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HIV/AIDS

"In too many countries an official conspiracy of silence about AIDS has denied people information that could have saved their lives. We must empower young people to protect themselves through information and a supportive social environment that reduces their vulnerability to infection."

Secretary-General Kofi Annan in the *Millennium Report*

Vital statistics

- As of June 2000, 34.3 million people in the world were living with HIV-- the virus that causes AIDS.
- 18.8 million people around the world have already died of AIDS, 3.8 million of them children.
- Although Africa has 10 per cent of the world's population, it is home to 70 per cent of all people living with HIV. In 16 countries in the African region, more than 10 per cent of those between 15 and 49 years old are infected with HIV.
- Since the beginning of the epidemic, 13.2 million children under the age of 15 have been orphaned by AIDS.
- The most recent UNAIDS/WHO estimates show that, in 1999 alone, 5.4 million people were newly infected with HIV.

Listen to young people's voices¹

"Youth in Latvia do not have complete and correct information about sexual and reproductive health. Many of us do not know about safe sex and contraception. So many are ill with sexually transmitted diseases and AIDS. These problems affect the future of young people in Latvia." (*Toms, 18, Latvia*)

"African parents can't talk about it but they should weigh the scales and decide which is more embarrassing, talking about sex or watching their children die of AIDS." (*Adolescent Kenyan girl*)

"Fifty per cent of the new infections (HIV/AIDS) which take place today are in the age group of 15 to 25. I mean, if we are the future, and we're dying, there is no future." (*Mary Phiri, Editor-in-Chief of Trendsetters, an HIV/AIDS newsletter produced monthly by teenage activists in Zambia*)

"It makes me so mad when people don't take me seriously. Just because I'm young doesn't mean I haven't got anything worthwhile to say. Not only should I have freedom of expression, I should also have the right to be listened to!" (*Juan, 17, Peru*)

"When the government officials come to listen to us, they do most of the talking and don't let us speak enough. They should listen more and let us ask difficult questions. Why don't adults listen better to our concerns?" (*Young Ethiopian*)

¹ Source: UNICEF

Defining the issue

It is no coincidence that young people are angry and speaking up on AIDS. They are among the most vulnerable to infection with HIV/AIDS. Each day 8,500 children and young people around the world are infected with HIV/AIDS.

HIV/AIDS is spread through behaviours that often take place in private, such as through unprotected sex (sex without a condom) and drug injecting with shared needles. It can also spread from a mother that has the HIV virus to her child during pregnancy, labour, or through breast-feeding. When a person becomes infected with HIV, it can take up to ten years before there are any signs of illness. These signs occur when the individual's immune system breaks down and can be easily attacked by diseases common in the community. Because the symptoms, such as respiratory or skin infections, can be mistaken for other diseases or appear much later after exposure to the virus, HIV is invisible. The invisibility of HIV allows some people to question its existence. But HIV is real, and it is important to protect oneself, as everyone is at risk.

In addition to behaviors that put people at risk of HIV infection, there are social and economic factors that place some groups in society, such as young people, injecting drug users, homosexuals, and refugees, at even greater risk. Such factors and conditions include lack of education, lack of income-generating opportunities, cultural norms and practices that limit opportunities to benefit from social and economic development.

It is important to view the AIDS epidemic from these two perspectives – the behavioural risks and the social and economic environment – if we are to shape a broader response.

More destructive than war

In the words of United Nations Secretary-General Kofi Annan, the “*impact of AIDS is no less destructive than that of warfare itself, and by some measures, far worse.*” The area most severely affected by the epidemic is Sub-Saharan Africa, where most transmission occurs through unprotected sex between men and women. The impact of AIDS on African societies has reached such dramatic proportions that for the first time ever, in January 2000, the United Nations Security Council discussed a development issue – AIDS – in its meeting.

AIDS is ravaging the continent: the average lifespan in some African countries has gone down by 15 years; vast numbers of workers are unable to work, thus reducing productivity of many companies; family units are breaking down; and generations of orphans are raising themselves, often without education.

- In some African countries, HIV has infected more than a quarter of the adult population.
- HIV has killed more people than war in the region : in 1998 200,000 Africans died in war, but more than two million died of AIDS.

In **Asia**, the infection rates are not as high as in Africa, but they are alarming as well. The region has three of the most populous countries in the world – China, India, Indonesia -- and even low prevalence rates mean that huge numbers of people live with the virus. In India,

Cambodia, and Myanmar, the epidemic is concentrated at critical levels in certain groups, such as injecting drug users and prostitutes. It is misleading to focus solely on the prevalence in the general population because it may just be a matter of time before infections begin to spread more widely.

In **Latin America and the Caribbean**, the AIDS epidemic is highly diverse. In some countries such as Honduras, Guatemala and Belize, countries on the Caribbean Coast and Brazil, most transmission is through sex between men and women. In Costa Rica and Mexico, however, most transmission is through drug users and through men who have sex with other men. Changes are, however, providing hope in the region: young Brazilian men between 16-25 report using condoms 87 per cent of the time with casual sex partners. Argentina, Brazil and Mexico are attempting to provide antiretroviral therapy (medicines that reduce the amount of virus in the blood) to all people in their countries infected with HIV.

In **Eastern Europe and Central Asia**, the epidemic took off with the rise of injecting drug use. In the countries of the former Soviet Union, the highest rates of HIV cases are heavily concentrated in injecting drug users (IDUs). An HIV outbreak can occur in any country with unsafe drug injecting practices.

In **Europe and North America**, new HIV infections are mainly concentrated among injecting drug users and gay men. Although needle exchange programs have proven highly effective in reducing transmission among drug users, countries such as the US have refused to implement them because of political opposition.

Facing up to a challenge

Countries that have shown commitment to facing AIDS have been able to reduce their burden significantly. In 1993, experts predicted that Thailand would have between two and four million cases of HIV by the year 2000. Thanks to full-scale prevention measures, Thailand had just under one million cases in the year 2000. Uganda, with broad based political and community support, was able to stabilize its epidemic at 8 per cent instead of joining its neighbours at over 20 per cent. There is hope when Governments make HIV a public issue by sponsoring TV, radio, and print announcements, and when community groups, including people living with HIV, are supported in their efforts. At the 13th International AIDS Conference in Durban, South Africa, in June 2000, African leaders acknowledged their AIDS problem and joined hands with activists to intensify action against the silent disease.

As Governments begin to recognize AIDS as a development issue, they have become more proactive in their responses and in initiating expanded, multisectoral programmes. Whereas the epidemic was initially viewed as strictly a health issue, more countries now realize its sociocultural, economic, and political relationships. Thus, in many countries, the full range of development sectors, such as education, labour, agriculture, local government, are being mobilized to include AIDS-related actions within their programmes. In addition, the role of civil society, notably non-governmental organizations, has been an important element in the expanded response, because of their capacity to engage communities in developing locally relevant activities.

Businesses are also mounting their response. Many have understood that they are losing their strongest workers to the disease, seriously affecting their business. Many companies now

have AIDS programmes that include medical services for staff living with HIV, distribution of condoms, provision of AIDS education , and community outreach activities..

Another area that has been a source of hope has been for babies born to mothers with HIV. Treatments with a medicine called AZT, given to a mother shortly prior to the birth of her child, allow the risk of transmission from mother to child to be reduced by 50per cent. This means that women need to be tested to find out whether they are positive in order to protect their babies. Although in some countries such testing may increase their chances of receiving care and support, in others it may mean rejection by their families and communities.

The involvement of **HIV-positive people** in HIV/AIDS prevention and care programmes has become more visible in recent years. The principle of *greater involvement of people living with HIV/AIDS*, or *GIPA*, has become increasingly recognized as essential in the fight against the epidemic and must constantly be strengthened. Their experiences in meeting the challenges in prevention and care/support have inspired actions that have benefitted both those living with and affected by the epidemic, such as increased access to antiretroviral therapy and advocacy for non-discrimination of HIV-positive people.

The young lead the way

Young people across the globe account for 50 per cent of all new HIV/AIDS infections each year. They are also the ones more open to talking about sex and taking concrete action to prevent HIV as peer educators. They have received information and training on HIV/AIDS and transmitted their knowledge to their peers at schools, social gatherings, sports clubs, etc. They have also acted as reporters for local newspapers, community trainers, and link doctors and young patients in health services, such as in clinics for sexually transmitted diseases.

An effective approach for young people has been through their role models, such as outstanding sports figures. Football teams exert pressure on team mates to protect themselves so that they can stay strong, and world known celebrities such as soccer star Ronaldo, have stepped up to tell players to "*Play Safe!*" All these actions are having desired results, with young people waiting longer to have sex and having safe sex when they do

- In Lusaka, Zambia, far fewer girls were having sex before marriage: 35 per cent in 1996, compared with 52 per cent in 1990.
- Among 16-25 year old men in Brazil, 87 per cent said they consistently used condoms with their casual sex partners – an impressively high figure that matches the high rise in sales of condoms.

Box: Zambia: Hope in the AIDS epicentre

"Save Your Life - Learn About AIDS" proclaims a slogan on the side of the white truck as it bounces along the dirt lanes of the rambling shanty community of Chibolya, in Lusaka, the Zambian capital. Loudspeakers mounted on the truck bark in all directions, "Come hear the Anti-AIDS Club of Chibolya - performance in five minutes. Learn about AIDS - protect yourself!"

The vehicle, covered in a thick coat of grey dust, stops in an open area where five young men and one woman, all dressed in green plaid pants and T-shirts, stand waiting. A crowd, numbering about 350 and including many young children, gathers in a large

circle around the performers and breaks into song. The mood is festive although the message is clearly serious.

Three drummers signal the start of the performance. "Now we have come to teach you about HIV/AIDS. Woza! [Come!]" they sing. A teenage boy and girl sprint out and dance amid the swelling circle of young onlookers. The rapt audience roars with laughter as the dancers give way to a young man dressed in big red shoes, overalls and a funny hat. He is playing the part of a father who is scolding his teenage daughter, "You mustn't go out with so many men!"

After the performance, audience members crowd around the truck asking for information about AIDS and for condoms. "We are making a difference," asserts Levy Kafuti, the 23-year-old coordinator of the troupe. "More people come to our performances every time. By the time kids reach puberty, they will know exactly how to protect themselves. It gives us much hope."

The Anti-AIDS Club of Chibolya, formed in 1995, is one of 1,760 such clubs in Zambia spreading AIDS-prevention messages through a variety of activities. The Chibolya Club's boys' soccer team and girls' netball team, for instance, deliver HIV/AIDS-awareness messages at their games. Performances of the 10-member drama troupe are staged in conjunction with visits of the Family Health Trust 'AIDSmobile', which distributes free condoms, advice and literature.

(Adapted from the State of the World's Children 2000, UNICEF)

Case studies of positive efforts

Throughout the world there are examples of courage and strength in fighting the AIDS epidemic. Below are a few of these.

- An outstanding example is the peer education program of the Mathare Youth Sports Association in Kenya, an organization run by and for young people. The majority of its several hundred volunteer staff are under the age of 16. These trained volunteers carry out HIV prevention fieldwork within the community through small group discussions and workshops during sports activities at weekends. Every year, 50 new peer educators are trained to deliver this programme to some 8,500 adolescents between 12 and 20 years of age who participate in their weekly football and other sports activities. Since 1987, the programme has reached over 30,000 young people.
- UWESO (Uganda Women's Effort to Save Orphans) originally started to help children orphaned by war, and changed its focus in response to the AIDS crisis. UWESO funds education and training for AIDS orphans, and gives small loans to help their caretakers start up small businesses and trading activities.
- The World Association for Girl Guides and Girl Scouts developed an AIDS peer education programme through the Association's regular badge system. Their badges carry a red ribbon which can be earned by their membership after demonstrating and disseminating prevention messages among peers or being involved in care and support activities for their members who are living with HIV.

- AIDS Hotline and Counselling Service in Egypt is a telephone counselling service that gives people a chance to talk about sex and sexuality in a society where it is culturally taboo to do so. The anonymity encourages people to call, and the Hotline receives over 1000 calls each month, much more than originally anticipated.
- In Zambia, a group of NGOs collaborated with the Ministry of Health, the district council and young people themselves to make their health services more youth-friendly. They trained 52 young people over a period of two weeks to provide counseling on pregnancy, sexually transmitted infections, substance abuse, financial concerns, and communication with sex partners. Side by side with the medical staff in the primary health care clinics, these peer counselors act as the link between their peers and the medical staff, attending to their special needs and assisting them to deal with the intricacies of a public health system. The results have been a remarkable increase in the attendance of young people in these services and the stronger intergenerational relationships within the community.
- The Maiti Project in Nepal rescues children and young women from traffickers. Instead of being sold into prostitution, the girls are given vocational training, support and counselling. As a result of Maiti's work, 105 child-traffickers have been imprisoned.
- The National Union of Eritrea Youth and Students has also set up youth-friendly health and recreation centres, where young volunteers provide peer education and outreach activities that include reproductive health, STD/AIDS prevention, and counselling for out-of-school youth.

A battle far from over

Although there are success stories, the fight against HIV is far from won. In 1999 alone, 5.4 million people were infected. There are still several areas where more intense actions have been taken.

Orphans: AIDS left behind 13.2 million orphans – children who, before the age of 15, lost either their mother or both parents to AIDS. These children face malnourishment, leave school to earn a living or care for younger siblings, face illness, abuse and sexual exploitation because they are no longer protected by their parents. Families who take in orphans often have insufficient resources to feed the children and to pay for their schooling. Orphans need help supporting themselves and their siblings without having to turn to the streets or orphanages that reduce their chances of health and safety.

Girls: Infection rates are over five times higher in teenage girls than in teenage boys in Sub-Saharan Africa. These numbers show sexual mixing between generations: in rural areas of the United Republic of Tanzania, some 17 per cent of married teenagers reported having had sex with a man at least 10 years older than themselves. Interventions is needed to help girls avoid sex with older men, help them pay for school so that they do not need older men to do it for them, and condemn men who choose young sex partners.

Drug users: Thinking that HIV can be contained within drug using populations has proven wrong because drug users have sex with non-drug users and spread HIV to the general population. It is common for injecting drug users to sell sex to pay for drugs, thus, the prospect of sexual transmission is highly probable. Comprehensive HIV prevention programmes that include AIDS education, condom promotion, needle exchange and drug

treatment have shown to help reduce the high risk of new infections both in developed countries, such as the United States, and in newly emerging market economies, such as Belarus..

Education: In the hardest hit countries of Africa, a great number of schools have shut down because too many teachers have died of AIDS. In addition, many students have dropped out of schools due to lack of resources to pay for educational expenses and to the need to care for sick members of their families. The education sector, which is counted on by society to help nurture young people and enable them to have jobs in the future, is jeopardized. Moreover, the potentially powerful role of schools, as a channel of the life skills education needed for AIDS prevention and care, is lost.

Sexual and reproductive health education and services: Education and information are fundamental human rights. When people, especially children and adolescents, are denied the basic information, education and skills to deal with HIV – whether because of religious values, or socio-cultural preferences -- they are less able to reduce their own risk of infection. They are also deprived of the knowledge of health services where they can access information and assistance for health problems, both for problems commonly met by young people, such as unwanted pregnancy and drug use, and for prevention of HIV and sexually transmitted infections.

Access to drugs: Ninety per cent of the people living with HIV have no access to drugs that help to combat the virus or its associated diseases. Reducing the price of drugs through negotiations with patent holding drug companies or producing generic forms of the drugs will make them affordable to people in the developing world. The health sector must be strengthened. Clinics and hospitals must be well equipped with staff and medication, so that they can treat diseases common to people with HIV, such as tuberculosis.

Economic impact: AIDS is not only a medical issue. The economic impact of the disease is reflected in the highly –affected communities, where labour force is reduced and family structure is dismantled. Providing loans or grants to families caring for people living with HIV and to AIDS orphans may help families remove themselves from extreme poverty, which has increased vulnerability to HIV infection.

Reduction of stigma and discrimination: In 1998, on World AIDS Day, a young South African woman told her community about her HIV infection. Several days later she was stoned to death. Her story is not an isolated incident as people with HIV are regularly turned away by health care providers, denied jobs and housing, refused insurance and entry to foreign countries, thrown out by their spouse or family, and even murdered. Protection of the rights of people living with AIDS is necessary for people to feel safe, whether they are working to prevent the disease or struggling to live with it.

Setting goals: taking action

Secretary-General Kofi Annan, in his *Millennium Report* presented for consideration at the Millennium Summit of the United Nations (6-8 September 2000), has proposed a series of actions the Governments should take to contain and reduce the spread of HIV/AIDS by 2015, including:

- Adopt as an explicit goal the reduction of HIV infection rates in persons 15 to 24 years of age – by 25 per cent within the most affected countries before the year 2005, and by 25 per cent globally before 2010.
- Set explicit prevention targets: by 2005 at least 90 percent, and by 2010 at least 95 percent, of young men and women must have access to the HIV-preventive information and services.
- Have in every seriously affected country a national plan of action in place within one year of the Summit.

The next steps

There are many ways that the battle against AIDS can be strengthened. Among them are the following:

1. Increase national policies to protect children's and young people's rights and reduce their vulnerability to HIV/AIDS.
2. Enable participation of children and young people in making decisions and supporting and educating their peers.
3. Challenge the social norms that increase children's and young people's risk for HIV infection.
4. Help adults, young people and children improve their communication on sensitive issues such as sexuality and sexual health.
5. Increase economic opportunities and vocational training for young people so that they are less vulnerable to HIV infection.
6. Advocate for life skills, sexual health and HIV/AIDS education in and out of schools.
7. Establish child-friendly and youth-friendly health services.
8. Help communities establish programmes for the support and care for children and young people living with and affected by HIV/AIDS.
9. Reduce the stigma and discrimination surrounding HIV/AIDS.

Suggested activities for students

There are also simple and practical ways for young people to be involved. Many of your peers have found meaningful ways, such as the following:

1. Visit someone living with HIV.
2. Place a question box in your classroom so students can ask anonymous questions that will be answered by teachers at specified times.
3. Ask that your school set aside a specific area where students can confidentially obtain condoms and information about sexually transmitted diseases and HIV.
4. Write and perform a song to show solidarity with those affected by the epidemic.
5. Develop a pen-pal exchange for children and young people infected and affected by HIV/AIDS in different cities and countries.
6. Organize for people living with HIV to speak at your school.
7. Become a peer educator on life-skills, sexual health, and AIDS education.
8. Become a young peer counselor to serve as a link between health care professionals and young clients in local clinics.
9. Encourage your local health care center to set aside special times for the provision of health services to children and young people.

10. Advertise the existence of child-friendly and youth-friendly health services if there are any in your community.
11. Encourage celebrities to speak to their audiences about the need to support people living with HIV.
12. Initiate annual media awards as incentives for journalists to write in-depth stories on AIDS.
13. Work with writers for radio and TV soap operas to integrate HIV/AIDS messages into their story lines.
14. Create a pocket-sized card entitled, "Know Your Rights," and distribute to children in all public schools.
15. Urge that HIV messages be integrated into politicians' and leaders' speeches.
16. Encourage youth groups to hold workshops for Government officials on the utility and effectiveness of youth participation in HIV prevention.

Additional resources

On the World Wide Web

www.unaids.org -- Joint United Nations Programme on HIV/AIDS. UNAIDS has statistics for each country on HIV/AIDS, as well as an extensive links section to other AIDS websites.

www.unicef.org -- United Nations Children's Fund. Has a focus on children's rights.

www.undp.org -- United Nations Development Programme.

www.unfpa.org -- United Nations Population Fund.

www.undcp.org -- United Nations Drug Control Programme.

www.unesco.org United Nations Educational, Scientific, and Cultural Organization.

www.who.org -- World Health Organization.

www.worldbank.org -- World Bank.

www.aegis.com -- the largest HIV/AIDS site in the world, updated hourly.

www.cdc.gov/hiv/dhap.html US government site on AIDS research with science, prevention, vaccine research, slides, risk analysis and a Kids Corner .

www.afxb.org -- action for AIDS orphans.

www.thebody.com -- Information from the International AIDS Conferences, information about what HIV is, what it does, and how to take care of yourself if you are HIV positive.

www.stratshope.org Strategies for Hope is a series of books and videos, which focus mainly on Sub-Saharan Africa.

Publications

Report on the global HIV/AIDS epidemic, UNAIDS, Geneva, 2000

The State of the World's Children 2000, UNICEF, New York, 2000

HIV/AIDS: A threat to decent work, productivity and development, ILO, Geneva, 2000

Graphs/charts

1. A global epidemic

Adults and children estimated to be living with HIV/AIDS as of end of 1999

North America: 900,000

Western Europe; 520,000

Eastern and Central Asia: 420,000

East Asia and Pacific: 530,000
Caribbean: 360,000
North Africa and Middle East: 220,000
South and South-East Asia: 5.6 million
Australia and New Zealand; 15,000
Latin America: 1.3 million
Sub-Saharan Africa: 24.5 million
Total; 34.3 million

Source: UNAIDS

Pdf file http://www.unaids.org/epidemic_update/report/epi_core/sld001.htm