UNAIDS
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GLOBAL ECONOMIC CRISIS AND HIV

UNAIDS outcome framework, 2009 – 2011

Addressing the HIV-related needs of "people on the move"

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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In this issue . . .

The financial and economic crisis is beginning to impact the AIDS response. India recently reduced its budget allocation to AIDS for the current financial year. A recent analysis by UNAIDS and World Bank shows that in some of the most affected countries treatment programmes are being hit. World leaders are now taking notice and urging that commitments to social sector funding be maintained.

The UN Secretary-General Ban Ki-moon has called on converting the economic and financial crisis into an opportunity to make the right investments. In his address to the UNAIDS Programme Coordinating Board (PCB) meeting in June 2009 UNAIDS Executive Director Mr Michel Sidibé called for efficiency gains in the AIDS response. "We can do more with less," he said. The Board approved the priority action areas of UNAIDS. The nine priority areas of the UNAIDS outcome framework are described in this issue.

This year's PCB meeting focused its thematic segment on addressing the HIV-related needs of "people on the move". This group has also been the focus of awareness raising initiatives led by ILO, in partnership with UNAIDS, to generate greater attention around their plight. One such example is a compelling film on migrant workers in China, a country with an estimated 200 million migrant workers.

In the last quarter, progress was made on several fronts in protecting vulnerable populations and removing laws that block the AIDS response. The landmark decision of the Delhi High Court in legalising consensual adult sexual behaviour has restored dignity to millions of men who have sex with men and transgender people in India. On the International Day Against Homophobia (IDAHO), 17 May, UNAIDS and UNDP launched an "Action Framework on universal access for MSM and Transgender People". The framework outlined that a "business as usual" approach is no longer viable to achieve universal access to HIV prevention, treatment, care and support for MSM and transgender people.

There is greater appreciation of the need to take the AIDS response out of isolation and leverage it for broader health outcomes for people. These issues were the subject of discussion at several recent high-level international events, such as the meeting of the International Health Partnership (IHP+), the Global Fund board meeting, the 62nd World Health Assembly, and the UN Secretary-General's June High-Level Forum on Advancing Global Health in the Face of Crisis.

UNAIDS reaffirms its partnership with Global Fund

The 19th Board Meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) took place in Geneva, Switzerland from 5-6 May 2009. Opening a technical session on "The Global Fund's role as a strategic and responsible investor in HIV/AIDS" earlier, UNAIDS Executive Director Michel Sidibé reaffirmed UNAIDS commitment to its partnership and reiterated his call for a fully funded Global Fund. He called for bolder action in order to address the challenges facing the AIDS response.

Michel Sidibé spoke of the need for smarter investments in the AIDS response: "as long as there are five people newly infected for every two people starting HIV treatment we will not change the trajectory of the epidemic." He also called for the virtual elimination of mother-to-child transmission by 2015.

Mr Sidibé emphasized the importance of the mechanism provided by the Global Fund in addressing global health challenges and identified this time of economic crisis as an opportunity for change: "in this time of crisis, today's topic - investing strategically and responsibly – is needed now more than ever."

Investing in the AIDS response

Two aspects in particular were explored: ways to reduce costs while simultaneously improving quality of care to people living with HIV; and how to improve grant effectiveness targeting prevention of mother-to-child transmission of HIV and pediatric AIDS treatment through promoting integrated efforts.

Participants also discussed how the Global Fund can achieve higher impact in its investments and play a more effective role as a financing instrument and a partnership in supporting a comprehensive approach to HIV.

Mr Sidibé outlined the challenges needed to achieve universal access to HIV prevention, treatment, care and support which include country owned and evidence driven responses grounded in human rights. He spoke of the key role the Global Fund plays in this.

Mr Sidibé referred to UNAIDS Outcome Framework emphasizing the importance for UNAIDS —Secretariat and Cosponsors— to focus on areas where it has a comparative advantage and can make a difference to accelerate progress in AIDS and strengthen synergies with the other Millennium Development Goals.

The session considered how to address the increasing costs of meeting the treatment needs of people living with HIV, and identified the need for significant success in preventing new infections in order to get ahead of the AIDS epidemic.

The two day board meeting also included a review of strategy in relation to sexual orientation and gender identity and a presentation of a five-year evaluation report examining partnerships at global and country levels and impact these relationships have on the successful implementation of Global Fund grants. Recognizing the overall achievements of the Global Fund in its first six years, the evaluation highlighted a number of areas where it suggests improvements are required in the establishment of more effective partnerships.

Global economic crisis and HIV

A joint Word Bank/UNAIDS report looks at the potential impact of the global financial crisis on HIV prevention and treatment programmes worldwide. Using data collected in March 2009 from 71 countries, the analysis looks at how the crisis could affect the 3.4 million people living with HIV on treatment, and the 7 million who need treatment but don't have access to it, and proposes some appropriate responses. The potential effects on prevention activities were also investigated. The report suggests that the well-being of millions of people could be put at risk.

The financial crisis started in the most-developed economies, but its impact has been felt in virtually all nations, leading to fears that donor assistance will remain flat or be cut, the budgetary revenues of developing countries will fall and worker remittances will decline. Many households may experience increased mortality and morbidity if the commitments made by the international community to sustain and increase access to antiretroviral treatment are not honoured and/or government expenditures on AIDS are reduced.

The report notes that an important lesson learned during previous crises is that cuts in core social development spending have long-term effects. Responding to fiscal pressures by reducing spending on HIV will reverse recent gains and require high-cost offsetting measures over the longer term.

Treatment at risk

At present, 3.4 million people are on antiretroviral treatment in the countries surveyed. Many more, however, would benefit if treatment were made available to them. Combination antiretroviral treatment, typically three drugs taken daily, suppresses levels of HIV (the 'viral load') in the blood to undetectable levels and halts progressive damage to the body's immune system. By taking the drugs as prescribed, people living with HIV can stay healthy, well and productive. However, if there are interruptions in taking the drugs, for example because of cutbacks in funding for AIDS treatment programmes, HIV replication is no longer suppressed and life-threatening conditions will develop, drug resistance will increase and there will be an increased potential for HIV transmission.

The report describes how respondents in 11% of the countries surveyed (home to 427 000 people on treatment) reported that the global crisis had already affected treatment programmes in their countries. Respondents in 31% of countries, with 1.8 million people on treatment, reported that they expect impacts on treatment this year, while 30% of countries were unsure if treatment would be affected. Programmes were found to be especially vulnerable in sub-Saharan Africa, eastern and central Europe and the Caribbean.

Programmes are vulnerable for a variety of reasons, including declining household incomes (in Africa, for example, household out-of-pocket spending accounts for up to 60% of total health expenditures) and uncertain external aid assistance, but the report notes that the effects would be the same whatever the reason for programme curtailment: increased mortality and morbidity, greater transmission risks, higher financial costs in the long run and an increased burden on health systems as more ill people crowd public hospitals.

> **"We cannot afford a 'lost' generation of people as a result of this crisis. It is essential that developing countries and aid donors act now to protect and expand their spending on health, education and other basic social services and target these efforts to make sure they reach the poorest and most vulnerable groups."**
>
> **Joy Phumaphi, Vice President for Human Development, World Bank**

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Contact UNAIDS

This is the second issue of this year's UNAIDS newsletter. All content has been previously published on unaids.org.

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Top UN officials urge continued AIDS funding amid economic crisis

Top United Nations officials urged countries to maintain and strengthen their commitments to tackle AIDS in the midst of the global economic downturn, warning that slashing resources now could mean greater costs and suffering in the future.

Addressing a meeting of the General Assembly convened to assess progress in the response to the global epidemic, its President, Miguel D'Escoto, noted that people living with HIV/AIDS have been placed at greater risk as a result of the global financial and economic crisis that is crippling economies around the world.

"Achieving universal access to prevention, treatment, care and support is a human rights imperative. It is essential that the global response to the AIDS epidemic is grounded in human rights and that discrimination and punitive laws against those most affected by HIV are removed."

Michel Sidibé, UNAIDS Executive Director

"As a result of this ongoing crisis, I fear that many governments are resigned to reducing programmes and diminished expectations," he told delegates. "But it is precisely when times are difficult that our true values and the sincerity of our commitment are most clearly evident.

"Even as we see signs of cutbacks in AIDS funding in many countries, we must remind governments and the international community that the world has the resources to mount the kind of AIDS response to which we have committed.

"If we allow cuts now, we will face increased costs and great human suffering in the future," he stated.

In 2006, the Assembly pledged to achieve universal access to comprehensive HIV prevention, treatment, care and support by 2010. A report by Secretary-General Ban Ki-moon on progress on HIV/AIDS commitments shows that achieving national universal access targets by 2010 will require an estimated annual outlay of $25 billion within two years.

Mr. D'Escoto said that, as the Joint UN Programme on HIV/AIDS (UNAIDS) has pointed out, the amounts needed to achieve this goal represent "a miniscule fraction" of the sums that have been spent this year on economic stimulus measures.

The Secretary-General's report also highlights a number of encouraging developments such as countries establishing clear national targets for universal access, and a continued increase in financing for HIV programmes in low- and middle-income countries, reaching $13.7 billion in 2008.

At the same time, the report says considerable challenges remain, including significant access gaps for key HIV-related services. Also, the pace of new infections continues to outstrip the expansion of treatment programmes, and commitment to HIV prevention remains inadequate.

"Now is not the time to falter," Secretary-General Ban Ki-moon told the meeting. "The economic crisis should not be an excuse to abandon commitments – it should be an impetus to make the right investments that will yield benefits for generations to come."

Mr. Ban said that a vigorous and effective response to the AIDS epidemic is integrally linked to meeting global commitments to reduce poverty, prevent hunger, lower childhood mortality, and protect the health and well being of women.

"But to achieve the goal of universal access, barriers to progress need to be overcome. Not just in battling the disease, but also in confronting obstacles that society puts in the way," he said, adding that the fight against AIDS also requires attacking "diseases of the human spirit – prejudice, discrimination, stigma."

He called on all governments to review their legal frameworks to ensure compliance with the human rights principles on which a sound AIDS response is based. "This is not solely a medical or scientific challenge. It is a moral challenge, too," he said.

Speaking to reporters after addressing the meeting, the Secretary-General discussed his own efforts to attack prejudice, discrimination and stigma. Among them, he said he met regularly with UN staff who lived with HIV and that he is pushing for all people living with HIV to participate in society without fear of discrimination.

He was joined by UNAIDS chief Michel Sidibé, who commended Mr. Ban's leadership in helping to break the "conspiracy of silence" on stigma, discrimination and criminalization against people living with HIV, particularly among vulnerable groups – homosexuals, sex workers and drug users.

He added that "time is running out," noting that the 2010 deadline for achieving universal access is right around the corner. "Unfortunately, we are far from reaching our goals."

Some 84 countries have reported that they have laws and policies that act as obstacles to effective HIV prevention, treatment, care and support for vulnerable populations, according to UNAIDS.

"Achieving universal access to prevention, treatment, care and support is a human rights imperative. It is essential that the global response to the AIDS epidemic is grounded in human rights and that discrimination and punitive laws against those most affected by HIV are removed," stated Mr. Sidibé

UNAIDS/B. Hamilton

UN General Assembly review on HIV/AIDS

As the HIV response represents one of the soundest of all possible global investments, it is critical that commitment to HIV efforts be maintained and strengthened in the midst of these economic challenges - Report of the Secretary-General to the 63rd General Assembly.

At the 63rd session of the General Assembly held in New York on 16 June 2009, the United Nations Secretary-General Ban Ki-moon presented a report on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. The first address by UN member states was delivered by Dr Aaron Motsoaledi, the new Minister of Health of South Africa. Speaking on behalf of the Southern African Development Community (SADC), Motsoaledi noted recent progress made in South Africa and in the SADC region in confronting AIDS.

This year's report provides an update on developments in the AIDS response, looks forward to the agreed 2010 milestones, recommends key actions to accelerate progress and urges renewed commitment to the goal of universal access to HIV prevention, treatment, care and support.

In June 2008, the General Assembly held a High-level Meeting on HIV/AIDS that assessed progress in the response to the global HIV epidemic. Reports from 147 countries showed that important progress had been made, including in the areas of access to antiretroviral therapy and the prevention of mother-to-child transmission.

However, the report shows that, despite such encouraging developments, considerable challenges remain, including significant access gaps for key HIV-related services. The pace of new infections continues to outstrip the expansion of treatment programmes, and commitment to HIV prevention remains inadequate. While funds available for HIV in low- and middle-income countries increased from $11.3 billion in 2007 to $13.7 billion in 2008, there has been a global economic downturn since the 2008 High-level Meeting.

The report emphasizes that achieving national universal access targets by 2010 will require an estimated annual outlay of $25 billion within two years, necessitating renewed commitment from all providers of HIV-related funding. Sustaining an effective AIDS response will require unprecedented leadership at all levels, including from Governments, civil society and affected communities.

Restoring dignity of men and women – Delhi High Court Ruling on Section 377

On 2 July 2009, the High Court of Delhi, New Delhi, India made history by ruling that consensual sexual acts of adults in private should no longer be criminalized. In so doing, it took a major step forward in the fight against AIDS.

This ruling concerned Section 377 of the India Penal Code which punished "carnal intercourse against the order of nature" and could require imprisonment of homosexuals, lesbians and transgendered people for 10 years to life. One of the decisive arguments put before the high court was the impact of the law in impeding efforts to counter HIV.

The ruling was historical for three reasons. First, it restored the dignity and human rights of millions of men and women in India. Second, it reinterpreted a 150 year old British law that was first institutionalized in British colonies in Delhi itself. This law subsequently spread across the globe where it still goes unchallenged in many countries in the British Commonwealth. Third, this ruling means that millions of men and women in India now have much more opportunity to access the information and health care they need to avoid HIV infection, or live successfully with HIV if already infected.

In 2006, Governments agreed to achieve universal access to HIV prevention, treatment, care and support by 2010. They also agreed to intensify efforts to eliminate all forms of discrimination against vulnerable groups in the response to AIDS. They did so because they knew that only such action would halt and begin to reverse the spread of global AIDS epidemic, both a critical issue facing our planet and a critical aspect of Millennium Development Goal 6.

Last year, UNAIDS commissioned a major study of the legal and policy situation concerning homosexuality and discrimination. It makes disturbing reading. There are still 80 countries worldwide where homosexuality is prohibited, and of those 49 where the situation is 'highly prohibitive'; that is where penalties include the death sentence or long prison sentences. Some 84 out of 132 reporting governments admitted they still had laws that present obstacles to effective HIV prevention, treatment, care and support for vulnerable populations. Laws that criminalize homosexuals represent one of the worst barriers to effective HIV responses, as well as a pernicious form of discrimination that has no place in the twenty-first century.

Based on national reports on AIDS, countries which fail to protect men who have sex with men against discrimination are less likely to reach these populations with HIV prevention programmes. In some regions, such as the Caribbean, one can discern a clear pattern. In countries where homosexuality is criminalized, HIV prevalence among men who have sex with men ranges from 20-30%. In contrast, in countries where these laws were repealed or never introduced, the HIV prevalence ranges from under 1% to around 10%. We also know that where homosexuality is criminalized, a large percentage of men also have wives and girlfriends—in part to hide their sexual orientation. These women can also be at risk of HIV infection.

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The evidence is clear: in countries which protect men who have sex with men from discrimination, there is nearly double the access to HIV prevention services than in countries where there is no such protection. The results are even better where governments actively work with gay communities. Like any human beings, men who have sex with men and transgender men and women enjoy the full panoply of human rights and should be able to organize to realize them. Where gays have used their rights to fight for HIV information, education and treatment, they have become a force for health and community empowerment, sometimes leading a country's HIV response.

Bad laws are only part of the problem. Attitudes and impunity are the other. Homophobia and transphobia result in murder, violence, harassment, and vilification. In countries where systematic information is collected the results are stark: every two or three days a person is killed in Brazil in violence connected with his or her sexuality. Mexico has also documented high rates of homophobic violence. In reporting these cases, Mexico and Brazil

are also committing to do something about the problem. Rates in other countries are inevitably much higher.

We simply cannot accept a world where discrimination based on sexual orientation and gender identity is the cause of murder, discrimination or death by a treatable disease. India's court decision is a clarion call for legislators and courts the world over to play their part in effective AIDS responses. UNAIDS applauds this decision and hopes it represents a watershed moment in sweeping away unhelpful laws which impede public health and instead usher in an era of dignity and truly universal access to HIV prevention and treatment.

Made in Africa

When African leaders discuss economic growth in Africa at this week's African Union Summit, their options will be constrained by the growing AIDS epidemic and slow progress on reaching the Millennium Development Goals (MDGs). For example, over the years we have seen agriculture output being impacted by people unable to till their fields or having to sell their land to take care of themselves and their families.

But it can be different. At the beginning of this year I visited Khayelitsha, a township in South Africa where I met Thobani, who was cured of TB and has access to AIDS treatment. Now he is able to take care of his son and contribute to his community. There are nearly 4 million people like Thobani, people who are vital to economic growth in Africa and elsewhere, thanks to organizations such as the Global Fund and the United States President's PEPFAR initiative, which support 3,000 new patients to start AIDS treatment every day.

There are 22 million people living with HIV in Africa. For every two people who start on antiretroviral treatment, five are newly infected with HIV. This means the number of people in need of treatment will always increase.

Therefore we need to break the trajectory of the epidemic by stopping new HIV infections. This means focusing on prevention.

We also need to make treatment more affordable and ensure sustainable access to quality medicines in Africa. The demand is high, as nearly 80% of the 4 million people on treatment globally live in Africa, but 80% of the drugs distributed in Africa come from abroad. The waiting line for AIDS treatment is growing exponentially. Add to this the other top killers in Africa like TB and malaria and the treatment bill is unsustainable.

The drugs are expensive, and they do not work for ever. Patients will, after a period of time, need to move from first-line treatment for AIDS which today costs $92 per patient per year (well out of reach of people living on two dollars a day) to second-line treatment which costs more than $1,000 for the AIDS drugs alone. In Africa, less than 4% of patients are on second-line therapy, which is far below what effective treatment would require. Again unsustainable.

Africans will need these medicines for a long time. They need many others, as well. Most of these drugs, however, are not produced in Africa for lack of stringent quality standards and manufacturing capacity. Demand for AIDS treatment should become an opportunity for Africa to reform its pharmaceutical practices. Too often, drugs made in Africa are spurious or low quality. What Africa needs is a single African Drug Agency, similar to the European Medicines Agency, which regulates the pharmaceutical sector in Europe.

What will this achieve? First, the quality of medicines will be guaranteed across the continent. The agency should have the power and independence to enforce high quality international standards. This will help close down the market for spurious drugs. Second, manufacturers will not need to run from country to country to get their products approved. Third, this will integrate the African market to attract private sector investments for manufacture of medicines within Africa just as we have seen in Latin America. Fourth, it will ensure that there is a level playing field for manufactures to compete and market products within Africa and beyond just as India and China are doing. Fifth, it can be a model for removing bottlenecks, not only for medicines, but for wider development that will contribute to an AIDS+MDG movement in Africa. And all of these efforts must work in the best interests of people in need.

This is a concrete step that African leaders can task the African Union to make. UNAIDS will mobilize the UN system, development partners, promote south to south cooperation, and engage with the private sector to support the establishment of the regulatory agency. In this economic crisis, African leaders have an opportunity for innovation, just as the G8 leaders have an obligation to fulfil their pledge made at Gleneagles to provide universal access to AIDS treatment by 2010.

Let AIDS not be an obstacle but let the AIDS response provide an opportunity to transform the continent.

JOINT ACTION FOR RESULTS: UNAIDS OUTCOME FRAMEWORK, 2009–2011

Under the Outcome Framework for the period 2009–2011, UNAIDS will focus itsefforts on achieving results in nine priority areas. These priority areas have been selected based on a series of consultations with the Cosponsors, communities, civil society and a broad range of other stakeholders, and their realization will accelerate the achievement of universal access.

"WE CAN PREVENT MOTHERS FROM DYING AND BABIES FROM BECOMING INFECTED WITH HIV. THAT IS WHY I AM CALLING FOR A VIRTUAL ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV BY 2015."

Michel Sidibé
UNAIDS Executive Director

Nine priority areas

We can reduce sexual transmission of HIV:

Sexual transmission accounts for more than 80% of new HIV infections worldwide. Reversing the global AIDS epidemic requires a dramatic increase in community, national and global action for sexual and reproductive health and rights, and in individual commitment to safer sex. We can reduce sexual transmission of HIV by promoting social norms and individual behaviours that result in sexual health; by supporting the leadership of people living with 'HIV for positive health, dignity and prevention'; and by supporting universal access to key prevention commodities and services, especially for the most vulnerable, including sex workers and men who have sex with men.

We can prevent mothers from dying and babies from becoming infected with HIV:

By scaling up access to and the use of quality services for the prevention of mother-to-child transmission (+) as an integral part of sexual and reproductive health services and reproductive rights for women, their partners and young people. This includes ongoing care and treatment for women, and their partners, and children in affected families.

We can ensure that people living with HIV receive treatment:

By scaling up and sustaining treatment coverage and bridging the gap between sexual and reproductive health and HIV, integrating nutritional support within treatment programmes and increasing the number of skilled and equipped health workers.

We can prevent people living with HIV from dying of tuberculosis:

By ensuring an effective integrated delivery of services for HIV and tuberculosis as well as nutritional support in all settings.

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We can protect drug users from becoming infected with HIV:

By making comprehensive, evidence-informed and human-rights-based interventions accessible to all drug users (i.e. harm reduction and demand reduction), including programmes to reduce Hepatitis C coinfection, and by ensuring that legal and policy frameworks serve HIV prevention efforts.

We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS:

By collaborating with civil society and all stakeholders to uphold non-discrimination in all efforts, countering social judgement and the fear that feeds stigma, delivering on the broader human rights agenda, including in the areas of sex work, travel restrictions, homophobia and criminalization of HIV transmission, ensuring access to justice and use of the law by promoting property and inheritance rights, protecting access to and the retention of employment and protecting marginalized groups and reinforcing the work of UN Plus.

We can stop violence against women and girls:

By making the response to AIDS an opportunity to reduce intimate partner and sexual violence and developing comprehensive responses to gender-based violence and HIV prevention within and beyond the health sector.

We can empower young people to protect themselves from HIV:

By putting young people's leadership at the centre of national responses, providing rights-based sexual and reproductive health education and services and empowering young people to prevent sexual and other transmission of HIV infection among their peers. By ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education. And by ensuring enabling legal environments, education and employment opportunities to reduce vulnerability to HIV.

"PEOPLE FORGET. WE ARE HERE TO ACT. WE ARE HERE TO DELIVER RESULTS. WE ARE AGENTS OF CHANGE. OUR JOB IS TO CHANGE THE UN – AND, THROUGH IT, THE WORLD."

UN Secretary-General Ban Ki-moon

We can enhance social protection for people affected by HIV:

By promoting the provision of a range of social services to protect vulnerable populations, including populations of humanitarian concern, refugees, internally displaced persons and migrants, informal-economy workers, people experiencing hunger, poor nutrition and food insecurity and orphaned and vulnerable children. By promoting corporate social responsibility, workplace policies and income generation for people affected by HIV. By empowering governments, particularly ministries of labour, employers and workers to adopt, implement and monitor HIV-related policies. And by countering discrimination and promoting HIV prevention, treatment, care and support through workplaces, including through UN Cares, and their links with the community.

Spotlight . . . “People on the move”

UNAIDS/P. Virot

24th UNAIDS Board meeting opened with a focus on “people on the move”

UNAIDS Governing body, the Programme Coordinating Board (PCB), held its 24th meeting in Geneva from 22-24 June 2009 where Mr Michel Sidibé, addressing the board for the first time as UNAIDS Executive Director, presented progress made and his vision for future action.

The focus of thematic session of this PCB meeting was addressing the HIV-related needs of “people on the move”, as decided by the Board in its 22nd meeting in April 2008. The Board noted that improving HIV information and services for people on the move will enhance the development, promotion and implementation of national, regional and international strategies and will have a significant impact on human rights, including gender.

Meeting the needs of people on the move for HIV prevention, treatment, care and support is essential for achieving universal access. Global movement patterns are particularly complex, involving forced displacement as well as migration. UNHCR figures indicate that there were 16 million refugees, 26 million internally displaced persons due to conflict and an additional 25 million displaced due to natural disasters in 2007, while the International Organization for Migration (IOM) estimates there were over 200 million international migrants in 2008. Most countries are simultaneously, to varying extents, countries of origin, transit and destination. Some countries also have large numbers of mobile people within their borders. It is estimated that there are at least 100-150 million internal migrants in China alone.

Mobile populations are sometimes blamed for the spread of HIV, or for increasing the burden on limited services for people living with HIV.

In reality, many of the underlying factors driving mobility also increase the vulnerability of mobile populations to HIV infection. Furthermore, migrants, displaced people and other mobile populations living with HIV and those taking antiretroviral medication face additional challenges in obtaining needed care and treatment, which must be addressed. The theme provides wide scope for selecting and discussing issues that often fall between the cracks in national AIDS strategies and in international discussion of forced displacement, internal and international migration and travel.

These include:

- Humanitarian questions of providing displaced and mobile populations security from conflict and violence, including sexual and gender-based violence;
- Employment and other economic issues that motivate mobility and link with connections between HIV, economic survival strategies and the vulnerability of children and young people; potential increases in unsafe, concurrent and commercial sexual contacts;
- Human rights issues in connection with social integration and access to services, and especially in

UNAIDS/P. Virot

connection with stigma and discrimination against persons living with HIV;
- Immigration and government legislation which dictates the legal status of people on the move, and thus their access to health services; and
- Language barriers to use of health and social services, and health care system concerns, notably with regard to access and continuity of HIV treatment, including for opportunistic infections.

Reducing the vulnerability of migrants and mobile populations to HIV, and reducing the impact of HIV on mobile populations, their families and their homes, transit and host communities, requires intergovernmental cooperation (whether between countries or between ministries within a country). It requires the collaboration of the business sector, labour, health and social services, and vulnerable communities and people living with HIV themselves. Thus the importance of discussing the topic in a Programme Coordinating Board thematic segment that brings member states, civil society and international organizations together.

In order to support a productive discussion in the thematic session of the 24th PCB meeting, UNAIDS developed a background paper on the issue of people on the move —forced displacement and migrant populations. The paper provides basic information on movement of people and discusses the links between mobility and HIV vulnerability, as well as the challenges of ensuring that mobile populations have universal access to HIV prevention, treatment, care and support.

UNAIDS/P. Virot

Migrant workers and HIV vulnerability in South Asian and South East Asian countries

International labour migration, or the movement of people across national borders for employment, is a growing phenomenon and an increasingly important aspect of global, regional and national economies. However, HIV has become a key issue of concern with cross border and overseas migration.

Representatives of Pakistan, China, Thailand, Afghanistan, Bangladesh and Nepal together with senior officials from ILO, IOM, WHO and UNAIDS participated in a meeting on the issue during the 2009 62nd World Health Assembly. The meeting was a follow up on one held in Geneva during the 60th World Health Assembly in 2007. Initiated by the government of Pakistan, this year's meeting highlighted the need to engage in inter regional dialogue between sending and receiving countries, especially countries under the Gulf Cooperation Council (GCC), to find ways to reduce the risks and vulnerabilities to HIV that migrant workers face.

Governments from Asian countries have raised their concerns regarding the large number of migrants in the region. At any given point in time, there are an estimated 58 million people on the move outside of their home countries within Asia and beyond. Outside Asia, the countries of the GCC region are the primary destination for a majority of migrant workers from the Philippines, Bangladesh, Sri Lanka and Pakistan.

The meeting provided a platform for Ministries of Health of sending countries in South and South East Asia to share experience on issues common to preparing workers for work outside the country especially in terms of reducing vulnerability to HIV and other health risks. The delegates also discussed how regional mechanisms, such as the Colombo process and the Abu Dhabi Dialogue, and international commitments could be harnessed to support dialogues and cooperation between sending and receiving countries as well as steps to developing a joint position/strategy to support negotiations and collaboration with receiving countries.

UNAIDS Executive Director Mr Michel Sidibé also participated in the meeting whose outcomes will be considered in the upcoming UNAIDS board meeting which will discuss the issue of forced displacement and

migrant populations in relation to HIV and the challenges of assuring such populations universal access to HIV prevention, treatment, care and support.

Mr Sidibe highlighted the need for evidence-based strategies focusing on the needs of migrant populations. He also underlined the importance of political leadership for an effective response to AIDS that will involve all sectors of society.

Challenging process to work abroad

Although migration has become a part of the economic functioning of many countries – both sending and receiving – migrants are often not perceived as individuals with rights. They can be exploited, marginalized and stigmatized throughout the migration process. Studies show that mobile populations are vulnerable to discrimination, exploitation and harassment at home and abroad. Their basic rights could be violated in terms of pay and working conditions. Migrants have often little or no right to legal or social protection and generally lack access to HIV services and information.

In recent years, an increasing number of migrant workers from Asia have been diagnosed with HIV in various countries in the Arab States. Deportations due to HIV status have resulted in severe economic loss for migrant workers and their families, who have been declared by authorities as "unfit" to work abroad.

As part of the visa process in some countries, migrants must undergo a health test including HIV from a certified clinic. In most cases, the migrant is referred to a specific clinic that is approved by the receiving country. For example, all migrants going to a country in the GCC must attend clinics authorized by GCC Approved Medical Centers'' Association. They are expensive and mostly located in capital cities, adding extra costs such as transportation and lodging.

There is little or no referral to treatment or support services for those who do have a health condition, including those who test positive for HIV. If found HIV positive, most countries in the region will deport a migrant worker without explanation, with little compensation, and no consideration for the migrant's rights or dignity.

Given the large numbers of people on the move, ensuring their rights and access to HIV prevention, treatment and care and support services is a crucial component of an effective regional response to AIDS.

This movie is an excellent production which can help to reduce stigma and discrimination against people living with HIV far beyond the labour sector. It addresses not only stigma related to HIV, but also vulnerabilities linked with living at the margins of society.

Dr Bernhard Schwartlander, UNAIDS Country Coordinator in China

Wang Baoqiang, star actor and former migrant construction worker is now a spokesperson for the ILO HIV/AIDS project in China Credit: courtesy of ILO

'Never abandon, never give up': ILO film helps China's migrant workers challenge AIDS stigma

Zhang Xiao Hu is one of China's estimated 200 million migrant workers. He is also one of the stars of 'Never abandon, never give up', a short Charlie Chaplin-style film aimed at reducing HIV stigma and promoting condom use among the country's migrant workers. Beginning on 4 May, the International Labour Organization (ILO) and Mega-info Media, the company which runs China's national railway station television network, will begin screening the film in 500 stations in 450 cities across the country. Over a three month period, 40 million people will have an opportunity to see the film.

In the film Zhang plays a construction worker stigmatized because he is living with HIV. This mirrors his real life situation as he is China's first internal migrant worker to speak out publicly about his HIV status and has suffered stigma in the past from colleagues. As he says, "No one wanted to work with me, eat with me or share a dormitory."

'Hometown Fellows' campaign

The project forms part of the 'Hometown Fellows' campaign where the ILO, in partnership with the Ministry of Labour, employer and worker bodies, and the State Council AIDS Working Committee Organization is collaborating with 19 large-scale enterprises in construction, mining and transport sectors in China's provinces most affected by HIV. Although overall prevalence of the virus is relatively

UNHCR/P. Taggart

low in China (UNAIDS reported a 0.1% prevalence in 2008), there are pockets of high infection among specific populations and in some localities. With support from grass roots non-governmental organizations, the ILO is carrying out a comprehensive, multi-channel behaviour change programme for 190,350 internal migrant workers in Guangdong, Yunnan and Anhui provinces.

According to Constance Thomas, Director of the ILO in China, partnering with authorities on such projects, "helps us reach out to the workers for social protection to ensure their occupational safety and health...They do have the right to work in China and they have the right not to be discriminated against."

The 'Hometown Fellows' project is intended to address high HIV-related stigma and low condom use among migrants and taps into powerful social networks among migrant workers who often move from rural areas and work together in large cities throughout China.

Formative research among the migrants shows a strong social bond based on common provincial origin that is potentially influential on attitudes and behaviour. This is in sharp contrast to migrant worker perceptions of health officials, company management and receiving communities, where there is, typically, considerable distrust and a sense of alienation.

The ILO behaviour change communication strategy has two tiers. Firstly, it has developed a range of communication tools based on the hometown fellowship concept where key message are delivered through migrant voices. Never abandon, never give up forms part of this intervention.

Secondly, working through enterprise structures, the programme taps into existing migrant social networks to deliver peer education in the workplace, dormitories and nearby entertainment areas. This peer education is reinforced through group training in enterprises as well as targeted messages delivered through company owned television and radio channels.

Dr Bernhard Schwartlander, UNAIDS Country Coordinator in China applauds this production, "This movie is an excellent production which can help to reduce stigma and discrimination against people living with HIV far beyond the labour sector." He added, "It addresses not only stigma related to HIV, but also vulnerabilities linked with living at the margins of society."

Migrant workers make up some 15% of the total Chinese population according to official estimates and they are considered vulnerable to HIV due to challenging social conditions, low HIV knowledge and lack of access to quality health services

Addressing the HIV–related needs of "people on the move"

Noe Sebisaba knows how to turn an adverse situation into something life-affirming. In 1996 he and his family were forced to flee a Burundi in turmoil and ended up in the Kanembwa refugee camp in Tanzania. While in the camp, in 1998, he discovered that he was living with HIV. His wife, who was also HIV positive, died of an AIDS-related illness. On World AIDS Day 2001, at an event organized by the UN refugee agency UNHCR, Mr Sebisaba decided to openly declare his own HIV status, the first known African refugee to do so. He has never looked back. As he says, "I decided to let HIV know; 'I'll control you, you're not going to control me'...I was tired of silence and I found a new reason to live. To challenge HIV and preach forgiveness and love."

Although initially rejected by his family and community, the disclosure helped galvanize him to challenge the stigma and discrimination rampant among refugees and the host population in Tanzania. He developed a grassroots, community organization, STOP SIDA (STOP AIDS), to intensify the involvement of refugees and the local community in the AIDS response and to disseminate HIV awareness messages at public events, through individual contacts, visits and peer groups.

Active in a number of camps across western Tanzania, STOP SIDA distributed educational materials and advocated support and care for those infected with and affected by the virus. Using himself as an example, Mr Sebisaba found a unique way to help individuals and communities become agents of change in challenging HIV. And he was able to confront some of the particular vulnerabilities faced by refugees whose lives have been uprooted due to conflict, persecution or violence.

There are myriad factors that can increase the vulnerability to HIV of the many millions of refugees and internally displaced people around the world. They often lose their source of income and may have to resort to high-risk behaviour to satisfy their needs. Health and education services often lapse and sources of information on HIV prevention and treatment provision can be disrupted. Social and sexual norms, networks and institutions can also break down and women can be especially vulnerable as rape is often used as a weapon of war during conflicts. In fact, Mr Sebisaba's wife was herself raped by soldiers in Burundi during the civil war.

The fact that STOP SIDA was able to have an impact in Tanzania was a testament to Mr Sebisaba and his partners' will and determination. He showed that refugees are not only passive recipients of aid but have powerful coping mechanisms, resilience and ingenuity. Many refugees and members of the surrounding communities participated in STOP SIDA activities and there was a marked increase in take-up of voluntary counseling and testing.

In 2005 Mr Sebisaba was repatriated to Burundi by UNHCR and was able to continue his work. In the last seven years the agency has helped nearly 500,000 Burundians return home and supports their continued access to treatment and HIV prevention programmes.

Noe Sebisaba and his STOP SIDA NGO are helping to mitigate the impact of HIV in Burundi. Courtesy of UNHCR

Since 2006, STOP SIDA-NKEBURE UWUMVA has operated in the country, especially in areas with a large number of returnees. Supported by UNHCR and other partners, with offices in the capital Bujumbura and the eastern Cankuzo province, the NGO continues to spread the message of prevention, behaviour change, tolerance and the need for voluntary counseling and testing. Outreach has been especially important in rural areas where AIDS information and anti-stigma messaging find it difficult to penetrate.

In addition, STOP SIDA has become an implementing partner of UNHCR in three camps for Congolese refugees in Burundi where staff use their expertise and experience to help mitigate the impact of the epidemic, including ensuring that clients can receive drug treatment from local hospitals.

Some 450,000 people, both former refugees and those who stayed behind, are being reached by STOP SIDA activities in the eastern provinces of Cankuzo and Ruyigi.

In the Congolese camps and surrounding communities some 25,000 are benefiting from the NGO's initiatives.

UNHCR, the lead UN agency for challenging HIV among refugees and internally displaced people, has co-produced a video about the organization called Love in the time of AIDS, which will be featured during the UNAIDS Programme Coordinating Board thematic session on forced displacement at the Board's 24th meeting on June 22 to 24. STOP SIDA is highlighted as a best practice of community leadership and mobilization.

What gives Mr Sebisaba the most satisfaction is the feeling that he and his fellow activists have been able to help people accept a positive HIV diagnosis with a degree of hope and optimism and have encouraged people to talk about the epidemic.

"With my decision to say openly that I'm living with HIV, I've done my part to try to change the face of the virus. I think I've shown that it's not an automatic death sentence and that you can still lead a rich life. Where I've worked, people have been more able to talk openly about having HIV and more people are getting tested. I never have a moment's regret about disclosing my status. I think it's really making a difference."

UNAIDS News

New policy brief on disability and HIV

The new policy brief explores the links between HIV and disability and makes recommendations for policy change.
Credit: WHO/Asis Senyal

An estimated 650 million people, or 10% of the world's population, have a disability. Although people with disabilities are found within the populations at higher risk of exposure to HIV, not much attention has been paid to the relationship between HIV and disability.

For this reason, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and the United Nations Office of the High Commissioner for Human Rights (UNOHCHR) have collaborated on a policy brief that explores the links between HIV and disability and makes recommendations for policy change.

This policy brief discusses the actions needed to increase the participation of persons with disabilities in the HIV response and ensure they have access to HIV services which are both tailored to their diverse needs and equal to the services available to others in the community.

Evidence shows that people with disabilities are at the same or greater risk of HIV infection as non-disabled people. Due to insufficient access to appropriate HIV prevention and support services, persons with disabilities may engage in behaviours which place them at risk of HIV infection, such as unprotected heterosexual or male-to-male sex (including in the context of sex work) and injecting drug use.

The policy brief states that a large percentage of persons with disabilities experience sexual assault or abuse during their lifetime, with women and girls, persons with intellectual impairments and those in specialized institutions, schools or hospitals being at particularly high risk. There is also evidence that in some cultures, persons with disabilities are raped in the belief that this will "cure" an HIV-positive individual.

Persons with disabilities may not benefit fully from HIV and related sexual and reproductive health services because services offered at clinics, hospitals and in other locations may be physically inaccessible, lack sign language facilities or fail to provide information in alternative formats such as Braille, audio or plain language. Also, service providers may lack knowledge about disability issues, or have misinformed or stigmatizing attitudes towards persons with disabilities.

As stated in the 2006 Convention on the Rights of Persons with Disabilities, persons with disabilities have the right to participate in decisions which affect their lives, and should be fully involved in the design, implementation and evaluation of HIV policies and programmes. This is the best way of ensuring these policies and programmes are responsive to their needs.

The policy brief on Disability and HIV calls for HIV services to be inclusive of persons with disabilities. It makes recommendations to governments, civil society and international agencies to eliminate physical, information and communication, economic and attitudinal barriers not only to increases access to HIV programmes, but to assist people in accessing broader health and social services.

New same sex and transgender Action Framework

Ahead of the International Day Against Homophobia (17 May), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP) launched a new UNAIDS Action Framework on Universal Access for Men who have Sex with Men and for Transgender People. The Framework sets out how UNAIDS will facilitate and support universal access to HIV prevention, treatment, care and support for men who have sex with men and transgender people.

Acknowledging that 'business as usual' is no longer a viable response to the HIV-related risks of these groups, the Framework shows that collective responses to HIV in the men who have sex with men and transgender populations are failing. The problem has either been ignored

– with insufficient data and analysis – or commitment and resources allocated to HIV programming in these populations fall far short of what is required.

"The failure to respond effectively has allowed HIV rates to reach crisis levels in many communities of men who have sex with men and transgender people," said Michel Sidibé, Executive Director of UNAIDS.

"Efforts to reverse this crisis must be grounded in human rights and underpinned by the decriminalisation of homosexuality," he added.

The approach taken in the Framework aims to reduce the incidence of HIV everywhere, while protecting the health and rights of not only men who have sex with men and transgender people, but also their female sexual partners and the rest of the population. Responding to HIV among marginalized groups is therefore not just important in and of itself, it is often one of the most effective strategies to reduce heterosexual spousal transmission and to avert larger heterosexual epidemics. Universal access to appropriate HIV programmes for men who have sex with men and transgender people is a crucial part of achieving universal access as a whole.

"If we are going to make universal access for sexual minorities a meaningful reality, we must work towards ending homophobia and transphobia. We must address the legal and policy barriers," said Jeffery O'Malley, Director of UNDP's HIV group.

The Framework sets out how the UNAIDS Secretariat and its Cosponsors will work towards universal access for these often marginalized groups through three objectives:

(1) To improve the human rights situation for men who have sex with men and transgender people. In his statement to the International AIDS Conference in August 2008, the UN Secretary-General outlined the dangers of not protecting the legal and human rights of sex workers, drug users, and men who have sex with men, pointing out that in countries where such rights are enshrined in law, the result is fewer infections, less demand for antiretroviral treatment and fewer deaths.

(2) To strengthen and promote the evidence base on men who have sex with men, transgender people and HIV. Better quality data, from as wide a range of sources as necessary, is needed to inform, develop and advocate new policies and programmatic responses. UNAIDS and its Cosponsors will build upon their current work with partners to strengthen the knowledge base.

(3) To strengthen capacity and promote partnerships to ensure broader and better responses for men who have sex with men, transgender people and HIV. Ensuring sufficient capacity in intergovernmental, governmental and nongovernmental organizations to appropriately address diverse sexuality and HIV is vital if men who have sex with men and transgender people are to get universal access to HIV-related services. The Framework sets out how the scale-up of capacity can be achieved.

The joint UNAIDS programme, utilizing the strengths of all its Cosponsors, is committing itself to interagency UNAIDS action to improve global and national HIV-related efforts for men who have sex with men and transgender people.

An interagency working group will develop a system to monitor and evaluate the approach and work proposed in the Framework, develop the strategic approach of UNAIDS and its Cosponsors', develop, monitor and evaluate detailed workplans, periodically review and evaluate their strategic approach and report on the activities undertaken.

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