REGIONAL REPORT ON HIV/AIDS 2004

UNDP

BUREAU FOR DEVELOPMENT POLICY AND REGIONAL BUREAU FOR AFRICA






GENERATING ACTION

UNDP'S RESPONSE TO HIV/AIDS IN SUB-SAHARAN AFRICA

The Answer Lies Within

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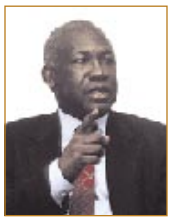
Foreword



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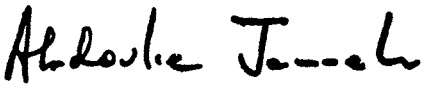
The HIV/AIDS epidemic in sub-Saharan Africa demands an unprecedented response from the world community. UNDP country offices in this region have spearheaded a number of innovative initiatives to address the epidemic. This report however focuses on selected initiatives that have been led by UNDP at the global and regional levels, in partnership with country offices.

While many of the challenges presented by the HIV/AIDS epidemic are common to all regions of the world, UNDP is focusing much of its efforts on addressing specific key challenges in sub-Saharan Africa. First, impacting HIV/AIDS policies and enhancing human resource capacity continue to be of critical importance. Second, innovative strategies are needed to address the effect of HIV/AIDS on government and civil society institutions, and to overcome institutional inertia. A third key challenge is outlined in the recently released UNAIDS AIDS Epidemic Update 2004, which reveals that the number of women living with HIV/AIDS has increased in all regions of the world, leading to a growing "feminization" of the epidemic. Strikingly, among people living with HIV/AIDS between the ages of fifteen and twenty-four years in sub-Saharan Africa, 75% are young women and girls. In order to address this unfortunate trend, the issue of gender and HIV/AIDS constitutes a central focus of our efforts. Fourth, UNDP recognizes that without dramatically turning the course of the epidemic, many of the Millennium Development Goals (MDGs) for 2015 will not be achieved. The challenge of attaining the goal of halting and reversing the spread of HIV/AIDS, while positively impacting other MDGs, is one that we are continuously striving to achieve. A fifth key challenge is the effective implementation of well-coordinated and multi-sectoral national responses, with support from UN Country Teams.

Since the United Nations General Assembly Special Session on HIV/AIDS in 2001, much has been achieved in addressing HIV/AIDS in all regions of the world. As a cosponsor of UNAIDS, UNDP's learning and successes are a result of the hard work and perseverance not only of our own staff but also that of our invaluable partners, without whom we cannot implement a strong response to the epidemic.



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Introduction

An Unprecedented Challenge Demands a Unique Response

The first case of HIV/AIDS came to the world's attention in 1983. Twenty years later, forty million people are estimated to be living with HIV and AIDS, and well over twenty million have already died of AIDS-related illnesses. In country after country, productive workforces are being depleted, and millions of orphans and elderly people left to fend for themselves.

Sub-Saharan Africa is home to the largest number of people living with HIV/AIDS. The epidemic continues to take a severe toll on this region. In some communities, few farmers are left to grow food, few teachers left to teach. The poor are getting poorer, and women and girls are being exploited more than ever. It is feared that if the course of the epidemic does not change, the existence of countries could be threatened.

And yet, millions of dollars have been spent. Policies and programmes abound in every country. Governments and donors have made their speeches. Resolutions have been signed. Condoms are being distributed. And more organizations than ever are engaged in responding to the HIV/AIDS challenge.

When it comes to HIV/AIDS, have we as a global community, truly asked the right questions? Given that most of the world today is still battling against HIV/AIDS and not making breakthroughs on a scale large enough to reverse the epidemic, it might seem that we are not asking the correct questions. So what could the right questions be – or perhaps the more appropriate and more significant ones – in the context of HIV/AIDS?

A close look at the Abuja Declaration and the UN General Assembly Special Session on HIV/AIDS Declaration of Commitment – which raise issues such as leadership, gender and vulnerability, points us in a certain direction. And it is here that our analysis of the epidemic as a psychosocial phenomenon, and not just a medical one, led us to some important discoveries. All analysis clearly reveals that the underlying causes of the epidemic – the deep rooted, almost hidden ones – lie in the domains of personal and social attitudes, perceptions, beliefs, practices and norms. These are the areas of gravest long-term concern. And the important questions that arise from them are not being voiced loudly enough – let alone answered adequately. But we have also seen that just as these questions and issues lie buried within individuals and communities, the answers or appropriate responses they point towards also lie there – within individuals, communities and institutions.

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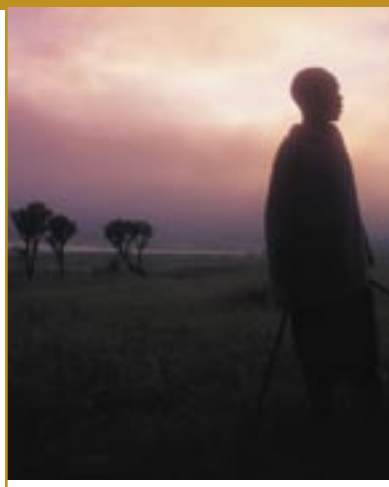

INTRODUCTION

HIV/AIDS is a complex problem requiring a complex response. The epidemic compels us to look deeply into our personal and social relationships to find the right answers and strategies. What is evident is that we need to develop leadership – at all levels, everywhere – leadership that is inspiring and empowering, and that will transform the world's response to HIV/AIDS.

UNDP's innovative approach – using scientifically designed tools and methodologies – to help individuals, communities and institutions discover the power of these answers that lie within themselves, has yielded remarkable breakthrough results. It is this process that we call transformation. Transformation and its results are probably the most fundamental set of answers yet to the difficult questions posed to humanity by the debilitating HIV/AIDS epidemic.

Transformative leadership is about creating deep and fundamental shifts of perspective-generating insights and distinctions. When such shifts occur they invariably clear the ground, as it were, for new possibilities to emerge – possibilities for a different and desirable future, or new solutions to previous deadlocks. It is the generation of such possibilities within individuals and groups, and the harnessing of unprecedented levels of capacity and commitment within leaders or organizations, that makes UNDP's transformational Leadership for Results Programme unique, and the resulting breakthroughs more sustainable.

The impact of transformational thinking generates deep and profound change in individuals and institutions, and goes beyond addressing HIV/AIDS. It can be felt in all development areas – and is therefore extremely relevant in reaching the Millennium Development Goals (MDGs). UNDP's strategies contribute directly to the goal of combating HIV/AIDS. Without achieving this goal, the MDG targets related to other development goals will be seriously jeopardized. In addition, work on all MDGs is enhanced by transformed leadership.

The HIV/AIDS epidemic calls for innovative responses that strengthen systems and structures, address the underlying causes, and produce meaningful results. As a cosponsor of UNAIDS, UNDP has led a number of efforts to challenge HIV/AIDS in the sub-Saharan Africa region. For more than a decade, the organization has made the case for the epidemic to be addressed as a development crisis. In the last few years, UNDP has built on that work to focus on generating a response to the epidemic that produces measurable results.

The worst affected countries need hope and results. Leadership is needed to address underlying causes, and promote multi-sectoral cooperation and partnerships. Institutions and communities need strengthening to provide care and support. Institutional inertia needs to be overcome. The capacity of communities to cope, care and prevent new infections needs to be fortified. The Leadership for Results

The HIV/AIDS epidemic calls for innovative responses that strengthen systems and structures, address the underlying causes, and produce meaningful results.

strategy works to address these issues. In addition, strategies are needed to deal with the loss of massive human capacity and to have basic services available for people.

HIV/AIDS is not only about a virus – it is about fundamental human behaviour and our relationships with each other. It is about fear, stigma, denial, silence, death and discrimination. It is about women's status in society, and it is about sex – the deepest, most intimate actions between human beings.

It is clear that the scale, complexity, human trauma and dislocation brought on by the epidemic need a new kind of response. For too long, our responses to the epidemic have been limited to plans to strengthen infrastructure and systems while disregarding human attitudes that shape behaviour. While infrastructure is extremely important, merely investing in this area (establishing voluntary counselling and testing centres, for example) will not alone bring about the results we want to see. We need to address the attitudes and conditions that stop people from going to these centres (fear of stigmatization, for example) before a fundamental shift can be seen. The transformational methodology allows us to recognize the importance of addressing HIV/AIDS holistically – to look at "hidden" attitudes that shape behaviour, both individually and socially.

The purpose of this report is to highlight both the regional initiatives in sub-Saharan Africa, and the many initiatives that have been conceptualized as a result of the transformational methodology of the Leadership for Results programme. It is by no means a comprehensive account of the many exceptional efforts underway in the countries of sub-Saharan Africa.

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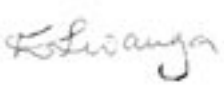

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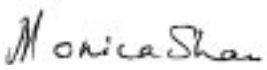

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Overview

HIV/AIDS in sub-Saharan Africa

Epidemiological trends of HIV/AIDS in sub-Saharan Africa

The HIV/AIDS pandemic has taken its worst toll on the region of sub-Saharan Africa. While this region has only a little over 10% of the world's population residing within its borders, it is home to almost two-thirds of the 39.4 million people living with HIV/AIDS. This amounts to a staggering 25.4 million people living with HIV/AIDS in sub-Saharan Africa alone. In the year 2004, an estimated 3.1 million people in Sub-Saharan Africa were newly infected with HIV, while approximately 2.3 million died of complications from AIDS.

Southern Africa continues to be the worst-hit sub-region, with HIV prevalence rates surpassing 25% in some countries. South Africa, with 5.3 million living with HIV/AIDS, has the largest number of people with HIV of any country in the world. In Botswana, Lesotho, Namibia and Swaziland, prevalence rates still exceed 30% among pregnant women. However, in other southern African countries such as Malawi, Zimbabwe and Zambia, rates are stabilizing at lower levels, between 16% (Malawi) and 25% (Zimbabwe).

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Sub-Saharan Africa Regional HIV and AIDS estimates, end 2004

2004	Adult (15-49) HIV prevalence rate	7.4% (range: 6.9 - 8.3%)
2004	Adults and children (0-49) living with HIV	25,400, 000 (range: 23 400 000-28 400 000)
2004	Women (15-49) living with HIV	13, 300, 000 (range: 12 400 000-14 900 000)
2003	AIDS deaths (adults and children) in 2003	2, 300, 000 (range: 2 100 000-2 600 000)

Source: AIDS Epidemic Update, UNAIDS, 2004

[1] AIDS Epidemic Update 2004, UNAIDS.

[2] AIDS Epidemic Update 2004, UNAIDS.

Despite modest declines in HIV prevalence rates in East Africa, notably in Uganda and in parts of Ethiopia and Kenya, the epidemic is far from being reversed. Notably, in Addis Ababa, HIV prevalence fell to 11% by 2003, down from a peak of 24% in the mid-1990s. However, there is no evidence for nationwide prevalence declines in other East African countries such as Tanzania and Eritrea.

Although varying in scale and intensity, the epidemics in West Africa appear to have stabilized in most countries. Overall, HIV prevalence is lowest in the Sahel countries and is highest in Burkina Faso, Côte d'Ivoire and Nigeria. Nigeria, the most populous African country, has the third largest number of people living with HIV/AIDS in the world, after South Africa and India.

Serious epidemics are also underway in Central Africa, with Cameroon and the Central African Republic worst-affected. Here, HIV prevalence among pregnant women appears to have stabilized—albeit at high levels of roughly 10%. In Chad, Congo and the Democratic Republic of Congo, HIV prevalence lies between 4% and 5%.

Factors fuelling the epidemic

A complex mix of economic, social, cultural, and political factors are driving the epidemic in

While expert studies indicate that unsafe heterosexual sex is the primary mode of transmission of HIV in sub-Saharan Africa, one must delve into the underlying factors that contribute to this behaviour. A complex mix of economic, social, cultural, and political factors are driving the epidemic in sub-Saharan Africa. These include factors that are not unique to sub-Saharan Africa – the denial surrounding HIV/AIDS, stigma and discrimination against those living with HIV/AIDS, gender inequalities, poverty, and cultural beliefs and practices.

The stigma, denial and discrimination surrounding HIV/AIDS act as barriers against positive action in addressing the epidemic. Gender inequality also drives the epidemic in sub-Saharan Africa. While biologically women are more susceptible