

What  
**UN Staff**  
in Latin America  
and the Caribbean  
need to say  
about the  
**HIV**  
epidemic



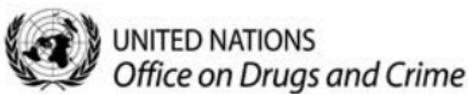
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**Pan American  
Health  
Organization**



*Regional Office of the  
World Health Organization*



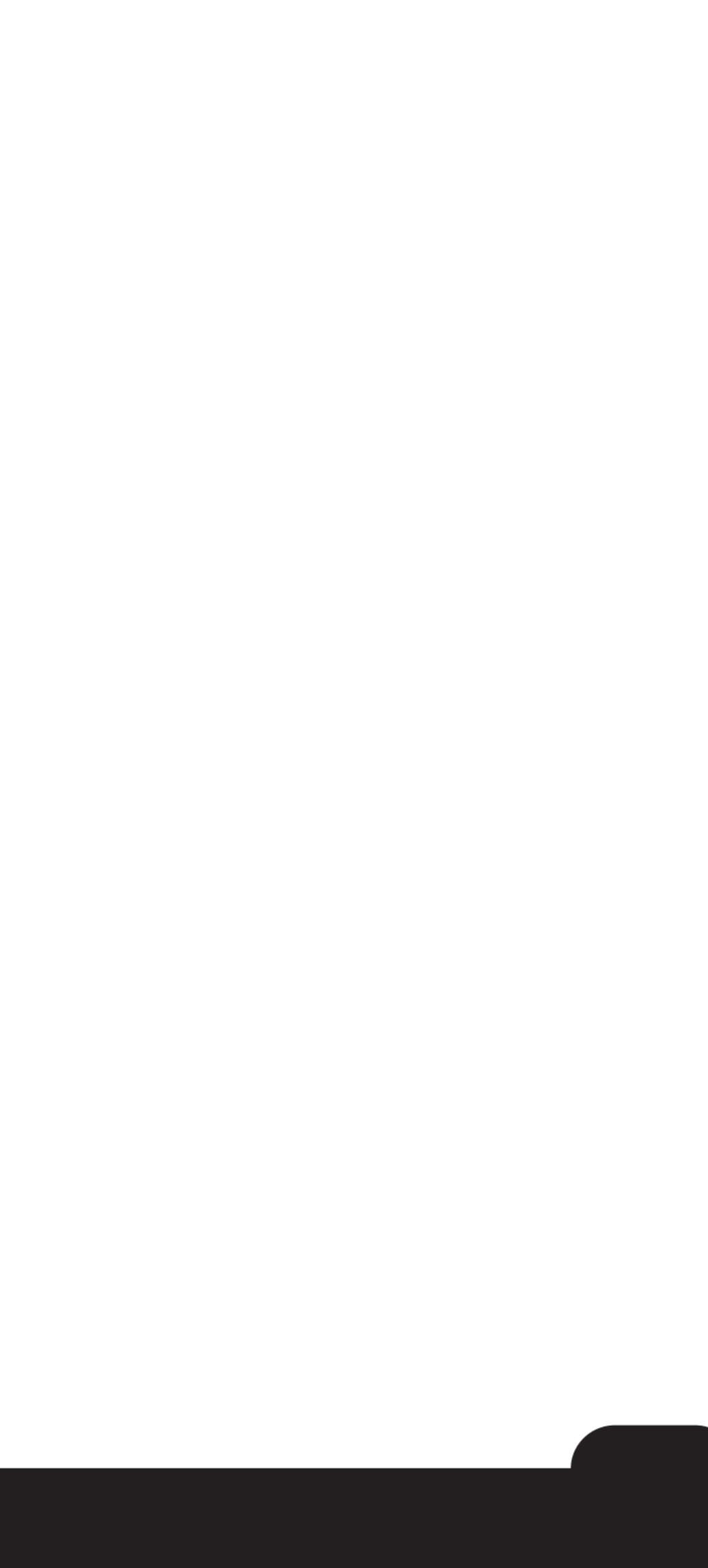
**World Food  
Programme**



Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
UNICEF-WFP-UNDP-UNFPA-UNODC  
ILO-UNESCO-WHO-WORLD BANK

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# Preface

Dear UN colleague,

This document was produced for the UN staff in Latin America and the Caribbean as a follow-up to “Strengthening the UN Response to HIV/AIDS in Countries in Latin America and the Caribbean” (Washington DC, 11 June 2003), a declaration by the Regional Directors Group.

It aims to help the UN system speak with one voice while addressing the following aspects of the HIV epidemic in the region:

1. Factors that contribute to the spread of HIV in LAC
2. Elements of a comprehensive response
3. Prevention
4. Vulnerable groups
5. Young people
6. Care and support

Based on the UN’s wealth of technical knowledge about the epidemic, this document is **primarily aimed at promoting change at the political and social levels.**

It does not evenly cover all the important issues surrounding the epidemic. Rather, it focuses on those in which political and social change are **most needed and most difficult** to achieve.

It should be a useful companion to technical documents that cover the key aspects of the response to the epidemic.

The topics are independently presented and can be used together or separately to address specific advocacy needs. You may use them:

- Whenever you have an opportunity to speak about the epidemic;

- In meetings with government officials, law-makers, private sector, religious leaders, communities and community leaders, and NGOs;
- When speaking with the news media; and
- As a resource for speeches, presentations, and policy briefings.

Please refer to page 22 for information about how to get extra copies of this document.

Regards,

- Elena Martinez, Director, Regional Bureau for Latin America and the Caribbean, UNDP
- Giovanni Quaglia, Regional Representative for Brazil and the Southern Cone, UNODC
- Hélène-Marie Gosselin, Director, Office of the Caribbean, UNESCO
- Marisela Padron Quero, Director, Latin America and the Caribbean Division, UNFPA
- Mirta Roses, Director, PAHO
- Nils Kastberg, Regional Director, UNICEF
- Pedro Medrano, Regional Director, WFP
- Sophia Kisting, Director, Programme on HIV/AIDS & the World of Work, ILO
- Michel Sidibe, Director, Country and Region Support Department, UNAIDS

*October 2005*

# 1 Factors that contribute to the spread HIV in LAC

*Stigma, discrimination, gender inequality, poverty, and mobility facilitate the spread of the epidemic.*

HIV and AIDS remain highly stigmatised. There is an urgent need for openness in confronting the epidemic. Stigmas against people with HIV are a major obstacle in the response to the epidemic, as they prevent people from seeking help or speaking with their families, friends, co-workers, and communities about the realities of HIV.

**Discrimination against homosexual men hinders prevention efforts.**

In LAC this group makes up a significant percentage of those affected by the epidemic. Discrimination forces homosexual men to go “underground” and deny the existence of risk behaviour. This deters prevention programmes from reaching them and puts their unknowing female sexual partners at risk. *[The expression “men who have sex with men” should be used for epidemiology and for prevention strategies. However, the expression “homosexual men,” or a similar non-derogatory expression, better describes the target of this stigma and discrimination and is also more familiar to non-UN audiences].*

**Lack of policies addressing the needs of injecting drug users.** Although injecting drug users have become a significant factor in the regional epidemic, with infection rates reaching

up to 60 percent in some cities, there is little support among political leaders for the development of programmes for this group.

**Violations of human rights persist in the region.** Some countries still lack legislation that adequately addresses human rights issues pertinent to HIV. In others, the existing legal protection is not properly employed. Violations include unequal access to health and education, discriminatory employment practices, and breach of privacy.

**Women and girls often lack the power to refuse sex or to insist on condom use.**

Women and girls are vulnerable to HIV largely due to the behaviour of others. Some are subject to violence and sexual abuse. Young women may be forced into sex through peer pressure, by sexually experienced older men, or because they have no alternative means of earning an income. Abstaining from sex until marriage and being faithful to your husband only works if both partners follow the same principles.

**Poverty and HIV and AIDS reinforce each other.** The epidemic contributes to the impoverishment of affected individuals, families, and communities. Conversely, poverty also increases vulnerability to HIV infection and the impact of AIDS.

**Regional mobility increases vulnerability.**

Those who are away from their families and communities are more likely to have unprotected sex with new partners. Many are exposed to violent environments and most lack the support of health and social services. The highly mobile populations of Central America and the Caribbean are particularly at risk.

# 2 Elements of a comprehensive response

*High-level political leadership and the involvement of all sectors of society are key to an effective response to the HIV epidemic.*

HIV and AIDS should not be addressed exclusively as a health problem. The epidemic is also an issue of development and governance – and of human rights – that has continued to affect the social structure of communities, countries, and regions. The Special Session of the UN General Assembly on HIV/AIDS, held in New York in June 2001 (UNGASS), recognized this and identified strategies and measurable goals that should be used to monitor the effectiveness of the response to the epidemic.

It is necessary to close the gap between the legal mechanisms that protect human rights and the reality of individuals' lives. States should review and reform public health laws to adequately address issues raised by HIV. These must ensure that provisions applicable to sexually transmitted diseases are not inappropriately applied to HIV and that they are consistent with international human rights obligations. Where they are not, criminal laws and correctional systems should be reviewed and reformed. In countries where legislation already protects human rights in regard to HIV, it is crucial to be sure these laws are enforced.

An adequate response to the epidemic must be political, technical, and financial. –In addition to this, it must be sensitive to the socio-

cultural context. High-level political and social leadership is vital because it can generate a response from all sectors and break down stigmas. Technical expertise ensures that interventions are well designed, properly implemented, and adequately monitored. Financial support is also necessary for sustainability. Cultural sensitivity is critical to promote behaviour change.

**Authentic political commitment goes beyond mere expressions of concern about the epidemic.** Anyone seeking to make political capital from speaking out about AIDS should ensure that commitments and policies are put into action and designate adequate resources. All sectors must be involved: politicians, legislators, the government, the private sector, the media, teachers, health workers, the military, religious, and labour leaders.

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**The most vulnerable should be prioritized.** Significant resources mobilised by LAC countries for the response to the HIV epidemic aim to raise awareness among the general population. This is an important step. However, studies indicate that these programmes are effective only when there are also programmes involving the most vulnerable groups, including sex workers, men who have sex with men, and drug users, as well as women and young adults.

**A successful response includes the participation of the community and the involvement of people living with HIV.** Projects should be designed not only FOR people living with HIV, but also WITH them. People with HIV should be trained and recruited as consultants or managers when their skills meet the necessary requirements.

**Communication campaigns should promote dialogue about the epidemic and foster a**

**about the HIV epidemic**

deeper understanding of its underlying causes. They should encourage non-discriminatory attitudes and foster the political and social changes necessary for curbing the epidemic. These are essential steps towards creating an environment within which men and women are able to change the ways they behave. Messages based on appeals to fear are counterproductive and should be avoided.

*[Religious organisations - Supportive]* The UN recognizes the important role of religious organisations in the response to the epidemic. Religious organisations have led the way in many countries, especially in the area of home-based and palliative care for the ill, and support to orphans and vulnerable children. They also play an important role in HIV prevention, due to the respect they command in their communities.

*[Religious organisations - Constructive feedback]* Religious organisations must also adapt their teachings to the reality of the epidemic. In Latin America and the Caribbean, many religious organisations promote abstinence and monogamy. While this preference should be respected, these teachings should always include comprehensive information about protection against HIV, including accurate facts about condoms. *[For unscientific claims that condoms are not effective, see section 3].*

The resources and skills of the private sector are needed for an effective response to the HIV epidemic. Areas of collaboration include using the workplace as an entry point for the offer of HIV testing and counseling, promoting community awareness and mobilisation, and sharing information and experiences. When employers develop programmes with unions or workforce representatives, they are usually more successful because there is less fear of discrimi-

nation, greater trust of prevention messages, and higher take-up of testing and treatment. If engaged, the private sector will have a healthier workforce and the economic stability it needs in order to prosper.

**Fulfilling the “Three Ones” principles is a key priority of the United Nations.** The “Three Ones” represent a new approach for the organisation of country-level responses: one national AIDS framework, one national AIDS authority, and one system for monitoring and evaluation. They were developed to address the urgency, nature, scope, and complexities of the epidemic. The application of these principles will allow better coordination and result in the optimal use of the limited resources available to respond to the epidemic.

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**Effective surveillance systems are needed in order to track the epidemic and facilitate evidence-based decision-making.** These systems should include epidemiological, behavioural, and human rights indicators.

# 3 Prevention

*Two decades of experience have proven that certain prevention efforts work and are most effective when they involve communities and are combined with strong care and support programmes.*

**There is an urgent need to make condoms more readily and cheaply available.**

Condoms are widely recognized as one of the most effective ways to prevent HIV and should be an integral part of prevention strategies for adults and young people.

Studies consistently show there are many who are either unable or unwilling to practice abstinence or monogamy. This leaves condoms as a source of protection for these people and their partners.

**Scientific evidence has consistently shown that condoms prevent the transmission of HIV.** Condoms provide an impermeable barrier to viruses and to sperm; they block the passage of organisms much smaller than the HIV virus. In addition, condoms undergo rigorous testing before they are distributed or sold. If any defects are found, the condoms are discarded.

**Condom programming for HIV prevention is a strategic approach in the response to epidemic.** It is crucial that sexually active people at risk have access to condoms and be motivated to use them correctly and consistently. In addition, female condoms need to be immediately available in the region, at low or no cost.

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**If the future course of the epidemic is to be changed, more people must know their HIV status.** An alarming 90 percent of HIV-positive people do not know they are living with the virus. In many cases they unknowingly infect others. For people who test positive, counseling services can link them to the treatment, care, and support services they may need in order to improve and maintain their health, including social workers, medical staff, support groups, and legal assistants. Those who test negative have a strong motivation to continue protecting themselves.

**Voluntary counseling and testing must be scaled up.** This allows people to know their HIV status and supports them in coping with the results. In order to scale up counseling, it is important to train not only health workers, but also peer groups and community members.

**A successful prevention programme includes communication, education, services, and commodities.** Communication campaigns should promote a dialogue on the causes of the epidemic. Education must incorporate facts about HIV into a broader skills-building approach that allows people to develop and negotiate their own protection strategies. Services must be accessible, confidential, and of high quality. Commodities should include male and female condoms, test kits, antiretrovirals, and materials required for the diagnosis and treatment of sexually transmitted infections.

**Mother-to-child transmission of HIV can be prevented.** Since prevention is a simple and affordable measure, there is no reason babies should be born with HIV in Latin America and the Caribbean. Every woman,

whether she is HIV-positive or negative, must have access to information on how to protect herself and on how to prevent mother-to-child transmission. It is also essential that these programmes provide long-term support to the mother and the child, and not just stop at preventing HIV transmission from mother to child.

**Developing countries must advocate for adequate resources for the development of microbicides.** Microbicides are creams and gels currently in development that can be used vaginally or rectally to protect against HIV and other sexually transmitted infections. E microbicides would allow women greater control of HIV prevention. They would form a complementary prevention strategy, particularly relevant for women who lack the power to negotiate condom use. Substantial resources are required for the clinical trials and to lay the groundwork for the distribution of these products to people who need them. With sufficient investment, a first generation of microbicides could be ready in five years.



# 4 Vulnerable groups

*To prevent the epidemic from reaching the general population, it is necessary to remove the obstacles for programmes among vulnerable groups.*

Prevention programmes among vulnerable groups are effective. Evidence indicates that programmes for men who have sex with men, sex workers, and injecting drug users prevent the epidemic from reaching the general population. In Brazil, prevalence among male injecting drug users went down from 27 percent (1994) to 13 percent (2004) and from 17 percent to 4.3 percent among drug-injecting females as a result of active HIV-prevention programmes.

Members of vulnerable groups have a better knowledge of the realities they face. Rather than assume that others can arbitrarily create strategies to reach them, it is more effective to ensure their voices are heard at every stage of the process, from design to evaluation.

Discrimination against homosexual men will only stop if society works against it. It is imperative to develop a supportive environment where men who have sex with men can be reached by prevention messages. This includes ensuring that legislation, policies, and institutions stop discriminating against homosexual men, transvestites and other men who have sex with men.

Prevention programmes for sex workers still face many obstacles. Violence and

laws that criminalize sex workers prevent them from receiving much-needed information and services. When prevention programmes are available, sex workers respond very positively to them.

**Women and girls must be assured of their right to safer sex and protection from violence and abuse.** Women now constitute one-third of HIV cases in Latin America and half of cases in the Caribbean, a ratio that is likely to increase. They are more vulnerable to HIV than men due to their biology, their economic status, and gender inequalities that permeate all societies. Poor adolescent girls are particularly at risk. Programmes that promote economic independence, education, and employment opportunities for women should be considered an integral part of the response to the HIV epidemic. Empowerment of women is crucial for the realisation of their rights and to increase their ability to negotiate safer sex.

**Strategies to support mobile populations must address the particular issues and risks faced by these populations.** Effective approaches include ensuring that condoms are available, as well as providing information about HIV and AIDS that is appropriate, both culturally and linguistically. Bilateral, subregional, and regional collaboration is required for an effective response to the needs of mobile populations.

**Syringe exchange programmes have shown reductions in HIV transmission and no evidence of increase in terms of injecting drug use.** Besides providing commodities such as clean needles and syringes, these programmes should be combined with education, counseling, referral to treatment,

and other harm reduction strategies. Transmission through drug injection can quickly spread the epidemic within a country.

**Prevention policies for those incarcerated must take the reality of prison life into account.** This includes injecting drug use, shared skin piercing, and sex between men. Programmes will only be effective for the prison population if they are designed around this reality.



# 5 Young people

*Young people make responsible decisions when they are given accurate, adequate, and appropriate information about HIV and AIDS, and when they learn life skills and have access to services and supplies.*

Young people have a right to know everything about HIV and AIDS before they become sexually active, no matter how uncomfortable or difficult this may seem. They have a right to know what the virus is and how it spreads; to know how to protect themselves and others; to know whether they are HIV-positive or negative.

When provided with information about sex, young people reduce their risk of acquiring HIV. They are more likely to delay the onset of their sexual activity and practice safer sex when they become sexually active. There is no scientific basis to the common fear that exposure to sexual education will encourage young people to engage in sexual activity.

Young people need life skills. Behaviour is not changed by knowledge alone. Young people need skills in order to put into practice what they learn. Life skills in communication, negotiation, conflict resolution, critical thinking, personal risk assessment, and decision-making are vital for young people. Life skills should be a part of school curricula and made available to out-of-school youth.

Young people who are particularly vulnerable to HIV infection require additional support. They include young men who have sex with men, young girls, those involved in

commercial sex exploitation, those who inject drugs, young people living on the streets, young migrants and refugees, those in the armed forces, those without access to health and social services, and those in prison or juvenile detention centres.

**Young people need access to a wide range of youth-friendly services.** These include access to voluntary counseling and testing for HIV, treatment of sexually transmitted infections, and treatment for drug abuse, including substitution therapy.

**Some commodities can save the lives of young people.** These include condoms for those who are sexually active, and clean needles and syringes for those who inject drugs.

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**Young people are extremely effective messengers.** Prevention campaigns can become powerful tools for tackling the epidemic when they take into account the enthusiasm, intelligence, creativity, and dreams for the future of young people.

# 6 Care and support

*It is time for action. Tireless advocacy, falling drug prices, and skyrocketing numbers of people with HIV have finally led to recognition at the highest levels that providing antiretrovirals to people with HIV is both feasible and urgent.*

The failure to provide care to the millions of people with HIV who need it is a global health emergency. To address this emergency, the “3 by 5” initiative aims to provide antiretrovirals to 3 million people in the developing world by the end of 2005. As of the end of 2004, it was estimated that only 700,000 people had access to these drugs. In Latin America and the Caribbean an estimated 275,000 people with HIV were receiving antiretroviral treatment, which represents 65 percent of the total number of people believed to be in need of treatment in the region.

Leaders of the Hemisphere have pledged to provide care and support to all those in need. According to a pledge by governments, treatment will be provided to all those in need as soon as possible and to at least 600,000 people in the Hemisphere (from Canada to Chile) by the end of 2005. The commitment, signed by presidents and prime ministers of 34 countries during the January 2004 Special Summit of the Americas in Mexico, is known as the “Declaration of Nuevo León” and represents the region’s contribution to the “3 by 5” initiative.

There are compelling moral and humanitarian reasons for providing antiretrovirals. Not bringing antiretroviral therapy to those in need

implies accepting a number of AIDS deaths that is difficult to imagine and impossible to accept.

**Antiretrovirals help reduce stigma within society.** Access to treatment encourages people to speak out about the disease and to take action, particularly by getting tested. It fosters hope and boosts prevention efforts.

**Antiretrovirals reduce hospitalization costs.** The government of Brazil has estimated that the use of antiretroviral treatment has resulted in savings of about US\$ 2.2 billion in hospital care, funds that would otherwise have been needed by people with HIV.

**Comprehensive care is more than the provision of antiretrovirals.** It encompasses a wide range of services, both in health and community settings, including counseling, clinical and nursing care for the ill to alleviate the symptoms of HIV and AIDS, and drugs for opportunistic infections. In addition, there is a need for adequate nutrition, which is critical for the improvement of health conditions and to the adherence to treatment; psychosocial assistance; social and legal support; and the care of orphans and widows. Many countries in Latin America and the Caribbean have a pressing need to expand and adapt their health services in order to satisfy the demand for antiretrovirals.

**People with HIV need economic opportunities.** The private sector and governments should work together to prevent discriminatory employment policies and develop training programmes and micro-credit initiatives. Providing economic opportunities for people with HIV is a key component of the care and support package.

**Children need additional and distinctive care.** The health sector must ensure that the presentation, strength, and formulations of antiretroviral drugs are adequate for children living with HIV. Those orphaned by AIDS need support in order to preserve some sort of family environment, protection against stigma and discrimination, and social integration with other children.

**Caring for the caregivers is also part of the response to HIV.** Most of the burden of caring for the sick falls on women. Sometimes young, sometimes old, home carers are rarely equipped with the resources they need. It is time to acknowledge the value of this work and give it the support it deserves.



# Quick reference for selected topics

Basic Information about the status of the epidemic

UNAIDS Fact Sheets (Latin America, Caribbean and other themes)

<http://www.unaids.org/en/media/fact+sheets.asp#>

## Condoms

Position Statement on Condoms and HIV Prevention, WHO, UNAIDS, UNFPA, 2004

[http://www.unfpa.org/upload/lib\\_public\\_file/343\\_filename\\_Condom\\_statement.pdf](http://www.unfpa.org/upload/lib_public_file/343_filename_Condom_statement.pdf)

## Drug use

Preventing the Transmission of HIV Among Drug Abusers, UN 2003

[http://www.unaids.org/html/pub/publications/irc-pub03/hraids\\_en\\_doc.htm](http://www.unaids.org/html/pub/publications/irc-pub03/hraids_en_doc.htm)

## Sexuality education

Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review update, UNAIDS 1997.

[http://www.unaids.org/html/pub/publications/irc-pub01/jc010-impactyoungpeople\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/publications/irc-pub01/jc010-impactyoungpeople_en_pdf.pdf)

## UNAIDS Questions & Answers

(These documents provide information on a wide range of issues related to the AIDS epidemic)

Q&A I: International Programmes,  
Initiatives, and Funding Issues  
[http://www.unaids.org/html/pub/unadocs/q-a\\_i\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/unadocs/q-a_i_en_pdf.pdf)

Q&A II: Basic Facts About the HIV/AIDS  
Epidemic and Its Impact  
[http://www.unaids.org/html/pub/unadocs/q-a\\_ii\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/unadocs/q-a_ii_en_pdf.pdf)

Q&A III: Selected Issues: Prevention  
and Care  
[http://www.unaids.org/html/pub/unadocs/q-a\\_iii\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/unadocs/q-a_iii_en_pdf.pdf)

Information About Women and AIDS  
<http://womenandaids.unaids.org>

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