

PREVENTING HIV , PROMOTING REPR ODUCTIVE HEALTH

# Strate gic Guidance on HIV Pr evention



**UNFPA**  
United Nations  
Population Fund

# Foreword



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

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

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

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# 1. Purpose of the Guidance Note

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

## Purpose of the Guidance Note

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

## Scope of the Pandemic

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

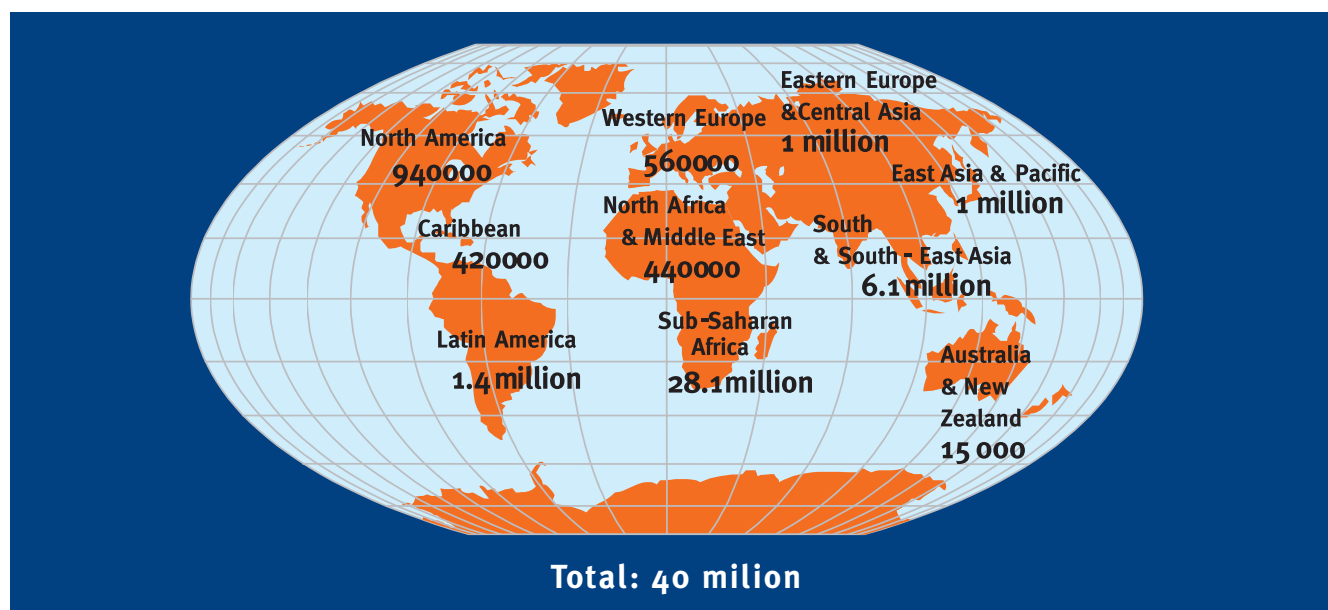
From a geographic standpoint, many countries and communities with relatively low prevalence rates until recently are now experiencing faster growth of the pandemic. The apparently low national prevalence rates are dangerously deceptive; as such rates often mask the fact that at sub-national levels and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

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

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

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

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



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

## 2. Strategic Orientation for UNFPA Action

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

### Rationale for Emphasis on Prevention

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

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

### Overall framework for UNFPA Action

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

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

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

*Continued on next page*

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

**UNGASS<sup>2</sup>**, held in June 2001, mapped out a comprehensive national and international response to HIV/AIDS. Drawing upon and endorsing the ICPD and ICPD+5 recommendations concerning HIV/AIDS, Governments pledged to pursue the following targets:

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

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

## UNFPA's Comparative Advantages

*UNFPA benefits from:*

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

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

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



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

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

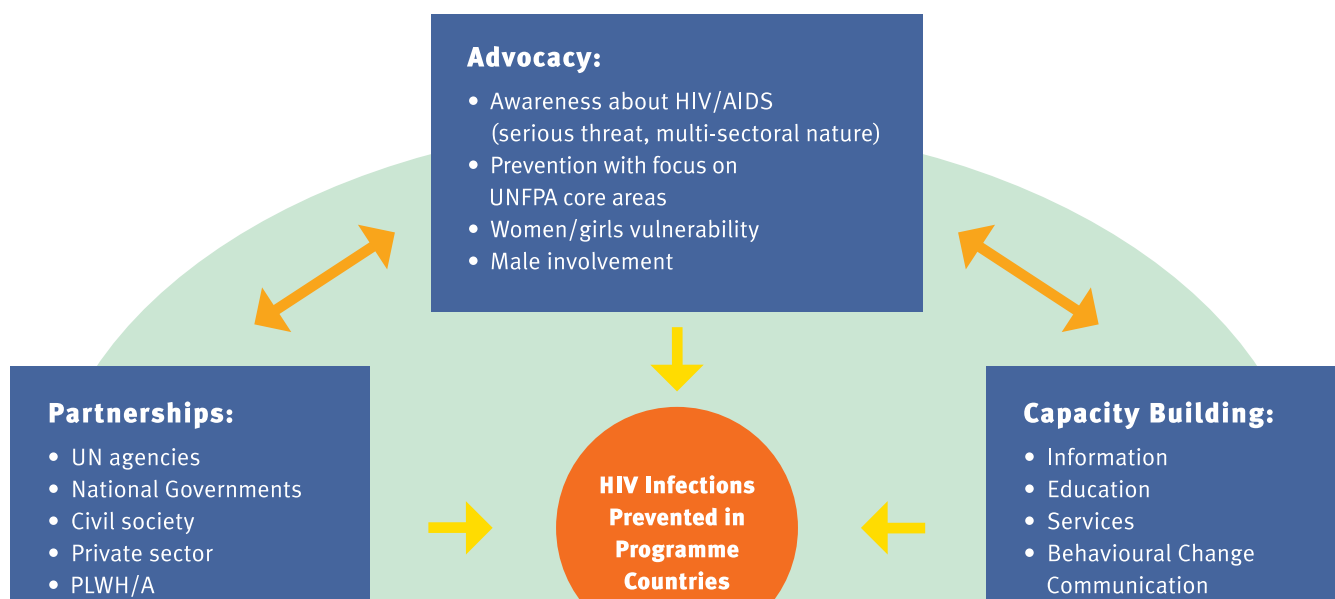
The three MYFF goals reflect and reaffirm the goals of ICPD, ICPD+5, UNGASS and other United Nations con-

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

## Framework for Strategic Programming

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

## ELEMENTS FOR STRATEGIC PROGRAMMING FOR HIV PREVENTION



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[https://www.yunbaogao.cn/report/index/report?reportId=5\\_20583](https://www.yunbaogao.cn/report/index/report?reportId=5_20583)

