



# Preventing HIV Infection, Promoting Reproductive Health

UNFPA Response 2003





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Cover photo of a couple from Cuba by Alex Webb/Magnum Photos.

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# Preface

Previously known as *AIDS Update*, this is the 12th annual publication to provide information about actions taken by UNFPA, the United Nations Population Fund, to prevent HIV infection.

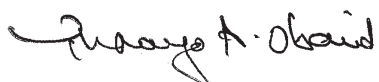
UNFPA has worked to improve reproductive health for more than 30 years; never has the need been more urgent. UNFPA is at the forefront of international prevention efforts, integrating HIV prevention throughout all reproductive health services. We work with countries, at their request, to plan and implement programmes that provide life-saving information and services.

Young people, especially if poor, are at great risk: nearly half of all new infections occur between the ages of 15 and 24. UNFPA supports programmes that provide the knowledge, skills and services young people need in order to protect their reproductive health and prevent HIV infection. Such programmes also strive to build a supportive environment free of stigma and discrimination. Moreover, ending the epidemic requires caring adults to arm adolescents against infection—through education, participation and decision-making that delays the start of sexual activity and keeps girls in school.

For UNFPA, 2002 represented a year of increasing internal commitment and focused action, and acceptance of greater responsibility and accountability for ensuring a strong and coordinated system-wide response to HIV/AIDS. Highlights of our many HIV prevention activities at the global, regional and country levels include:

- Establishing a dedicated HIV/AIDS branch within the UNFPA structure;
- Disseminating institutional guidelines on HIV prevention to all staff, and application of the strategy in several regions;
- Designation as the convening agency for the Joint United Nations Programme on HIV/AIDS (UNAIDS) on HIV/AIDS issues pertaining to young people and to condom programming;
- Establishing a position dedicated to HIV prevention programming on each regional UNFPA Country Technical Services Team (CST);
- Completing an internal independent evaluation of UNFPA's thematic work on HIV/AIDS, and participating in the five-year evaluation of UNAIDS.

UNFPA has a mandate to prevent sexually transmitted infections of all kinds and to promote reproductive rights. Our HIV prevention efforts are based on this mandate. We have found ways to work in diverse social, cultural and religious settings, based on decades of addressing sensitive issues that cut across many different sectors. This experience is directly relevant to the fight against HIV/AIDS. We bring this experience to our partnerships in UNAIDS and with governments and civil society, working together to bridge any differences and provide an ever more effective response. Partnerships are a priority upon which progress depends.



Thoraya A. Obaid  
Executive Director, UNFPA

# 1 Strategy for Prevention

“There is unequivocal empirical evidence that it is possible to change the course of the HIV epidemic on a national scale. Furthermore, existing affordable prevention and treatment technologies can clearly have a major impact on a much broader scale.”

— Future Directions for UNAIDS, November 2002

## THE CURRENT SITUATION

Several trends emerged in 2002: infections among women are rising, a food crisis is compounding the epidemic in Southern Africa, and the epidemic is gaining speed in other regions. Globally, 5 million people were newly infected in 2002—about 14,000 each day. Stopping new infections requires the kind of action that UNFPA supports.

- 42 million people are living with HIV/AIDS, and 90 per cent do not know that they carry the virus.
- Of the 5 million new infections in 2002, more than 95 per cent occurred in developing countries and almost half of new infections in adults occurred among women.
- Nearly half of new infections occur among young people aged 15 to 24, who now make up one third of those living with HIV/AIDS.
- In 2002, AIDS claimed 3.1 million lives. It is the leading cause of death in sub-Saharan Africa, and the fourth-biggest killer worldwide.
- A food crisis in Southern Africa is compounding the impact of HIV/AIDS with deepening poverty, hunger and illness, making it harder for people to cope.

While numbers never convey the depth of human loss, UN statistics such as these from *World Population Prospects: The 2002 Revision* provide some measure of the epidemic's impact:

- UN projections for world population at mid-century were recently revised downwards by 400 million people; half due to fewer births, and half due to higher numbers of HIV/AIDS deaths.
- Between 2000 and 2050, 278 million people will die earlier than they would have in the absence of HIV/AIDS in the 53 most-affected countries.
- The death toll in the five years from 2000 to 2005 will be 112 per cent higher in Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe than the number of deaths projected in the absence of AIDS.



- By 2005, life expectancy in Botswana is estimated to be 28 years lower than it would have been in the absence of AIDS, and 33 years lower in Zimbabwe.

Lives can be saved if people are willing and able to adopt safer and healthier behaviours for their sexual and reproductive health. How? Through abstinence, by delaying the age at which young people start having sex, and through safer sexual practices, including correct and consistent use of condoms. Nations need comprehensive reproductive health information and services.

UNFPA supports reproductive health programmes in more than 140 countries—nearly all with interventions to prevent HIV infection. The Fund focuses on HIV prevention among young people and pregnant women, as well as condom programming. This work is carried out through reproductive health programmes in diverse situations, from community-based services to humanitarian assistance in times of crisis.

### WHY FOCUS ON PREVENTION?

The epidemic is in the early stages in certain regions. National commitments to HIV prevention can be particularly effective *before* the virus spreads to a larger population.

Moreover, the age group likely to be most affected has yet to begin primary school. Most developing countries have very young populations and billions will become sexually active over the next decade.

- Since the epidemic began, more than 60 million people have been infected with the virus.
- Prevention can work on a large scale in poor countries, particularly among young people. In Addis Ababa, Ethiopia, for example, a 33 per cent decrease in HIV prevalence was observed among young women between 1995 and 2001 and, in South Africa, a 25 per cent decline was achieved from 1998 to 2001. Similar results were observed in Uganda and Zimbabwe.

Many countries have two choices: they can either act now to limit infections, or await a vastly accelerated epidemic. Prevention programmes help individuals avoid infection and ensure that HIV-negative women stay that way, especially when pregnant. Prompt, large-scale prevention efforts have reduced rates of HIV infection in Thailand, Cambodia and Uganda, and maintained low prevalence rates in Senegal.

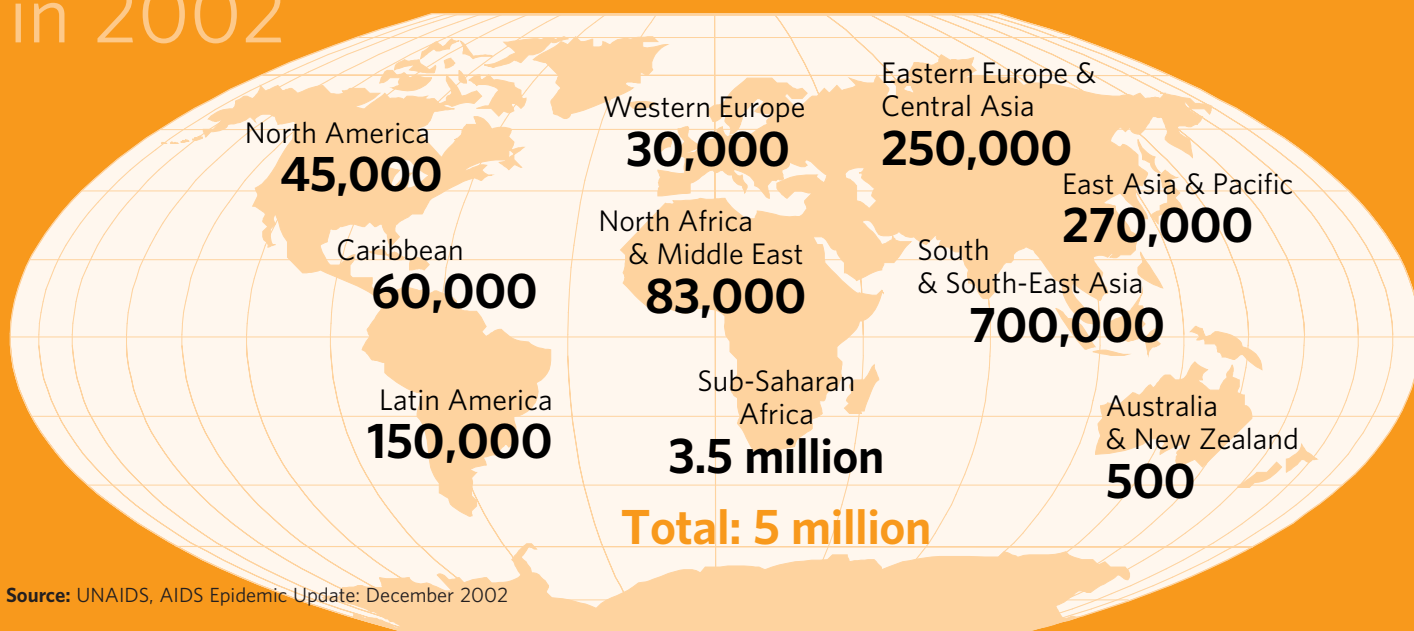
UNFPA can make its greatest contribution to the fight against HIV/AIDS by working to prevent its sexual transmission, which in most countries accounts for over 75 per cent of infections. The virus can be spread through unprotected sexual activity, unscreened blood and blood products, and contaminated needles. It can be spread during pregnancy and childbirth, and to infants and children through breastfeeding.

Prevention is linked directly to the Fund's mandate, which is to help ensure universal access to sexual and reproductive health to all couples and individuals. Efforts to prevent HIV infection build on decades of action to prevent the sexually transmitted infections that affect more than 300 million people each year. Longstanding involvement in sexual and reproductive issues, so often culturally and politically sensitive, also contributes to UNFPA's effectiveness.

Prevention is a priority of the global agreements that guide our work. UNFPA advances the strategy endorsed by 179 countries at the 1994 International Conference on Population and Development (ICPD) and reviewed by a special session of the United Nations General Assembly in 1999 (ICPD+5). Prevention efforts are also guided by the Millennium Development Goals, which all 189 United Nations Member States have pledged to meet by 2015. Most recently, the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS mapped out goals and targets to guide national and international responses in its Declaration of Commitment on HIV/AIDS.

Currently, prevention is the most feasible approach to reversing the epidemic—absent a

# Estimated Number of Adults and Children Newly Infected with HIV in 2002



vaccine and with treatment unaffordable or inaccessible to most people who need it. UNFPA also joins with partners in UNAIDS to advocate efforts to ensure blood safety, provide drugs and treatment for people living with HIV/AIDS, and provide care for children orphaned by AIDS.

## STRATEGY FOR PREVENTION

Reproductive health is an important entry point for HIV prevention, which goes hand-in-hand with the prevention of other sexually transmitted infections (STIs). In 2001, UNFPA developed its strategic programming framework, with a focus on three **core areas**:

- Preventing HIV infection in young people;
- Condom programming;
- Preventing HIV infection in pregnant women.

To create an **enabling environment** for action, UNFPA addresses a number of cross-cutting issues:

- Addressing gender concerns in the context of culture and reproductive rights;
- Population and development concerns (data);

- Advocacy and partnerships;
- Capacity building.

Activities are carried out in a variety of **programme settings**:

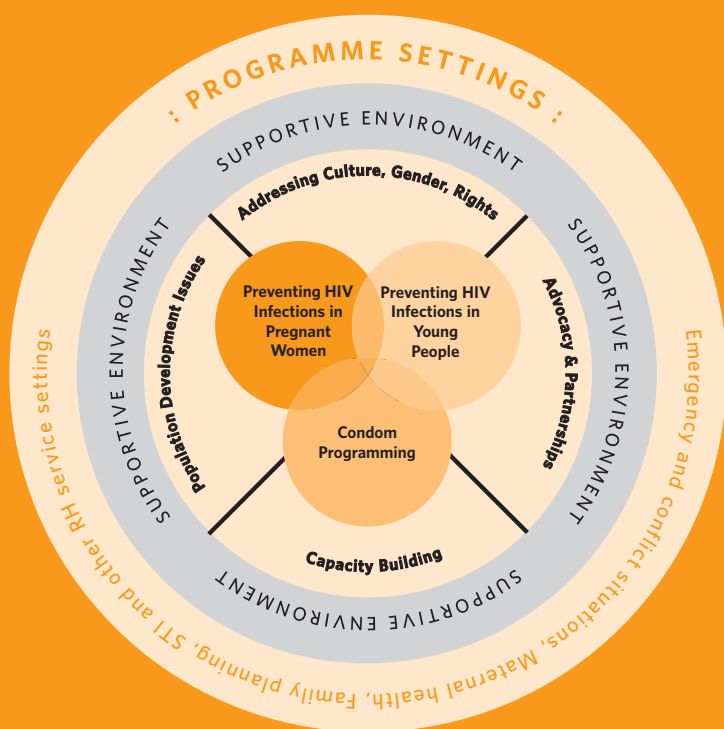
- Emergency and conflict situations;
- Maternal health;
- Family planning;
- STI and other reproductive health service delivery settings;
- Informal settings to reach high-risk groups.

## CORE AREAS OF SUPPORT

Focusing prevention efforts on these three core areas would not only reduce HIV infections but also reduce STIs and help young people in particular to avoid unwanted pregnancies.

**1. Young people** More than 1 billion young people are between the ages of 15 and 24. Too many are growing up in poverty, in conflict, or in environments with few opportunities—conditions that contribute to the spread of HIV/AIDS. Half of all new infections are among young people,

# UNFPA Strategic Programming Framework for HIV Prevention



The UNFPA strategy for HIV prevention revolves

yet most do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it. Action to prevent HIV infection among young people is a matter of human rights. To respect their rights, adults must make it possible for them to remain HIV negative.

UNFPA supports programmes that promote healthy adolescent development and, among sexually active young people, safer and responsible sexual behaviour. Access to culturally sensitive and youth-friendly reproductive health information and services is a priority for protection against STIs, including HIV, and unintended pregnancy.

- About one third of the people currently living with HIV/AIDS are aged 15 to 24. Young women now account for 56 per cent of the 11.8 million young people living with HIV/AIDS worldwide, and up to 62 per cent in sub-Saharan Africa.
- Studies show that most young people have no idea how HIV is transmitted or how to protect themselves from the disease. Younger adolescents know least of all, and are less likely to protect themselves from HIV than young people in their early 20s.
- Adolescents who start having sex early are more likely to have sex with high-risk partners or multiple partners, and are less likely to use condoms. Delaying the age at which young

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