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UNFPA
United Nations
Population Fund

Highlights of the 1999 AIDS Update

In 1999, UNFPA supported HIV/AIDS prevention activities in 138 countries compared to 131 in 1998 and 41countries in 1991.

UNFPA Representatives for 130 countries reported active participation with UN partners in the UNAIDS Theme Group mechanism to support national AIDS programmes, and in 22 of these countries UNFPA chaired the Theme Group.

HIV/AIDS and IEC. Support for IEC interventions concerning HIV/AIDS expanded from 31 countries in 1991 to more than 131 countries in 1999. Activities included: awareness-raising campaigns; poster competitions; the development and distribution of IEC and training materials, including video and audio cassettes; the printing and distribution of booklets and comic books with HIV/AIDS-prevention messages; and radio and TV programmes on HIV/AIDS themes. In a few countries, IEC interventions were conducted in special settings such as prisons and army barracks.

UNFPA's estimated expenditure on HIV/AIDS prevention in 1999 was US$ 22 million or an estimated 15% of its total programme expenditure.

Youth. The number of countries benefiting from UNFPA support for the integration of HIV/AIDS-prevention modules into in-school and out-of-school education programmes rose from 41 in 1991 to 135 in 1999. Activities specifically for youth and adolescents, before and as they become sexually active, constitute a key prevention strategy since this age group is at such high risk and as behavior patterns are being established. UNFPA has provided support for the revision of school curricula and the production of new learning/training materials.

UNFPA supported HIV/AIDS prevention activities for young people in 133 countries, compared to 128 in 1998.

HIV/AIDS training. In 1999, UNFPA supported the inclusion of HIV/AIDS content in pertinent training programmes, particularly those for service providers and counselors, in 132 countries, compared with 38 countries in 1991. In addition to supporting training for health workers, including doctors, nurses, midwives and traditional birth attendants (TBAs), UNFPA provided support in training teachers, students, women leaders, community leaders and others who could serve as multiplier agents for the dissemination of information on HIV/AIDS prevention.

NGOs are involved in implementing UNFPA-supported HIV/AIDS activities in 115 countries.

Condom distribution. UNFPA support for the distribution of condoms increased from 30 countries in 1991 to 119 in 1999.

UNFPA procured US$ 3.4 million worth of condoms in 1999, and it responded to 46 requests from countries to procure condoms with UNFPA core funds.

In response to country requests, UNFPA, procured the female condom for 7 countries in 1999, compared to five countries in 1998, supported research on its feasibility in two countries and on its potential reuse in one country in collaboration with WHO.

Gender. Gender issues related to HIV/AIDS and interventions specifically for women received UNFPA support in 112 countries. These activities ranged from IEC and counseling to support for women's groups and research. Twenty-nine country offices reported on activities specifically addressing the involvement of men and young boys.

UNFPA FNUAP

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FACSIMILE

URGENT: X

DATE: 8 February 2000

TO:
Ms. Sandra Thurman
Director, Office of National AIDS Policy
The White House
Washington, D.C.

FAX NO: (202) 456-2439

declined via voice mail 2/23

FROM: [redacted]
Director, Africa Division

FAX NO: (212) 297-4951

SUBJECT: **Planning Meeting of the Joint Advocacy Against HIV/AIDS in Sub-Saharan Africa, UNFPA New York, 7-9 March 2000**

PAGES: **8,** including cover page

As part of the efforts of the international community to develop a coordinated and intensified approach to combat the HIV/AIDS epidemic globally, and especially in Africa, the UNAIDS co-sponsors met in January 1999 at Annapolis, USA. The meeting resolved to create the International Partnership Against HIV/AIDS (IPAA) in Africa, urging all parties involved and especially the primary actors, the African people and their governments to: act on an *emergency basis* to drastically slow the spread of HIV in Africa; commit themselves to building a coalition of all key actors; and, agreed that a sustainable political and social mobilization is vital for an effective response to HIV/AIDS on the ground in Africa.

It has come out repeatedly, that the political will of African governments themselves is paramount in the success of the efforts to combat the HIV/AIDS pandemic in the region. The donors meeting on International Partnerships Against HIV/AIDS held in April 1999 in London, which was a follow- up to the Annapolis meeting, recommended, inter alia, that an advocacy strategy should be embarked upon by the partners to enlist the full commitment and financial support of African governments, policy makers, opinion and community leaders to address, the HIV/AIDS pandemic.

It is in the light of the above that UNFPA, in collaboration with the UNAIDS Secretariat, has developed pre-project activities which will enable us to bring together all partners active in the field of Advocacy to develop a coordinated and joint advocacy against HIV/AIDS in Sub-Saharan Africa. Details are provided in the attached pre-project proposal.

In this regard, we are pleased to invite you to participate in a Planning Meeting to develop the Joint Advocacy project. The meeting is planned to take place between 7-9 March 2000 at the UNFPA Headquarters in New York. The meeting will have the following objectives and expected outputs.

OBJECTIVES:

1. To review the available Advocacy materials within your organization targeting high level policy makers;
2. To decide on the types of advocacy materials to be developed under the joint advocacy project;
3. To identify the countries to be visited for the country level assessments/situation analyses before the full project development;
4. To identify the agencies/donors that would like to be actively involved in the development and implementation of the project.

EXPECTED OUTPUT:

1. A compilation of the available Advocacy materials used to target high level policy makers in the region;
2. Identify the countries to be visited for the project development missions;
3. Decision on the detailed project document development;
4. Indication of the involvement of the donors/agencies to support the project including financial support.

We therefore request that you nominate a technical expert in Advocacy within your organization to participate in the meeting and we would also appreciate receiving any advocacy materials targeting high level policy makers available in your organization.

Please forward your reply indicating your participation or that of your representative to my office, fax numbers: (212) 297-4951 and (212) 297-4901 by 23 February 2000.

We look forwarding to hearing from you.

Regards.

Participants are expected from the following Agencies/Organizations/Donor Countries:

1. OAU
2. ECA
3. UNAIDS Secretariat
4. UNFPA including Country Support Teams
5. UNDP
6. The World Bank
7. UNICEF
8. FAO
9. UNESCO
10. UNHCR
11. UNDCP
12. WHO
13. NORAD
14. CIDA
15. SIDA
16. DANIDA
17. USAID
18. Japan
19. EEC
20. France
21. Luxembourg
22. The Futures Group
23. DFID
24. Representatives of NGOs PANOS, SAFAIDS, Population Impact Project
25. National AIDS Programme Coordinator - Uganda, Senegal, South Africa, Cote d'Ivoire

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Project Proposal on Joint Advocacy Against HIV/AIDS in sub-Saharan Africa
Prepared by UNFPA

Rationale

HIV/AIDS in Sub-Saharan Africa

According to the UNAIDS co-sponsors, the HIV/AIDS epidemic in Africa is catastrophic and represents an unprecedented crisis for the continent. Sub-Saharan Africa continues to bear the brunt of the global epidemic, with 22.5 million Africans living with HIV/AIDS (67% of global total). Seven of the ten people newly infected in 1998 live in sub-Saharan Africa. Nine of the twelve most affected countries in the world are found in the Southern Africa Region (the other three are in East Africa). Five Southern African countries show a prevalence of 18%. UNAIDS indicates prevalence among adults aged 15 - 49 years in Zimbabwe and Botswana reaching 25%. The overall average prevalence rate of HIV among adults in sub-Saharan Africa is 8.0%. AIDS is fast becoming the leading cause of death. Eighty-three percent of all AIDS deaths globally have occurred in sub-Saharan Africa. Under-five mortality rates, in decline for decades, are projected to double or triple by 2010. Since the beginning of the epidemic, 7.8 million African children have already lost their mother or both parents to AIDS. About 1.7 million young people in Africa become infected with HIV each year. If left unchecked, the AIDS catastrophe in Africa will continue to worsen. Appalling though the health statistics are, they do not present the full picture of the effects of the spread of HIV/AIDS on the populations of African countries. The number of dead and dying will continue to grow exponentially if efforts to combat the epidemic are not intensified.

AIDS has been described as the greatest threat to human development in Namibia. In Botswana where prevalence is more than 25% life expectancy at birth has dropped from 70 to about 40 years. On average, it is estimated that in countries with an adult prevalence of 10% or more, the AIDS epidemic will cause life expectancy to drop by an average of 17 years (UNAIDS/WHO, December 1998). There are now available some very interesting studies and projections of the likely demographic, social and economic impact of the spread of HIV/AIDS in several countries in sub-Saharan Africa. For example, the Zimbabwe economy is projected to shrink by 20% or more in the next decade as a direct consequence of the spread of HIV/AIDS and in South Africa, life expectancy is expected to decline from the current level of 68 years to 48 years in ten years.

Hard-won gains in life expectancy and child survival are being wiped out. The AIDS-related suffering of individuals, families, and societies is enormous. Education and health systems are staggering under the burden as they loose trained professionals and incur higher costs because of the epidemic.

There is some degree of response to the epidemic from the regional and national leaders, who upon recognizing the seriousness of the situation, are speaking out and making AIDS a central development, social, and national security issue. The OAU heads of states summit in 1997 in Zimbabwe made a declaration on HIV/AIDS. However, this has not been followed up with equal response by member states. There is evidence of successful national responses to HIV/AIDS in countries such as Uganda and Senegal, and of positive local responses within other countries. A number of international agencies are ready to significantly increase their commitment to fighting AIDS in Africa.

Some of the constraints identified at the Annapolis UNAIDS co-sponsors meeting include: inadequacy of current plans and actions; inadequate national awareness, commitment, and mobilization; successes are too few and on too small a scale to reverse the epidemic; and that external support remains too small, slow and disjointed to have a critical impact. The donors meeting on International Partnership Against HIV/AIDS in April 1999 in London recommended, among others that an advocacy strategy should be embarked upon by the partners for the commitment of African governments.

For the most part, the information on the prevalence and impact of the disease is not available in the countries concerned or known to those responsible for planning the social & economic development of these countries. The threat of HIV/AIDS has been seen and treated mainly as a health issue which may partly explain the lukewarm attitude of national authorities and the little progress achieved so far in controlling the spread of the infection.

In short, a much more substantial and coordinated response to AIDS in Africa is needed urgently from all actors: governments, NGOs, local communities, the private sector, and international development organizations.

Resolution to create the Partnership

In view of the spread and the impact of HIV/AIDS in Africa, the UNAIDS Cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank) and the UNAIDS Secretariat, at the meeting in Annapolis, Maryland, USA, in January 1999, resolved to create a partnership on HIV/AIDS in Africa. The resolution includes:

- working together on an *emergency basis* to develop and put into practice an "International Partnership Against HIV/AIDS in Africa"
- urging all parties involved and especially the primary actors, the African people and their governments to act on an *emergency basis* to drastically slow the spread of HIV in Africa
- committing themselves to building rapidly a coalition of all the key actors: African governments; NGOs and other civil society organizations, including religious groups; bilateral and multilateral agencies; the private sector; and the UN system organizations
- agreeing that a sustainable political and social mobilization on an unprecedented scale would be crucial for mounting an effective response to HIV/AIDS on the ground in Africa
- calling upon the UNAIDS Secretariat to assume its responsibility to lead the further development and implementation of the Partnership.

CONCEPTUAL FRAMEWORK

HIV/AIDS is one of the issues identified under the reproductive health area of UNFPA-supported country programmes as well as in the population sector policy paper of the United Nations Special Initiative on Africa (UNSIA). UNFPA as the lead agency of the population sector of the UNSIA will, in collaboration with the other cosponsors of UNAIDS, other UN agencies including ECA, bilateral donors, NGOs and the private sector, support an intensified advocacy on HIV/AIDS targeted at regional, sub-regional and national policy makers.

AIM: The aim of the project will be to create the desired awareness and mobilize strong African political leadership and commitment as the basis for effective action against HIV/AIDS in Africa. This will hopefully remove the denial of and stigmatization from HIV/AIDS, and also increase national efforts including allocation of domestic resources for its prevention and control. This project will focus on awareness creation and advocacy at the regional, sub-regional, national and community levels using audio-visual/graphic IEC materials (computer-based simulation models) to create a conducive environment, and political leadership and commitment that would lead to laws and policies, and programmes for prevention and control of HIV/AIDS at the country level. It will however be linked with other efforts of networking, sharing of experiences, provision of information and counseling for change of behaviour and services at the regional and national levels.

The **strategy** of the project will be to use audiovisual technique to create awareness that will elicit the desired political support, attention and financial commitment for HIV/AIDS prevention and control from the leaders in the region.

The proposal is that UNFPA, in collaboration with relevant institutions and agencies within the UN family, should take the lead in developing a graphic presentation of the results of the analysis and projections of the impact of the spread of HIV/AIDS on the economies and social development of African countries along the lines of the Rapid Presentation model. Using data from a variety of credible sources, largely from the official records of the countries concerned, but also from the Population Division, UNAIDS, the World Bank, WHO, UNICEF and academic and research institutions, a graphic presentation module should be constructed that would examine the impact of HIV/AIDS on life expectancy, sustainable economic growth and development, the labour force and employment including the private sector, agricultural and food production in the rural areas, pressure on social services, particularly on health infrastructure, household earnings and national productivity etc. It should also examine the consequences of the spread of the disease among women and young people on the structure of African families, including the terrible burden on families having to look after relatives with HIV/AIDS and the increasing numbers of orphans. The indicators to be shown in the model will be determined by the technical experts at the planning meeting and during the development of the project and model.

Partnership

Agencies with identified role in this regional partnership for advocacy for HIV/AIDS include:

- UNFPA as the lead agency of the population sector of UNSIA and the originator/executing agency of this proposal, execute and implement the project in collaboration UNAIDS Secretariat and other cosponsors

- UNAIDS Secretariat will provide the data on country level prevalence and impact of HIV/AIDS in the region. In Dec 1998, the UN Population Division did a review of prevalence, demographic implication and impact of HIV/AIDS in 34 countries with sero-prevalence of 10% or higher among the population. Twenty-eight of the 34 countries, are in sub-Saharan Africa. The countries were mostly in Eastern and Southern Africa. The DESA will provide further information on the impact of HIV/AIDS. The DESA will make use of the POP MAP and the MAP SCAN to show regional, sub-regional, national and district level analysis of the impact. UNDP has conducted an assessment of impact of HIV/AIDS in some countries. The findings will also be utilized.

- An NGO such as Futures Group International, using a similar model of RAPID (which demonstrated population/development projections on social services, and environment), will translate the analysis of the prevalence and impact of HIV/AIDS into audiovisual/ graphic presentations that will be easily comprehended by regional leaders and policy makers. Existing AIDS projection spreadsheet and AIDS policy DataBase will be reviewed in preparing for the advocacy materials.

- ECA and OAU Secretariat will both be part of the partnership from the onset. OAU will be necessary to provide the leadership and to secure the political will of the regional leaders. OAU will also serve the role of always securing opportunities for presentation of the audiovisual materials at the meetings of regional policy makers. ECA will ensure that the advocacy materials are presented at the meetings organized by them for regional policy makers. With the support of UNFPA, the Department of Food Security and Sustainable Development of the ECA has just developed a computer-based simulation model,, to show the relationship between Population, Environment Development and Agriculture (PEDA). The model uses some population variables to predict the food security in some African countries. The Uganda model has AIDS component. The PEDA model will also be reviewed in the process of developing the advocacy materials.

UNFPA/UNAIDS Secretariat will support/organize (or take advantage of) conferences of opinion and religious leaders, defense ministers, parliamentarians, and professional groups associated with HIV/AIDS control, to present the IEC/advocacy materials.

- Resources to support the project will be the greatest opportunity for partnership in this project All interested partners can provide resources to support this initiative. Every partner supporting the project will be acknowledged and thus have visibility in the region.

Geographical focus: The geographic focus of the project will be the whole of sub-Saharan Africa but phase I will be in East and Southern Africa, while phase II will be in West and Central Africa, However, the audio-visual/graphic IEC/advocacy module will be developed at the same time for the whole sub-Saharan Africa region but the initial effort of the project management will be concentrated on East and Southern Africa because of the seriousness of the HIV situation there. Similar advocacy efforts at the national down to the community levels, using the audio-visual/graphic materials produced under the regional project and other relevant materials, will be undertaken by the HIV/AIDS theme groups in collaboration with their national AIDS Control Departments. The IEC/Advocacy materials to be used at the community level will focus on the impact on the family and the community. Funding for the national joint advocacy efforts will be supported by the co-sponsors or mobilized from other partners. This regional joint advocacy effort will be complimented by information and services provision on prevention and control of HIV/AIDS at the country level.

AUDIENCE;

The principal target audience would be Heads of States and Governments and key government officials and opinion leaders responsible for national development. Ministries of Finance and Economic Planning, Food and Agriculture, Labour and Employment should be specifically targeted. While not excluding the Ministries of Health and Social Welfare, they should not be seen as the primary target. To give HIV/AIDS Control Programmes and activities the necessary clout and wider political support, other more powerful and influential bodies and personalities such as, religious leaders, defense ministers, parliamentarians and media personnel, should be brought into the picture. The contrasting examples of Uganda & Zimbabwe in dealing with the problem perfectly illustrate the benefits of support from the highest and most visible authorities.

VENUES & OPPORTUNITIES for Presentation of the IEC/Advocacy materials

The OAU & the ECA as well as sub-regional groupings such as ECOWAS, SADC, ECCAS etc, have regular meetings every year for members of the target groups. It is proposed that UNFPA/UNAIDS, in consultation with these organizations takes advantage of such regular meetings to introduce and organize discussions around the graphic presentations. Resource persons would be available to make the presentations and facilitate the discussions. Where appropriate, and at the request of the government, country level presentations, with backstopping from the regional project management team, should be organized by the HIV/AIDS theme groups. This will bring together more stakeholders at the national level. Regional meetings of some groups that are not usually convened by OAU or ECA will be organized for the purpose of presentation of the advocacy materials to them. This will include media men/women, parliamentarians, defense ministers and religious leaders.

DURATION

The project should last for a minimum of three years, including the development phase when the module would be developed and tested, using technical experts and computer graphics specialists. In consultation with interested parties, a programme of presentation would then be developed and implemented under the regional project. The pre-project phase which is for the development of the detailed project is expected to be three months from the time that fund is made available. The output of

the pre-project phase will be the detailed project document and compendium of existing advocacy materials on HIV/AIDS in sub-Saharan Africa.

Follow-Up Activities

The developed joint advocacy project proposal will be submitted by UNAIDS/UNFPA to interested donors for funding. UNFPA and UNAIDS will make available some of their regular resources for the project. The services of the technical experts within UNFPA and UNAIDS will be made available for the project development and implementation. The project will be executed by UNAIDS and UNFPA in collaboration with other partners. The developed advocacy materials will be available to all interested partners to use.