

**UNAIDS Questions & Answers** provide information on UNAIDS, its work and issues related to the AIDS epidemic.

## **Q&A I: Facts about the AIDS epidemic and its impact**

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## Section I: The status of the global AIDS epidemic

***In 2007, an estimated 33.2 million (range 30.6 - 36.1 million) people around the world were living with HIV. Some 2.5 million (range 1.8 – 4.1 million) people became newly infected with HIV, and AIDS claimed an estimated 2.1 million (range 1.9 – 2.4 million) lives.***

For more information please refer to the 2007 AIDS Epidemic Update:

<http://www.unaids.org/>

### Regional HIV and AIDS statistics, 2001 and 2007

	Adults and children living with HIV	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS
<b>Sub-Saharan Africa</b>				
2007	22.5 million [20.9 million–24.3 million]	1.7 million [1.4 million–2.4 million]	5.0% [4.6%–5.5%]	1.6 million [1.5 million–2.0 million]
2001	20.9 million [19.7 million–23.6 million]	2.2 million [1.7 million–2.7 million]	5.8% [5.5%–6.6%]	1.4 million [1.3 million–1.9 million]
<b>Middle East and North Africa</b>				
2007	380 000 [270 000–500 000]	35 000 [16 000–65 000]	0.3% [0.2%–0.4%]	25 000 [20 000–34 000]
2001	300 000 [220 000–400 000]	41 000 [17 000–58 000]	0.3% [0.2%–0.4%]	22 000 [11 000–39 000]
<b>South and South-East Asia</b>				
2007	4.0 million [3.3 million–5.1 million]	340 000 [180 000–740 000]	0.3% [0.2%–0.4%]	270 000 [230 000–380 000]
2001	3.5 million [2.9 million–4.5 million]	450 000 [150 000–800 000]	0.3% [0.2%–0.4%]	170 000 [120 000–220 000]
<b>East Asia</b>				
2007	800 000 [620 000–960 000]	92 000 [21 000–220 000]	0.1% [<0.2%]	32 000 [28 000–49 000]
2001	420 000 [350 000–510 000]	77 000 [4900–130 000]	<0.1% [<0.2%]	12 000 [8200–17 000]
<b>Oceania</b>				
2007	75 000 [53 000–120 000]	14 000 [11 000–26 000]	0.4% [0.3%–0.7%]	1200 [<500–2700]
2001	26 000 [19 000–39 000]	3800 [3000–5600]	0.2% [0.1%–0.3%]	<500 [1100]
<b>Latin America</b>				
2007	1.6 million [1.4 million–1.9 million]	100 000 [47 000–220 000]	0.5% [0.4%–0.6%]	58 000 [49 000–91 000]
2001	1.3 million [1.2 million–1.6 million]	130 000 [56 000–220 000]	0.4% [0.3%–0.5%]	51 000 [44 000–100 000]
<b>Caribbean</b>				
2007	230 000 [210 000–270 000]	17 000 [15 000–23 000]	1.0% [0.9%–1.2%]	11 000 [9800–18 000]
2001	190 000 [180 000–250 000]	20 000 [17 000–25 000]	1.0% [0.9%–1.2%]	14 000 [13 000–21 000]
<b>Eastern Europe and Central Asia</b>				
2007	1.6 million [1.2 million–2.1 million]	150 000 [70 000–290 000]	0.9% [0.7%–1.2%]	55 000 [42 000–88 000]
2001	630 000 [490 000–1.1 million]	230 000 [98 000–340 000]	0.4% [0.3%–0.6%]	8000 [5500–14 000]
<b>Western and Central Europe</b>				
2007	760 000 [600 000–1.1 million]	31 000 [19 000–86 000]	0.3% [0.2%–0.4%]	12 000 [<15 000]
2001	620 000 [500 000–870 000]	32 000 [19 000–76 000]	0.2% [0.1%–0.3%]	10 000 [<15 000]
<b>North America</b>				
2007	1.3 million [480 000–1.9 million]	46 000 [38 000–68 000]	0.6% [0.5%–0.9%]	21 000 [18 000–31 000]
2001	1.1 million [390 000–1.6 million]	44 000 [40 000–63 000]	0.6% [0.4%–0.8%]	21 000 [18 000–31 000]
<b>TOTAL</b>				
2007	33.2 million [30.6 million–36.1 million]	2.5 million [1.8 million–4.1 million]	0.8% [0.7%–0.9%]	2.1 million [1.9 million–2.4 million]
2001	29.0 million [26.9 million–32.4 million]	3.2 million [2.1 million–4.4 million]	0.8% [0.7%–0.9%]	1.7 million [1.6 million–2.3 million]

## **Section II: The Joint United Nations Programme on HIV/AIDS (UNAIDS) and its initiatives**

### **II/1 What is UNAIDS?**

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

From joint programmes on AIDS to increasingly joint UN teams on AIDS in countries—UNAIDS brings together one UN strategy on AIDS issues and helps coordinate the implementation and the division of labour between agencies. With its ten cosponsors UNAIDS assists in ensuring better coordination among its partners in the UN system, governments, civil society, donors, the private sector and others.

### **II/2 Why was UNAIDS created?**

As of 1986, the World Health Organization (WHO) had the lead responsibility on AIDS in the United Nations. By the mid-1990s, however, it was becoming clear that the epidemic's increasing and devastating impact on human lives and on social and economic development was creating a crisis that demanded a massively expanded United Nations effort. In January 1996, the United Nations took the innovative step of bringing six United Nations organizations together in a joint and cosponsored programme, UNAIDS. UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank were joined in April 1999 by UNODC, in October 2001 by ILO, in October 2003 by WFP and in June 2004 by UNHCR.

### **II/3 How is UNAIDS structured?**

#### **Global and regional levels**

At the global level, the UNAIDS programme consists of a Secretariat and its ten Cosponsors (see above). The Programme Coordinating Board (PCB) was established to provide overall governance of the UNAIDS programme.

The PCB comprises 22 member states elected by the United Nations Economic and Social Council (ECOSOC), with a regional distribution of five African states, five Asian states, two Eastern European states, three Latin American and Caribbean states, and seven Western European and Other States. Five non-governmental organizations are non-voting members. The ten Cosponsors are also non-voting members of the PCB.

The Committee of Cosponsoring Organizations (CCO) includes all ten Cosponsors and is chaired, on a rotating basis, by one of the Cosponsors. It is responsible for a number of tasks that affect the operations of the programme. These include the review of workplans, of proposed budgets and of the activities of each cosponsoring organization for consistency

and coordination with, as well as appropriate support to, the activities and strategies of UNAIDS.

The UNAIDS Secretariat serves the entire programme, with headquarters in Geneva and staff posted in 78 countries. In addition, the Secretariat has regional presence through a number of Regional Support Teams (RST) broken down as follows: Asia and the Pacific, Bangkok; Caribbean, Port of Spain; Europe, Geneva; Middle East and North Africa, Cairo; Latin America, Panama; Southern and Eastern Africa, Johannesburg; West and Central Africa, Dakar. There is also an office, focusing on security and humanitarian response in New York. The Secretariat currently employs 119 fixed-term international professional-level staff plus 77 fixed-term support staff and a number of short-term staff arriving at a total of 254 fixed and short term staff based at headquarters. In addition, the current staff structure includes 198 UNAIDS staff members in the field, including 58 UNAIDS Country Coordinators. Secretariat staff and field staff, including fixed- and short-term employees, currently number approximately 452.

### **Country level**

At country level, UNAIDS operates through UN Theme Groups on HIV/AIDS. The UN Resident Coordinator is responsible for ensuring that an effective UN Theme Group on HIV/AIDS functions within the framework of General Assembly resolutions 44/211 and 47/199. The Cosponsors incorporate the normative work on policy, strategy and technical matters undertaken globally by UNAIDS into AIDS activities at country level. In 61 countries, Theme Groups on HIV/AIDS are supported by Secretariat staff (a Country Coordinator). Some Country Coordinators have responsibilities for more than one country.

Funding for country-level AIDS-related activities is obtained primarily through existing fund-raising mechanisms of the individual Cosponsoring organizations. In addition, inter-agency resources or Programme Acceleration Funds (PAF) are channelled through UNAIDS Secretariat to UN Theme Groups. The PAF are catalytic seed funds and are intended to leverage and mobilize additional financial and technical resources to expanded national responses.

### **II/4 How are UNAIDS Cosponsors helping countries fight AIDS?**

UNAIDS harnesses the efforts and resources of ten United Nations system organizations to help the world mount and support an expanded response to AIDS.

#### **UNHCR**

The United Nations High Commissioner for Refugees (UNHCR) has broadened and strengthened the UN's response to AIDS by:

- stringently implementing its protection mandate, of which AIDS is a crucial component, for refugees and other persons of concern to UNHCR;
- providing AIDS technical support and funding to its implementing and operations partners who provide AIDS programmes to refugees and other persons of concern to UNHCR;
- advocating for refugees to be included and integrated into country of asylum's AIDS strategies, policies, programmes and proposals;

- fostering a sub-regional approach that addresses the displacement cycle (refugee to repatriation) to improve coordination and cooperation between all key actors across borders.

## **UNICEF**

The United Nations Children's Fund (UNICEF) has made AIDS a key priority in its programming and focuses on four key areas:

- HIV prevention among young people;
- prevention of mother-to-child transmission of HIV;
- care, support and protection for orphans and children in families made vulnerable by HIV and AIDS; and
- care and support for children, young people and parents living with HIV.

## **WFP**

Food and nutrition are critical in the fight against AIDS. The World Food Programme's added value is its vast operational outreach to poor, food insecure people in developing countries. WFP focuses on fighting AIDS through its food aid programmes in 38 countries by:

- modifying food rations to ensure that people who may be HIV-infected receive adequate kilocalories and nutrition;
- assisting poor AIDS-affected households and individuals to meet their basic nutritional needs;
- providing food for: education and training (school feeding programmes); awareness and prevention (to staff and partners) healing (to tuberculosis patients to complete treatment) and for mothers and children (to prevent mother-to-child transmission).

## **UNDP**

The United Nations Development Programme (UNDP) focuses on creating an enabling policy, legislative and resource environment for an effective response to AIDS, by:

- promoting action-oriented advocacy and policy dialogue for leadership at all levels;
- helping countries to develop capacity for action, and plan, manage and implement their response;
- promoting a human rights framework and gender perspective in all aspects of the response;
- integrating AIDS into development planning;
- providing special assistance to the worst-affected countries to help mitigate the impact on human development.

## **UNFPA**

The United Nations Population Fund (UNFPA) supports a range of initiatives to prevent the sexual transmission of HIV, focusing on:

- preventing HIV infection among young people;
- preventing infection among pregnant women through the provision of information, counseling and other services;
- improving access to male and female condoms and promoting their correct and consistent use.

## **UNODC**

The United Nations Office on Drugs and Crime (UNODC) supports HIV prevention programmes by:

- including HIV prevention in its programmes to reduce the demand for illicit drugs;
- targeting youth and high-risk groups;
- promoting the expansion and diversification of drug dependence treatment services.

## **ILO**

The International Labour Organization's (ILO) contribution to UNAIDS includes:

- encouraging the mobilization of governments, employers and workers against AIDS;
- facilitating direct access to the world of work, where many possibilities exist for HIV prevention as well as for the care and support of affected persons;
- providing its long-standing experience in framing international standards to protect the rights of workers;
- In 2001, the ILO produced a Code of practice on HIV/AIDS and the world of work, which established principles for AIDS policies at enterprise, sectoral and national levels, and provided practical guidelines for programmes of prevention, care and support at the workplace.

## **UNESCO**

The United Nations Educational, Scientific and Cultural Organization's (UNESCO) efforts focus on preventive education and include:

- advocacy at all levels, particularly aimed at ministries, agencies and nongovernmental organizations involved in education, science, culture, communication and sports;
- developing effective and culturally-sensitive information for target groups, starting with those most at risk;
- developing education programmes that enable young people to know the facts about AIDS and how to prevent it;
- helping build the knowledge, attitude and skills needed to provide care for the infected and affected;
- developing and disseminating tools for monitoring, assessing and responding to the impact of the epidemic on schools, students, teachers.

## **WHO**

The World Health Organization (WHO) has reinforced its commitment to support Member States by:

- providing technical support and building health sector capacity for a strategic and sustainable response to AIDS;
- developing and implementing consistent evidence-based strategies and health sector interventions in prevention, treatment and care;
- fostering collaboration with new partners, including civil society and the private sector.
- A major WHO initiative is the development of a Global Health Sector Strategy on HIV/AIDS, designed to guide countries in the planning, prioritizing, implementation and evaluation of health sector actions to combat AIDS.
- The failure to deliver antiretrovirals to the millions of people who need them is a global health emergency. To address this emergency, UNAIDS, WHO and their partners are fully committed to expanding access to HIV treatment – the ultimate goal being universal access to treatment by 2010.

## **World Bank**

The World Bank is helping countries to more effectively address the devastating consequences of AIDS on development. Its efforts include:

- committing nearly US\$2 billion for HIV projects in 64 countries since 1986;
- launching a Multi-country AIDS Program (MAP) for Africa and the Caribbean (involving more than US\$1 billion), working in partnership with UNAIDS, donor agencies and governments;
- emphasizing the need for top-level political commitment, systematic health-sector reforms, human rights protection, and a range of multisectoral reforms to help reduce the factors contributing to the spread of HIV.

### **II/5 Who are UNAIDS' major donors?**

The core work of UNAIDS is to lead, strengthen and support an expanded response to HIV and AIDS that includes preventing transmission of HIV, providing care and support to those already living with the virus, reducing the vulnerability of individuals and communities to HIV and alleviating the impact of the epidemic. In 2005, this work was funded by contributions from 25 donor countries, the World Bank as well as small contributions from private individuals throughout the world. The 2005 contributions for UNAIDS core budget totaled USD 171.8 million. The top ten donors of the Programme, accounting for around 90% of the core contributions, are: the United Kingdom, the Netherlands, the United States of America, Sweden, Norway, Finland, Denmark, Canada, Belgium and Ireland.

### **II/6 What is UNAIDS' policy for employing people living with HIV?**

As far back as 1991, the United Nations family of organizations endorsed a policy to eliminate discrimination with regard to employment purely on the basis of HIV status.

UNAIDS considers the participation of people living with or affected by HIV to be essential for a humane, ethical and effective response to AIDS. For this reason, UNAIDS sees people with HIV as essential partners in its work and as invaluable resources in the global response. UNAIDS has people living with HIV on its staff, though they are employed primarily for their professional expertise and skills rather than because of their HIV status.

However, they bring their direct experience of AIDS, and with it an important perspective, to the environment in which UNAIDS operates. This can exert a strong influence on other staff at a personal level, and also on policy-making.

UNAIDS also works closely with many national, regional and international organizations representing people living with HIV. It actively advocates for their involvement in the response to the epidemic at local, national, and global levels. As a pioneering step in this direction, a special position was created in the UNAIDS Secretariat to articulate and coordinate the GIPA principle (Greater Involvement of People living with or affected by HIV).

### **II/7 What is the UNAIDS Secretariat's policy regarding treatment and care for its employees living with HIV?**

The UN system HIV Personnel Policy stipulates that "health insurance coverage should be available to UN employees regardless of HIV status" and that "health insurance premiums for UN employees are not affected by HIV status". UNAIDS Secretariat staff in Geneva and internationally recruited staff in UNAIDS country offices are covered under the WHO Health Insurance Plan. At country level, UNAIDS national staff are covered under the UNDP Medical Insurance Plan. In both plans, HIV is treated as any other illness, and the level and extent of insurance coverage depends on the type of contract rather than the state of health. The basis for provision of treatment is the reimbursement of up to 80% medical expenses through the appropriate medical plan. The same principle applies to all Cosponsors, although there are different insurance plans and different contractual arrangements in each Cosponsor organization.

### **The World AIDS Campaign**

**For more information on the World AIDS Campaign go to the WAC website at:**

<http://worldaidscampaign.info/index.php/wac/wac>

### **II/8 What is the World AIDS Campaign?**

The World AIDS Campaign is a global campaign, led by civil society in close partnership with UNAIDS, that seeks to inspire nationally-driven HIV and AIDS campaigns, uniting them under the goals outlined in the 2001 UN General Assembly Special Session's Declaration of Commitment on HIV/AIDS.

### **II/9 What is the history of the World AIDS Campaign?**

The World Health Organization declared the first World AIDS Day in 1988. The day, December 1, quickly became established as one of the world's most successful commemorative days and is now recognized and celebrated by a diverse range of constituents every year around the globe.

Then, in 1997, recognizing the need for a year-round campaign activity for HIV and AIDS,

UNAIDS launched the World AIDS Campaign.

The World AIDS Campaign has served as a loose partnership of UN agencies, governments and all sections of civil society campaigning around particular themes. For example, in 2002-2003 the campaign focused on highlighting the harms associated with HIV and AIDS-related stigma and discrimination under the slogan *Live and Let Live*.

## **II/10 What is the current World AIDS Campaign theme?**

After years of dedication to raising awareness on issues related to HIV and AIDS, the World AIDS Campaign's goal has now been broadened to encompass advocacy that more directly influences policy debates and resource mobilization for HIV and AIDS globally. Given the significant role of the UNGASS Declaration of Commitment on HIV/AIDS in framing a response to the pandemic, from 2005 until 2010 when the Declaration's final targets are due, the World AIDS Campaign is advocating for its fulfillment under the theme "**Stop AIDS. Keep the Promise.**"

The Campaign supports the Millennium Campaign and other initiatives aimed at reducing poverty to promote sustainable responses to AIDS all over the world. The UNGASS Declaration of Commitment on HIV/AIDS is a milestone in tackling HIV and AIDS, yet its significance is too often overlooked and even forgotten or ignored in many parts of the world. If we are to meet the Millennium Development Goal to halt and reverse the spread of HIV and AIDS by 2015, we must first meet the targets of the Declaration of Commitment.

While the Campaign is now led by civil society, UNAIDS has a unique partnership with it, serving as its lead technical partner and as an Executive Committee member of its governing board. The World AIDS Campaign has fostered a unique relationship between UNAIDS and civil society - helping to harmonize HIV and AIDS advocacy from the national to the global level

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

**For more information on the Global Coalition on Women and AIDS go to the GCWA website at: <http://womenandaids.unaids.org/>**

## **II/11 What is the Global Coalition?**

A loose alliance of civil society groups, networks of women living with HIV, and United Nations agencies, the Global Coalition on Women and AIDS works at global and national levels to advocate for improved AIDS programming for women and girls.

## **II/12 Why was the Global Coalition set up?**

The Global Coalition was launched in 2004 to respond to the increasing feminization of the AIDS epidemic and a growing concern that existing AIDS strategies did not adequately address women's needs.

In 1998, women made up 41% of adults living with HIV. Today, nearly 50% of adults living with HIV globally are women – close to 60% in sub-Saharan Africa.

Current AIDS responses do not, on the whole, tackle the social, cultural and economic

factors that put women at risk of HIV and that unduly burden them with the epidemic's consequences. Women and girls have less access to education and HIV information. They tend not to enjoy equality in marriage or sexual relations. They remain the primary caretakers of family and community members suffering from AIDS-related illnesses. And they play little role in designing AIDS policies and responses.

Women are also more physically susceptible to HIV infection than men and male-to-female transmission during sex is about twice as likely to occur as female-to-male ones.

## **II/13 What does the Global Coalition do?**

The Global Coalition's work falls into three main areas:

### **1) Evidence and policy development**

Work on each key issue is led by a small group of "convening agencies" – partner organizations that work to address critical knowledge gaps and developing policy recommendations for policy makers.

### **2) Advocacy**

The GCWA's advocacy efforts are amplified by the GCWA Leadership Council – a group of eminent individuals who speak out on the key issues to make the AIDS response work better for women and girls.

### **3) Country-level action**

The GCWA supports catalytic activities at country level designed to result in long-term improvements in AIDS programmes for women.

## **III The impact of AIDS**

### **III/1 What is the economic impact on household and poverty?**

AIDS kills people in the prime of their working and parenting lives, and has a devastating effect on the lives and livelihoods of affected households<sup>1</sup>, who face reduced incomes when employed household members become sick or die, and increased medical and funeral related costs.

As a result, we can expect that AIDS will impede efforts to reduce poverty – even in countries with relatively low levels of prevalence. In high prevalence countries such as Botswana, estimates have projected an increase of about 5% of the number of households living in poverty, compared to the situation without AIDS<sup>2</sup>. Existing policies and programmes aimed at poverty reduction will need to include specific measures to identify and target the economic and social needs of households who are directly affected by AIDS.

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1 For example, see Jayne, T.S., Antony Chapoto, Elizabeth Byron, Mukelabai Ndiyoi, Petan Hamazakaza, Suneetha Kadiyala, and S. Gillespie. January 2006. "Community-Level Impacts of AIDS-Related Mortality: Panel Survey Evidence from Zambia", *Review of Agricultural Economics*, Vol. 28 (3): 440-457.

2 Robert Greener "The Impact of HIV/AIDS on Poverty and Inequality": Chapter 5 in Haacker et al. "The Macroeconomics of HIV/AIDS," 2004, International Monetary Fund.

Policies relating to the support, care and education of orphans will need to be able to respond to the orphan crisis. AIDS will dramatically increase the numbers of orphans, particularly in high prevalence countries. It is likely that this increase will overwhelm the ability of social networks to absorb orphans in traditional ways.

### **III/2 What is the economic impact on firms and enterprises?**

Companies in high prevalence countries can expect to face increased mortality and illness among the workforce, leading to higher costs of recruitment and training to replace the experienced workers that have been lost. Firms that provide their workers with medical insurance can expect the premiums to rise in order to pay for the increased medical costs. Pension funds will also need to be adjusted to cope with changes in the age structure of the workforce.

At the same time, increased levels of illness, as well as the loss of skills and experience can be expected to have a negative effect on productivity in the workplace. This translates into decreased profitability, and the risk of declining employment at a national level.

### **III/3 What is the impact of AIDS on government and the public sector?**

Governments face dramatically increased demands for expenditure on the health sector. The education sector is also hard hit, due to increased losses of teachers. Governments will also need to increase the budgets for social services and poverty relief, while facing increases in employment related costs and falling productivity similar to those in the private sector.

AIDS can therefore be expected to cause significant challenges for budgeting and economic management as countries try to scale up services to provide universal access to prevention, treatment and care.

### **III/4 What is the macroeconomic impact of AIDS?**

The impact of AIDS on the aggregate macroeconomy is expected to be relatively modest in the short run, even in the highest prevalence countries. The estimates making use of standard economic models in high prevalence countries indicate an impact of about 0.5%-1.5% of GDP growth over a 10-20 year time frame<sup>3</sup>. Although serious, this is within the range that can possibly be dealt with in the medium term through corrective macroeconomic policies.

### **III/5 What are the consequences on the long-run?**

However, long-run impact may be somewhat greater, because of the progressive weakening of human capital, and the transmission of knowledge and skills between generations<sup>4</sup>. These issues are not addressed by traditional macroeconomic forecasting models. If these

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<sup>3</sup> These estimates were reviewed in the UNAIDS global report of 2004 (for the Bangkok conference)

<sup>4</sup> Clive Bell, Shantayanan Devarajan, Hans Gersbach, "Thinking about the Long-Run Economic Costs of AIDS": Chapter 3 in Haacker et al. "The Macroeconomics of HIV/AIDS," 2004, International Monetary Fund.

problems are not addressed or better understood, there may be very severe long-run consequences for the maintenance of social fabric and basic institutions in the high prevalence countries.