatic level, a functional partnership must also continue to be forged between prevention and care efforts. The Programme will continue to encourage countries to focus on reducing individual risk behaviour while making policy changes to

modify the social environment that fosters the transmission of HIV and contributes to the neglect of those affected by the virus. The development of a vaccine against HIV infection must also remain a global priority of the first order.

However, the effectiveness of UNAIDS in mobilizing the UN system to respond to the epidemic cannot be viewed in isolation from the broader and more systemic reform efforts under way within the United Nations. A pioneer of UN reform, UNAIDS will continue to challenge both its six Cosponsoring Organizations and its Secretariat to make Theme Groups on HIV/AIDS truly functional. This is a major responsibility that will require long-term political, managerial, and financial commitment, including from the donor community.





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