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## **Global crisis — global action**

### **Reversing the HIV/AIDS epidemic: critical issues**

#### **Note by the UNAIDS secretariat**

## **I. Introduction**

1. The evidence acquired through almost two decades of experience with good practices in the prevention and treatment of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) clearly demonstrates that the devastating march of the epidemic can be halted and reversed. The key elements of an effective response are also now clear. The diversity of the epidemic means that the appropriate response will differ in different settings and must be community-led. Coordinating efforts and sharing knowledge about effective preventive measures, taking into account differences in modes of transmission, the different sectors of the population affected and the extent of the existing capacity to respond, are essential for an effective intensified response. While there is no one set of interventions that will work in every context, there are certain critical elements:

- *Political leadership*, which is critical for increasing the visibility of the epidemic and decreasing the stigma associated with HIV/AIDS.
- *A coherent national strategy and plan*, which when backed by strong international support, high-level leadership, involving all key social and economic sectors and marked by local input and real participation of people living with HIV/AIDS, can build the necessary technical, community and institutional capacity.
- *An approach whereby prevention, care and reducing the impact of the epidemic proceed in synergy.*
- *A massively increased level of resources on a sustained basis to respond to the epidemic.*

2. An intensified international response to the epidemic is now being mobilized on a foundation of respect, protection and fulfilment of human rights. The following principles, developed through an inclusive global consultation process, have emerged as a guiding framework for this intensified response:

- National Governments, working with civil society, should provide the leadership and means required to ensure that national and international efforts respond to country and community needs.
- People living with and affected by HIV/AIDS should be actively engaged and supported in their efforts to address the epidemic in communities around the world.
- The gender inequalities fuelling the epidemic must be explicitly addressed.
- Prevention methods, life-saving treatments and the results of scientific breakthroughs in prevention and care must be made broadly available on an equitable and affordable basis to all.

3. UNAIDS and its partners have identified a set of leadership commitments as essential preconditions for responding effectively to the epidemic. Those commitments, which have been endorsed by Governments, non-governmental organizations and the organizations of the United Nations system represented in the UNAIDS Programme Coordinating Board, the governing body elected by the Economic and Social Council, are set out in annex I below. The General Assembly, at several special sessions, has made a number of commitments focusing on different elements of the epidemic and the international and national response. These are set out in annex II. Those commitments should be reaffirmed.

## **II. Leadership and coordination**

4. The key requirement for an effective response to HIV/AIDS is leadership, at all levels. Leadership, together with the appropriate governance measures to ensure its effectiveness, is a precondition for a sustained response equal to the devastating scale and impact of the epidemic. Strong personal commitments and undertakings from political and civil society leaders are needed to promote national and international understanding and cooperation. Such understanding is essential in order to avoid the denial and stigma that have affected earlier responses to the epidemic. It is a prerequisite for securing the full commitment, involvement and accountability of all sectors and for avoiding fragmentation of effort.

5. To combat HIV/AIDS effectively, leaders in all countries and at all levels should:

- Address the epidemic in forthright and constructive terms in order to confront stigma and denial, promote openness and prevent discrimination and intolerance;
- Understand fully the gender inequalities fuelling the epidemic and take concerted action to address them;
- Involve people living with HIV/AIDS in shaping and driving forward efforts to stem the epidemic both at the national level and within communities;
- Develop concerted, multisectoral national HIV/AIDS programmes that improve coordination among actors, avoid duplication and focus energy and resources.

6. Leadership needs to be exercised at all levels of society. While effective action has to start with high-level political leadership, this must cascade through leadership

at all levels and in all sectors. Community, religious, political, media and private sector leaders should all be involved, supporting community-focused efforts and empowering local responses.

### **Issues for consideration/possible goals**

7. The General Assembly resolution calling for the special session on HIV/AIDS recalls specific earlier commitments and calls for the global leadership necessary to combat HIV/AIDS in a comprehensive manner. The participants in the special session should agree to build on and strengthen those commitments. Broadly, participants could determine that:

By 2003, all affected countries should have in place national strategies to implement the global HIV/AIDS strategy for addressing the epidemic that:

Are endorsed and promoted by the most senior political leadership, working closely with civil society;

Urgently address risk, vulnerability and impact reduction;

Include explicit plans to monitor progress on a regular basis and to report on the status of the national response at the global level.

## **III. Alleviating the social and economic impact**

8. The impact of the epidemic is evident across all social and economic sectors. In both private and public sectors, HIV/AIDS is affecting productivity and profits through its burden of sickness, absenteeism and loss. At the macro level, HIV/AIDS has sustained impacts on development, whether measured in terms of life expectancy or economic growth. There is also a direct relationship between HIV prevalence and economic growth. As the epidemic deepens, this impact will become more pronounced. Without effective action, economic growth in badly affected regions will be significantly lower over the next 10 years than it would have been without the presence of the epidemic.

### **Issues for consideration/possible goals**

9. Several recent United Nations conferences and special sessions of the General Assembly have addressed issues related to HIV/AIDS. These include:

- The growing problem of children orphaned by AIDS (the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”, the twenty-fourth special session of the General Assembly, entitled “World Summit for Social Development and beyond: achieving social development for all in a globalizing world”, and the Millennium Summit);
- The problem of HIV/AIDS in the workforce (the International Labour Conference, 30 May-15 June 2000).

10. The special session of the General Assembly on HIV/AIDS should reaffirm earlier commitments and consider how to give practical effect to the commitments

made by world leaders in the Millennium Declaration (General Assembly resolution 55/2) to assist children orphaned by AIDS, alleviate poverty and support sustainable development. In addition, the special session should seek to expand and strengthen those commitments, taking into account the scope of the epidemic and the sense of urgency. Governments could consider the following commitments:

By 2003, all affected countries should have in place explicit plans to provide orphans and children in families affected by HIV/AIDS with access to education, health and social services on an equal basis with other children and to monitor regularly the care, health and well-being of all orphaned children.

Additional targets that address the need to alleviate the social and economic impact must be developed.

#### **IV. Reducing vulnerability**

11. The HIV/AIDS epidemic is driven by forces of social and economic vulnerability that inhibit people's capacity to control their risk of infection. Similarly, the social and economic impact of the epidemic depletes the capacity of a society and individuals to respond.

##### **Issues for consideration/possible goals**

12. Several United Nations conferences, intergovernmental bodies and special sessions of the General Assembly have considered issues related to vulnerability that are relevant to HIV/AIDS. These include:

- The vulnerability of women and girls, including the harmful effects of certain traditional or customary practices and the urgent need to empower women to combat poverty, hunger and disease (the twenty-third special session of the General Assembly (Women 2000), the Millennium Summit and the Commission on the Status of Women);
- The power of education to reduce vulnerability, resulting in a commitment to universal education by 2015 (the Millennium Summit);
- Increased vulnerability related to war, conflict and other emergencies (the Security Council in resolution 1308 (2000));
- The need to take steps to eliminate discrimination against and isolation of those living with HIV/AIDS (the World Summit for Social Development in the Copenhagen Declaration and the Commission on Human Rights).

13. The special session of the General Assembly on HIV/AIDS should reaffirm earlier commitments to actions that will reduce vulnerability. In addition, participants in the special session could resolve that:

By 2003, all affected countries should have completed a comprehensive review of their economic, education, human rights and social policies with respect to their potential impact on the HIV/AIDS epidemic and should have in place the legislation and policy measures required to address individual and societal vulnerability to HIV/AIDS, including the achievement of the goals for reducing gender disparity and improving education.

## V. Prevention

14. A strong focus on prevention is essential in order to reduce significantly the spread of the epidemic and its impact. This must be linked with a focus on young people, since over 30 per cent of people currently living with HIV/AIDS are under the age of 24. Preventive efforts also need to target other vulnerable populations, including sex workers, drug users and men who have sex with men.

15. The global challenge now is to make steady progress towards achieving the agreed targets related to prevention (see below). The challenge for Governments, implementing agencies and civil society is to apply the lessons learned from effective action and expand the responses accordingly, adapting interventions as necessary to particular contexts and environments.

16. The targets already set encompass preventive methods such as health and sex education, as well as access to female and male condoms and voluntary counselling and testing. Achieving these targets and broadening them to encompass all social groups calls for a much greater focus on health and sex education programmes, extending the supply of condoms and other commodities, expanding provision for preventing mother-to-child transmission, expanding demand- and harm-reduction programmes for those who inject drugs and increasing access to voluntary counselling and testing. Addressing vulnerability is also a key to effective prevention.

### Issues for consideration/possible goals

17. A major goal related to the prevention of new HIV infections was set in July 1999 at the twenty-first special session of the General Assembly on the overall review and appraisal of the International Conference on Population and Development. The target is set out below:

“Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods, such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.” (General Assembly resolution S/21-2, annex, para. 70).

Prevention targets were also set at the twenty-third and twenty-fourth special sessions of the General Assembly.

18. In addition to reaffirming those targets, the special session of the General Assembly on HIV/AIDS could resolve that:

By 2002, all affected countries will have identified quantitative targets for the programme of action required to achieve those goals and, in particular, will have intensified programme efforts to protect the health and human rights of

those young people most vulnerable to HIV infection, including commercial sex workers and those who inject drugs.

## **VI. Care and support**

19. Preventing HIV infection is inseparable from care and support for those affected by HIV/AIDS. Many of the prevention interventions delivered through the health sector, such as voluntary counselling and testing and the prevention of mother-to-child transmission, are inextricably associated with care and treatment. This synergy of action is central in reversing the spread of the epidemic.

20. An intensified effort therefore is needed to promote and support a comprehensive approach to care and support. Governments need to develop and refine care and support strategies that set out clearly the range of services they will provide and the standards to which they will adhere. These should include access to voluntary counselling and testing, health services and psychosocial support, use of available technologies to prevent mother-to-child transmission, as well as counselling and care for children orphaned by HIV/AIDS. The task of building up the institutional and resource capacity of health and social service systems, to attract and train professionals and support community-based organizations, is a challenge of considerable magnitude, requiring national and international resources.

21. The effectiveness of voluntary counselling and testing (VCT) as a vital point of entry for prevention and care interventions is increasingly evident. Properly conducted VCT helps overcome stigma and denial, has benefits for individuals by leading to better management of illnesses and opportunistic infections and has broader collective benefits as a first step in developing strategies to prevent further transmission, including from mothers to new-born infants.

22. Through advances in the management of opportunistic infections and the development of effective antiretroviral therapies, medical treatment is increasingly available for the illnesses associated with HIV infection, with positive effects on its social and economic impact. Access to these treatments, however, is beyond the reach of the majority, and people in developing countries are dying for lack of appropriate care. Continuing disparities in access to effective care and treatment, and the factors underlying them, need to be specifically addressed.

### **Issues for consideration/possible goals**

23. Existing United Nations targets or statements related to care and support were agreed at the Millennium Summit, the twenty-first special session (on population and development) and the twenty-fourth special session (World Summit for Social Development and beyond). The special session of the General Assembly on HIV/AIDS could build on these commitments by resolving that:

By 2003, Governments should have in place strategies and targets that provide for the sustained development of HIV/AIDS-related health and social services and should take the necessary measures, working with the private sector and others, to ensure that the essential care required is made available on an affordable basis to those who need it.

By 2003, essential medicines for HIV, including antiretroviral therapy, should be available in the most affected countries at prices commensurate with local purchasing power.

## **VII. Research and development**

24. At both national and international levels, in the public and private sectors, research is proceeding into effective prevention and care technologies for HIV/AIDS, such as vaccines, microbicides and potent new treatments and regimens. With no cure for HIV/AIDS yet found, further international research and development is crucial, focusing on the development of microbicides and vaccines. Either by utilizing current knowledge more effectively or focusing on key unresolved problems, global and national players should act in partnership to ensure that priority is given to research and the development of new technologies that are both effective and affordable.

### **Issues for consideration/potential goals**

25. Commitments to mobilize greater investment in research for affordable medicines were agreed at the twenty-fourth special session (World Summit for Social Development and beyond). The special session of the General Assembly on HIV/AIDS could resolve that:

Governments will set specific targets for substantially increasing their investments in the research and development required to achieve broad access to new preventive and therapeutic approaches and technologies, in particular HIV/AIDS vaccines and microbicides.

## **VIII. Resources**

26. The primary challenge for Governments is to mobilize resources to meet the scale and devastating impact of the HIV/AIDS epidemic. Greatly increased resources are needed to expand national capacities to respond to the epidemic, support essential infrastructure and training, mitigate the social and economic impact, expand successful prevention interventions and implement a broad care and support agenda. Increased investment from donors, domestic budgets, and private companies and foundations will need to be combined with additional funds, some of which could be freed through debt relief to meet the global resource needs.

27. Additional resource requirements to combat the epidemic are estimated by UNAIDS to be US\$ 7-10 billion a year, depending on the quality of treatment offered. This indicative level of resources takes into account the costs of a significantly expanded programme of interventions for reducing vulnerability and alleviating the impact, for prevention, care and support and for the development of international public goods, notably vaccines and microbicides.

28. A massively increased level of investment should be sustained and managed coherently, so that effort is not dissipated and priority is given in the first instance to the areas of greatest prevalence and to those interventions that can make a critical contribution to halting the spread of the epidemic and increasing the quality of life

of all those affected by HIV. Increased investment has to be accompanied by streamlined mechanisms to deliver funding urgently and efficiently to the areas of greatest need.

**Issues for consideration/potential goals**

29. While there are no existing United Nations targets specifically related to resources to combat the HIV/AIDS epidemic, the International Conference on Population and Development agreed to a costed programme of action to achieve its targets in relation to reproductive and sexual health. The special session of the General Assembly on HIV/AIDS could resolve that:

Governments, acting individually and collectively, will take immediate steps to mobilize national and international financial resources commensurate with the estimated annual costs of containing the epidemic.

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## Annex I

### Leadership commitments<sup>a</sup>

1. Ensure an extraordinary response to the epidemic, which includes the full engagement of top-level leaders to achieve measurable goals and targets.
2. Reduce the stigma associated with HIV and AIDS and protect human rights through personal and political advocacy and the promotion of policies that prevent discrimination and intolerance.
3. Affirm and strengthen the capacity of communities to respond to the epidemic.
4. Protect the children and young people from the epidemic and its impact, especially orphans.
5. Meet the HIV/AIDS-related needs of girls and young women and minimize the circumstances that disadvantage women with respect to HIV/AIDS.
6. Protect those at greatest risk of HIV/AIDS, including sex workers and their clients, those who inject drugs and their sexual partners, men who have sex with men, refugees and internally displaced people, and persons separated from their families owing to work or conflict.
7. Ensure the provision of care and support to individuals, households and communities affected by HIV/AIDS.
8. Promote the full participation of people living with and affected by HIV/AIDS in the response to the epidemic.
9. Actively support the development of the partnerships required to address the epidemic, in particular those required to improve access to essential information, services and commodities.
10. Intensify efforts in sociocultural, biomedical and operations research to accelerate access to prevention and care technologies, improve our understanding of factors that influence the epidemic, and enhance actions to address it.
11. 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. Develop enabling policies, legislation and programmes that address individual and societal vulnerability to HIV/AIDS and mitigate its socio-economic impacts.

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<sup>a</sup> These leadership commitments were endorsed by the UNAIDS Programme Coordination Board as part of the Framework for Global Leadership on HIV/AIDS (UNAIDS/PCB(10)/00.3) in December 2000.