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Meeting the challenge: Australia's international HIV/AIDS strategy

JULY 2004

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ABOVE: *Matricia Mari is one of the most positive, inspirational and energetic members of the Madang Provincial AIDS Committee, part of the National AIDS Council in Papua New Guinea. Well known throughout her region she is highly successful in motivating young people to take part in HIV-awareness programs.*
PHOTO: *Lorrie Graham*

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ABOVE: *A bicycle rally outside the Workers' Stadium in Beijing commemorates World AIDS Day.*
PHOTO: *Peter Davis*

Executive summary

"AIDS IS ONLY NOW BEGINNING TO BE SEEN FOR WHAT IT IS: A UNIQUE THREAT TO HUMAN SOCIETY, WHOSE IMPACT WILL BE FELT FOR GENERATIONS TO COME."

The World Health Organization. *The World Health Report 2004.*

HIV/AIDS has emerged as one of the greatest global threats to development and stability, killing 20 million people to date. It impacts on the very fabric of society with devastating consequences for individuals, families and nations, and threatening to reverse the gains to economic development that have been made in many countries.

The Challenge: An estimated 38 million people are now living with HIV/AIDS worldwide, with the Asia-Pacific region accounting for 7.4 million of those. The pandemic remains dynamic and modes of transmission are continuing to shift within many countries. Injecting drug use has become the major mode of transmission in many parts of Asia while sexual transmission remains the key concern in the Pacific, with the World Bank estimating some 50,000 people are HIV positive in Papua New Guinea.

Pressure is also mounting to introduce antiretroviral therapy in developing countries, which has become more affordable over recent years. But many remain unprepared to adequately manage its implementation in a sustainable and effective way.

The Experience: While each epidemic is unique and there is no one formula for success, Uganda and Thailand provide valuable insight into the key elements for an effective response. These include early political commitment, national coordination and ownership, partnerships at all levels of society, open communication, the removal of taboos around condom use, recognition of the vulnerability of women and good surveillance data.

International commitment to tackle the challenge is continuing to increase. New global initiatives have been launched such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS' *Three Ones* and the World Health Organization's *3 by 5*. Much of this attention has focused on Sub-Saharan Africa which accounts for 66 per cent of global HIV infections.

The Strategy: In light of developments over the past several years, it is timely that Australia re-examines its approach to assisting developing countries to combat HIV/AIDS.

Meeting the Challenge: Australia's International HIV/AIDS Strategy will continue to have a strong focus on HIV/AIDS in the Asia-Pacific region, and will aim to:

- Reduce the spread of HIV/AIDS; and
- Mitigate the effects on people living with HIV/AIDS and on the society to which they belong.

Australia's response will be guided by past experience and tailored to individual country circumstances. It will draw on Australia's comparative advantage in providing technical assistance, knowledge and training, gained through our domestic response to HIV/AIDS and our development experience in the

ABOVE: *Young people are Vietnam's future. Educating them at an early age is vital to ensure that the spread of HIV/AIDS can be effectively reduced. In Phu Cu, a province in northern Vietnam, World Vision, with the assistance of AusAID funding, has implemented HIV/AIDS awareness activities among secondary school students. Educational programs such as these redress the stigma and misinformation surrounding HIV/AIDS.*
PHOTO: *Alice Pagliano*

region. Large-scale supply of drugs, under normal circumstances, will be left to national budgets and international funding mechanisms. Australian support will continue to focus on providing an appropriate balance between prevention, and treatment and care.

Australia's approach will focus on five priority action areas:

1. Strengthening leadership and advocacy
2. Building capacity
3. Changing attitudes and behaviour
4. Addressing HIV transmission associated with injecting drug use
5. Supporting treatment and care

In striving to achieve these priorities, Australia will expand and deepen partnerships with developing countries, other donors, international agencies, and with professional and community groups. The strategy will foster social and behavioural research and strengthen the capacity of the Australian Agency for International Development (AusAID) to participate in global dialogue and to deliver effective interventions.

The implementation of the strategy will be reviewed in 2007.

The challenge

1 HIV/AIDS: A growing pandemic

"THE CHALLENGES IN THE FIGHT AGAINST HIV/AIDS ARE FORMIDABLE, BUT THE OPPORTUNITIES HAVE NEVER BEEN GREATER."

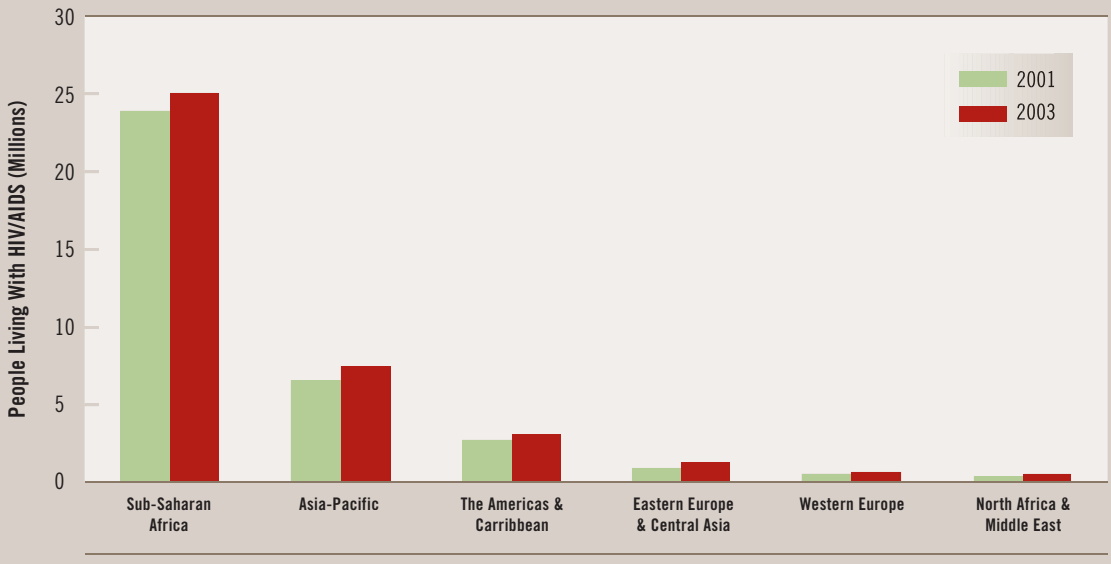
The Hon Alexander Downer MP, Minister for Foreign Affairs. Address to the United Nations General Assembly Plenary on HIV/AIDS, September 2003.

Since AIDS was first recognised in the early 1980s, HIV/AIDS has emerged as one of the greatest global threats to development and the economic and social stability of developing countries.

An estimated 38 million people are living with HIV/AIDS and a further 20 million have died from AIDS, establishing it as the leading cause of death among adults aged 15 to 59 years worldwide.

HIV is spreading at an alarming rate in the Asia-Pacific region where 60 per cent of the world's population live. One million people were newly infected with HIV in the region in 2003 – one fifth of all new infections globally. This brings the total number of people living with HIV/AIDS within the region to an estimated 7.4 million. It is predicted that the region will account for 40 per cent of all new infections by 2010 in the absence of vigorous and effective prevention responses, threatening to make the Asia-Pacific region the new epicentre of the pandemic.[1]

ESTIMATED HIV PREVALENCE BY REGION (2001–2003)



Source: UNAIDS, 2004 Report on the global AIDS epidemic (2002)

1 Stover, J et al. *Can we reverse the HIV/AIDS pandemic with an expanded response?* Lancet 360: 19–20. (2002)

Premature death due to HIV/AIDS is creating severe demographic imbalances within many countries. In some of the most affected countries in Africa, the probability of a 15 year old dying before reaching 60 has risen from 10 to 30 per cent in the mid-1980s to 30 to 60 per cent today. In Botswana, the country with the highest prevalence of HIV, the life expectancy has plummeted from 60 years in 1985–1990 to just 40 years in 2000–2005. Dramatic increases in mortality are beginning to be seen in a number of other regions. The crude mortality rate in Thailand for young adults aged 15 to 49 years, for example, has almost doubled from 2.8 per thousand in 1987 to 5.4 per thousand in 1996.[2]

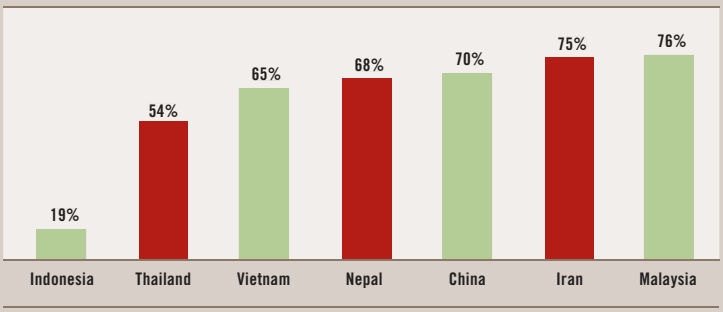
If current trends continue, it is estimated that the number of children orphaned by HIV/AIDS in the Asia-Pacific region will increase from half a million in 2001 to 11 million by 2010, contributing to a global total of approximately 40 million.

While unprotected sex between men and women is currently the major cause of HIV transmission globally, the first cases of AIDS in Asia were detected during the early 1980s among men who have sex with men. By the mid to late 1980s, HIV infections were increasingly detected among female sex workers and injecting drug users (IDUs) and by the early 1990s, explosive HIV epidemics were occurring among IDUs across much of Asia.

The efficiency with which injecting drug use can transmit HIV means that it has emerged as a principal driving force for the epidemic across much of Asia. At least 50 per cent of IDUs in Thailand, Burma (Myanmar), Vietnam and Malaysia were estimated to be HIV positive in 2001.

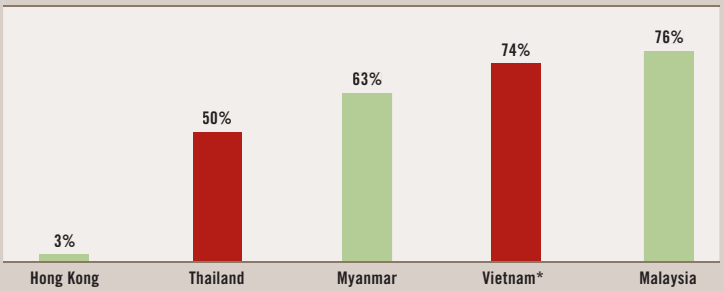
Pacific Island countries are at a crossroad. While the numbers of people living with HIV/AIDS are relatively low, countries such as French Polynesia, Guam and New Caledonia are beginning to experience

HIV TRANSMISSION ATTRIBUTABLE TO INJECTING DRUG USE (%)



Source: Revisiting the "Hidden Epidemic", The Centre for Harm Reduction (2002)

ESTIMATED PREVALENCE OF HIV INFECTIONS AMONG INJECTING DRUG USERS (%)



* Average of 5 provinces

Source: UNODC Regional Office, 2002

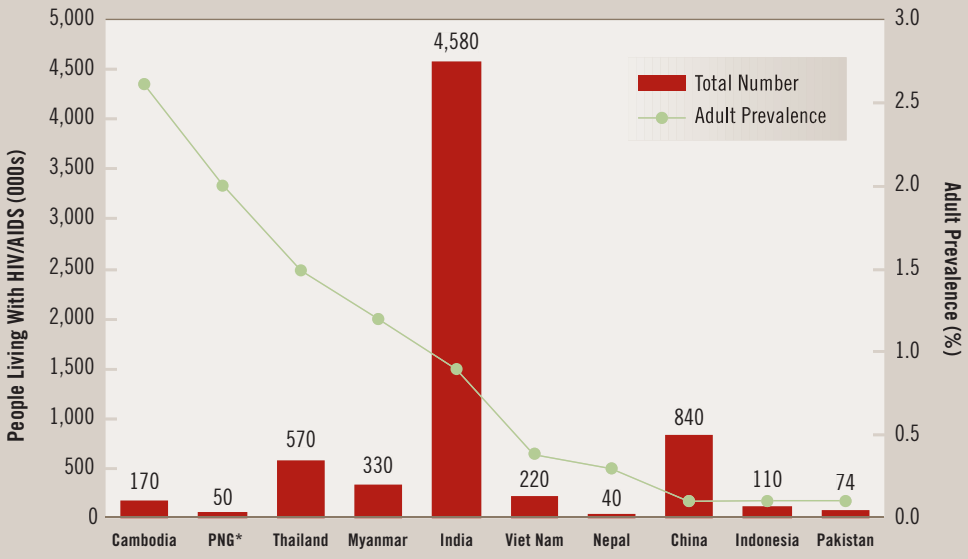
2 The World Health Organization. *The world health report 2004*. (2004)

BELOW: *The young and the very young learn about HIV/AIDS in Madang Province, Papua New Guinea.*
PHOTO: *Lorrie Graham*

significant epidemics. Pacific Island countries, particularly in Melanesia, face the challenge of combating HIV/AIDS while simultaneously dealing with difficult economic conditions, failing service delivery, social change and high population growth. This, and the high prevalence of sexually transmissible infections (STIs), makes the Pacific highly vulnerable to a HIV/AIDS epidemic.

Papua New Guinea reports the highest rate of HIV infection within the Pacific with over 50,000 people estimated to be living with HIV/AIDS.[3] The virus is largely acquired through heterosexual transmission, and is increasing at a rate of 40 to 60 per cent annually. The widespread prevalence of STIs across the population, in concert with other high-risk situations such as low levels of condom use, multiple sexual partners, gender inequality, cross-gender violence and poverty, have facilitated the progression to a generalised epidemic.

ESTIMATED HIV PREVALENCE IN ASIA-PACIFIC COUNTRIES (DEC 2003)



*** Papua New Guinea estimate from AusAID, Asian Development Bank and World Bank joint mission (2003).**

Source: UNAIDS, 2004 report on the global AIDS epidemic.

3 AusAID, Asian Development Bank, World Bank joint mission to Papua New Guinea. (2003)

2 The impact of HIV/AIDS

"THREE AFRICAN HEADS OF STATE HAVE PREDICTED THAT THEIR COUNTRIES WILL CEASE TO EXIST AS ORGANISED NATION STATES IF THIS EPIDEMIC CONTINUES."

Dr Richard Feachem, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2004.

HIV/AIDS is more than a health issue; it impacts on the very fabric of society. It is a complex multi-sectoral issue with devastating impacts on individuals, families, communities and nations, and has profound security dimensions. HIV/AIDS threatens to reverse the significant gains in economic development that many countries across much of the Asia-Pacific region have achieved over recent decades.

The vast majority of people living with HIV/AIDS are young adults in the most productive years of their life. HIV/AIDS has had a devastating impact on people's capacity to work and earn incomes. Household incomes have been significantly lessened by the need for others to give-up work to care for sick family members and through the additional cost associated with meeting that care.

Diminished household incomes have clear consequences for national economies, as the demand for goods and services declines and economic growth is eroded. The United Nations Development Programme (UNDP) predicts that economic growth could drop in some areas by as much as 40 per cent by 2020 as a result of HIV/AIDS. For instance, HIV/AIDS has the potential to erode Papua New Guinea's development prospects. If present trends continue, the labour force could be reduced by as much as 37.5 per cent by 2020 and GDP could decline by up to 7.5 per cent, compared to the baseline projection in the absence of HIV/AIDS.[4]

In many sectors, workers are dying from HIV/AIDS at a rate greater than others can be trained. Long-term consequences are now being seen for teachers and healthcare workers in particular. This, plus reduced economic growth, is compromising many governments' capacity to provide quality essential services within developing countries.

An increasing number of children are being forced to withdraw from schools as an indirect consequence of HIV/AIDS because they need to either care for sick parents, take over the role of household income earner, or because the family can no longer afford fees as a result of diminished incomes. This has long-term consequences for communities and future generations.

The effects of the above impacts, on both an individual and national level, contribute to a state of weakened stability and security for countries. The circular relationship between HIV/AIDS and security further facilitates HIV transmission within these fragile societies.[5]

4 Centre for International Economics (for AusAID). *Potential economic impacts of an HIV/AIDS epidemic in Papua New Guinea.* (2002)

5 International Crisis Group. *HIV/AIDS as a security issue in Africa: Lessons from Uganda.* (2004)

BELOW: *Bar girls or sex workers in the red light districts of the southern provinces of China, such as Yunnan Province, are at risk from HIV infection. Many are ignorant of the dangers and do not have access to condoms. With assistance from the Australian Government, the Yunnan Red Cross, through volunteers, is educating these vulnerable young women.* PHOTO: *Ingvar Kenne*

FEMINISATION OF THE HIV/AIDS PANDEMIC

"The call to empower women is not new, but AIDS makes it more urgent." – Dr Musimbi Kanyoro, General Secretary, Young Women's Christian Association (YWCA), March 2004.

Women and girls increasingly bear the greater burden of HIV/AIDS. Women are more vulnerable to HIV infection and its consequences. Females now represent almost half the people infected globally. Factors that have feminised the pandemic include:

- greater physiological vulnerability to HIV infection than men
- economic dependency
- limited access to healthcare and education
- gender inequity
- lack of power to negotiate safe sex or to say no to sex
- community acceptance of violence against women
- reduced status of widows in some societies
- role of primary carer for sick family members.

The experience

3 Progress in combating HIV/AIDS

"THE GOVERNMENTS OF SOME OF THE MOST AFFLICTED COUNTRIES… HAVE ALREADY DEMONSTRATED THAT A COMPREHENSIVE APPROACH TO FIGHTING THIS GLOBAL KILLER CAN MAKE A DIFFERENCE."

The Hon Alexander Downer MP, Minister for Foreign Affairs. Address to the United Nations General Assembly Plenary on HIV/AIDS, September 2003.

HIV/AIDS has become an increasing priority for Australia's international development cooperation program over the past two decades. Our experiences both internationally and domestically, as well as those of others, have taught us much about tackling HIV transmission and mitigating its effects. While there are several factors that are acknowledged as key components of successful approaches to date, it is also recognised that each epidemic is unique and that there is consequently no one formula for success.

Uganda and Thailand, and to a lesser extent Senegal and Brazil, have led the world in addressing HIV/AIDS in the face of serious emerging epidemics. Since confirmation of its first AIDS case in 1986, it is estimated that more than two million Ugandans have been infected with HIV. In the early 1990s, HIV/AIDS prevalence rates in Uganda were at 14 per cent, with prevalence in some urban areas reaching as high as 30 per cent. In response, Uganda developed one of the most comprehensive HIV/AIDS programs in Africa and by the end of 2001, adult prevalence had fallen to five per cent.

The success of the response in Thailand saw the annual infection rate drop by approximately 80 per cent from 143,000 in 1991 to 29,000 in 2003.

Key features that contributed to the success of responses in Uganda and Thailand included early political commitment; national coordination and ownership of responses; partnerships between government, civil society, health professionals and people living with HIV/AIDS; open communication creating the climate for public debate, social change and tolerance; removal of taboos around condom use; recognition of the vulnerability of women; and good epidemiological surveillance data.[6]

This analysis is further supported by Australia's domestic experience and priorities outlined in the Australian Government's national HIV/AIDS strategies. Australia has been successful in keeping adult prevalence rates at around 0.1 per cent.

The overarching lesson is that strategies need to be comprehensive. Greatest success will be achieved when prevention is addressed alongside mutually reinforcing treatment and care programs. Political leadership must be complemented with community leadership. And importantly, cultural sensitivities need to be respected while encouraging a pragmatic approach to responding to high-risk behaviours.

6 The Panos Institute. *Missing the Message? 20 years of learning from HIV/AIDS.* (2003)

4 International action

"THIS IS… A TIME OF GREAT OPPORTUNITY AND MOMENTUM FOR THE GLOBAL RESPONSE."

Peter Piot, Executive Director UNAIDS, 2004.

International commitment to respond to the HIV/AIDS pandemic began to gain momentum following discussions between G8 nations at the Okinawa summit in July 2000. Since that time, international focus on HIV/AIDS has continued to increase.

The Millennium Development Goals were adopted by member states of the United Nations in September 2000. They include the target to have halted and begun to reverse the spread of HIV/AIDS by 2015.

International commitment is articulated within the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) *Declaration of Commitment on HIV/AIDS* made in 2001. The declaration serves as a roadmap for the global response to HIV/AIDS and to 'secure a global commitment to enhancing coordination and intensification of national, regional and international efforts'.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2001, in response to a call by the United Nations Secretary-General. It has been remarkably successful in raising and mobilising resources to support country-driven strategies.

G8 nation commitment to HIV/AIDS was reaffirmed in 2002 in the *Africa Action Plan*, which included 'improving health and confronting HIV/AIDS' in Africa as a major area of concern. Subsequent G8 meetings have reinforced this commitment.

The World Health Organization (WHO) launched the *3 by 5* initiative in December 2003 to provide antiretroviral therapy (ART) to three million people living with HIV/AIDS by 2005. This initiative has been successful in focusing international attention towards the issue of access to treatment for people living in resource-poor countries.

UNAIDS' THREE ONES PRINCIPLES

Australia endorsed the *Three Ones* Principles at a meeting of donors on 24 April 2004. The principles aim to speed up action and make efficient and effective use of resources at the country level through strengthened coordination and partnerships. The *Three Ones* are:

1. One agreed HIV/AIDS Action Framework that drives alignment of all partners.
2. One national AIDS authority, with a broad-based multisectoral mandate.
3. One agreed country-level monitoring and evaluation system.

The strategy

5 Aims

"IT'S NOT JUST SEX WORKERS, IT'S NORMAL HOUSEWIVES FAITHFUL TO THEIR HUSBANDS WHO ARE PICKING UP THE EPIDEMIC. IT'S GOING INTO THE AVERAGE HOUSEHOLD."

Lucita Lazo, the United Nations Women's Fund (UNIFEM), Regional Programme Director for East and Southeast Asia, June 2004.

The overall objective of Australia's international development cooperation program is to advance Australia's national interest by assisting developing countries to reduce poverty and achieve sustainable development. Efforts to achieve this outcome are threatened by HIV/AIDS, as is global and regional stability and security.

Meeting the Challenge: Australia's International HIV/AIDS Strategy aims to:

- reduce the spread of HIV/AIDS, particularly in the Asia-Pacific region; and
- mitigate the effects on people living with HIV/AIDS and their families and on the society to which they belong.

ABOVE: *The use of alternative medicine is a part of every day life for many Indonesians. It also assists many people living with HIV/AIDS, such as this young woman receiving acupuncture to soothe her headaches. The AusAID-funded Spiritia Foundation, the Jakarta-based support group for people living with HIV/AIDS, helps those with the virus access both western medical care and alternative medicines and treatments to stay healthy.*
PHOTO: *Jack Picone*

OVERVIEW OF *MEETING THE CHALLENGE: AUSTRALIA'S INTERNATIONAL HIV/AIDS STRATEGY*

AIMS	(1) Reduce the spread of HIV/AIDS (2) Mitigate its effects on people living with HIV/AIDS and on the society to which they belong	
PRIORITIES FOR ACTION	Strengthening leadership and advocacy	> Advocate for high-level political commitment > Increase the role of overseas missions in promoting political leadership on HIV/AIDS > Advocate for recognition of Asia-Pacific region as global priority > Advocate for HIV/AIDS on agenda of key international meetings > Promote regional ministerial-level meetings > Support for Asia Pacific Leadership Forum (APLF) > Advocate for protective legal frameworks
	Building capacity	> Governance programs > Support for national AIDS authorities > Build health system capacity > Support for community and other relevant organisations
	Changing attitudes and behaviours	> Develop and disseminate peer-based targeted information, and education materials and activities > Social marketing of condoms > Encourage active participation of people living with HIV/AIDS > Targeting needs of vulnerable groups
	Addressing HIV transmission associated with injecting drug use	> Increase emphasis on minimising the harm associated with injecting drug use > Advocacy for harm reduction approaches > Inclusion of prisons
	Supporting treatment and care	> Services to manage the treatment and transmission of STIs, including STI surveillance > Support for a continuum of care: including treatment for opportunistic infections, voluntary counselling and testing and palliative care > Support for international trade agreements that increase access to antiretroviral drugs > Strengthen country preparedness to deliver antiretroviral treatment programs > Establish partnerships with specialist organisations who are implementing antiretroviral treatment programs
SUPPORTING PRINCIPLES	Expanding Partnerships	> Support for comprehensive partnership approach > Develop and strengthen community leadership capacity, including community-based networks > Strengthen links with other donors > Strengthen engagement with key multilateral organisations, including UN agencies, WHO and GFATM > Develop partnerships with peak professional organisations in Australia
	Increasing knowledge	> Improve HIV/AIDS epidemiology surveillance > Establish research partnerships and support research outcomes
	Strengthening implementation capacity	> Maintain AusAID's HIV/AIDS Taskforce > Include HIV/AIDS as a component of all AusAID country strategies > Increase in-built flexibility to program contracts > Increase training and support for all AusAID staff

6 Priorities for action

"WHEN YOU ARE WORKING TO COMBAT A DISASTROUS AND GROWING EMERGENCY, YOU SHOULD USE EVERY TOOL AT YOUR DISPOSAL."

Kofi Annan, United Nations Secretary-General, January 2004.

Much has happened over the past several years in the fight against HIV/AIDS:

- The characteristics of the HIV pandemic and the capacity to respond have evolved and continue to vary across countries and regions.
- While sexual transmission remains the dominant transmission mode worldwide, injecting drug use is the major source of HIV transmission in many parts of Asia.
- There are increasing numbers of HIV-infected people needing treatment while access to quality antiretroviral drugs (ARVs) is becoming more affordable.
- Significant escalation of international action and mobilisation of resources, such as through the GFATM.
- There are successes and experiences to build upon.

It is therefore timely for Australia to review its priorities for supporting HIV/AIDS programs in developing countries to ensure it is appropriately aligned with global and regional trends, priorities and needs.

AN ASIA-PACIFIC FOCUS

Sub-Saharan Africa accounts for 66 per cent of all people living with HIV/AIDS, as compared to 19 per cent in the Asia-Pacific region. Indications warn, however, of a rapidly escalating crisis for the Asia-Pacific region, which is likely to reposition it as the new epicentre for the pandemic in the near future.

Much of the world's HIV/AIDS focus remains centred on Sub-Saharan Africa. The region received US$927 million (40 per cent of total expenditure for low and middle income countries) in assistance in 2002, as compared to US$421 million (22 per cent) in the Asia-Pacific region. UNAIDS estimates that the level of unmet resources needed to fund prevention efforts will grow to three times greater for the Asia-Pacific region than for Sub-Saharan Africa by 2005.[7]

Australia is committed to helping its Asia-Pacific neighbours meet the challenge of achieving sustainable development, stability, and poverty reduction as a key part of supporting a secure region. Australia will continue to prioritise programs to combat HIV/AIDS within the region. An increased global focus on the Asia-Pacific is crucial if the region is to prevent an epidemic of African proportions occurring. Australia will continue to provide some targeted assistance towards addressing the HIV/AIDS crisis in Africa, primarily through support of non-government organisations.

7 Global HIV Prevention Working Group. *Access to HIV prevention. Closing the gap.* (2003)

GUIDING PRINCIPLES

Australia's international response will continue to be guided by past experience and to be directed by individual country circumstances and country-led strategies. Australia will draw on its comparative advantage in providing technical assistance, knowledge and training, developed largely within the context of the domestic response. Under normal circumstances, the large-scale supply of antiretroviral drugs will be left to national budgets and international funding mechanisms.

PRIORITY DIRECTIONS

Future Australian support will focus on the following five priority areas:

- Strengthening leadership and advocacy
- Building capacity
- Changing behaviours and attitudes
- Addressing HIV transmission associated with injecting drug use
- Supporting treatment and care

AUSTRALIA'S MAJOR INTERNATIONAL HIV/AIDS PROGRAMS

GLOBAL AND REGIONAL

In 2004, Australia made a $25 million commitment to the **Global Fund to Fight AIDS, Tuberculosis and Malaria**.

Australia has supported **UNAIDS** since its inception in 1996 and regards it as a key organisation in the global response to HIV/AIDS.

Australia spearheaded support for the **Asia Pacific Leadership Forum on HIV/AIDS and Development** that began in 2002. The APLF aims to propel political leadership and commitment in combating HIV/AIDS throughout the region.

The four-year, $9 million **Asia Regional HIV/AIDS Project** plays a key role in developing a regional response to the HIV epidemic among injecting drug users in SouthEast and East Asia.

Australia has made a significant commitment to the five-year **Pacific Regional HIV/AIDS Project** to develop and implement a regional HIV/AIDS strategy and supports the implementation of national strategies.

BILATERAL

Australia has committed approximately $60 million over five years to assist the Government of **Papua New Guinea** implement its National AIDS Plan, which promotes a multi-sectoral response to the epidemic. AusAID is mainstreaming HIV/AIDS programs in other activities such as: HIV/AIDS education and condom distribution within infrastructure projects; assisting in the development of a *HIV/AIDS and Other Infectious Diseases Strategy for Correctional Services*; and working with the Fisheries College and the Department of Education to include HIV/AIDS awareness in the core curriculum.

In **Indonesia**, the HIV/AIDS Prevention and Care Project has enhanced the government's capacity to design and implement effective STI prevention and care strategies with support from AusAID of $35 million over five years. The second phase will provide targeted assistance for vulnerable groups such as injecting drug users and commercial sex workers.

Australia is supporting a five-year HIV/AIDS Prevention and Care Project in the Xinjiang Autonomous Region of **China**. This project is building the capacity of the provincial government to reduce the incidence of HIV/AIDS and focuses on policy development, health promotion, diagnosis and better hospital and home-based care.

6.1 STRENGTHENING LEADERSHIP AND ADVOCACY

Experience shows that leadership at the highest level is critical for a successful response to HIV/AIDS. Leadership, at regional, national government and community level, is needed to mobilise and coordinate broad-based action across sectors and to direct resources and activities to the most urgent priorities.

Strong leadership can break barriers of stigma and discrimination and create an enabling and supportive environment where international partners and civil society organisations can participate in the response. Stigma and discrimination directed against people living with HIV/AIDS and vulnerable groups can severely hamper the success of HIV/AIDS programs and increase the vulnerability of high-risk groups. Discrimination inhibits open communication about HIV/AIDS issues and the active involvement of community-based groups. It can have implications for equitable access to treatment, care and other support services, for confidentiality, and for access to voluntary counselling and testing.

Through commitment to and initiation of regional leadership bodies such as the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF), Australia has played a key leadership role on HIV/AIDS issues and will continue to advocate for high-level political commitment across the Asia-Pacific region. Australia will continue to support and deepen its engagement with the APLF, which aims to encourage and support decision-makers and political leaders to commit to dealing with HIV/AIDS.

Australia will work towards strengthening international leadership and advocacy by:

- promoting the inclusion of HIV/AIDS in the agenda of key international meetings and in bilateral dialogues
- advocating for recognition of the worsening regional HIV/AIDS crisis as a priority for global efforts
- increasing the role of overseas missions in promoting political leadership on HIV/AIDS
- continuing to promote regional ministerial-level meetings that encourage the necessary political leadership
- addressing stigma and discrimination through advocacy for protective legal frameworks for people living with HIV/AIDS and groups at increased risk of HIV infection.

6.2 BUILDING CAPACITY

The challenges posed by HIV/AIDS place enormous pressure on governments and national infrastructure. Capacity to respond at every level and across diverse sectors depends on strong governance systems being in place. Australia will continue to work with its neighbours to implement governance programs that help support improved long-term development outcomes, including economic and financial management, public service reform, and civil society development.

National AIDS authorities can play an important role in strengthening capacity and building greater ownership of responses, fostering stakeholder partnerships and coordinating a multi-sectoral response. Australia will assist governments to establish competent national AIDS authorities appropriate to individual country circumstances.

Well-functioning health systems are essential for the successful delivery of health sector responses to HIV/AIDS. The burden of caring for large numbers of people living with HIV/AIDS is placing health systems under increasing pressure. Most are inadequately equipped to provide the specialised care required. They are under-resourced, under-staffed and have limited skills and training to deliver the range of medical, nursing, technical and psychosocial services needed.

HIV transmission though medical procedures is a particular issue for the Asia-Pacific region where more than 160,000 people became infected through contaminated injections in 2000 alone. It is estimated that as few as 20 per cent of people living in the region have access to safe medical injections, with the same proportion of health care settings adhering to universal precautions. Furthermore, blood transfusions may still be a significant mode of infection, particularly in rural areas.

AusAID programs will continue the long-term process of building health system capacity. AusAID will focus on developing and strengthening:

- primary health service delivery
- home and community-based care
- training for healthcare workers
- voluntary counselling and testing services
- quality epidemiology surveillance capacity

ABOVE: *Bus Drivers – Vietnam; driving thousands of kilometres each year, the long distance truck driver is sure of his ability to manage large loads. Less assured is his ability to handle the deadly effects of HIV. Mobile populations such as truck drivers and seafarers have increased vulnerability to infection with the virus and can contribute to its spread. Their knowledge of safe sexual practices and HIV prevention is limited. With funding provided by AusAID, World Vision has implemented a highly successful education campaign among these high-risk groups. In hundreds of rest stations, bus depots and ports, HIV/AIDS awareness materials are now distributed, increasing knowledge and producing tangible behavioural changes.*
PHOTO: *Alice Pagliano*

- blood and blood product safety
- clinical monitoring capacity
- preparedness to deliver and monitor ART programs
- STI surveillance and treatment services

Community organisations, the private sector and non-health government agencies play an active role in multi-sectoral approaches to tackling HIV/AIDS. AusAID will continue to support and build the capacity of local community and private sector organisations dealing with HIV/AIDS, as well as key agencies such as the police, prisons and education.

6.3 CHANGING ATTITUDES AND BEHAVIOURS

Prevention continues to be emphasised as a priority for Australia's strategy to combat HIV/AIDS in developing countries. Changes in attitudes and high-risk behaviours are needed before HIV transmission can be prevented. Access to accurate and relevant information through targeted education initiatives on the modes of transmission and safer practices is the first step. AusAID will continue to support development and dissemination of peer-based targeted information, education and communication materials and activities, including outreach programs and peer counselling with home visits. AusAID will foster and support community organisations to develop and implement programs aimed at establishing safe behaviours as the community norm.

Open and direct communication, including through the mass media, about HIV/AIDS, drug use, sexual practices and related issues is key to changing people's behaviours, attitudes and misconceptions. Humanising the epidemic through representation of HIV positive individuals is an effective way to break stereotypes and reduce discrimination. Participation of people living with HIV/AIDS will therefore be strongly encouraged in all aspects of AusAID's programs.

Education alone is not enough to motivate people to modify high-risk behaviours. Incentives for behavioural change and supportive environments also need to exist.

VULNERABILITY

Certain groups have increased vulnerability to HIV infection and its consequences. Vulnerable groups are often denied basic human rights including fair representation and equality before the law, access to education and health services, including HIV treatments, and the right to privacy.

Populations particularly vulnerable to HIV infection include:

The disenfranchised. Many sectors of the community are subject to stigmatisation and discrimination owing to the illicit nature of their behaviour and/or societal judgements regarding their lifestyle. This may include men who have sex with men, sex workers, prisoners and injecting-drug users. High-risk behaviour combined with secrecy and isolation from mainstream society place these groups at risk.

Women. Females are physiologically more susceptible to HIV infection than men. Gender inequity, discrimination, and the traditional role of women place them in a vulnerable position. (See the box on *Feminisation of the Pandemic*.)

Children. Especially vulnerable to HIV/AIDS are sexually abused and exploited children. Children who have been orphaned by AIDS face numerous problems including homelessness, discrimination, withdrawal from education and isolation.

Young people. Young people are vulnerable to HIV/AIDS because they are more likely to have multiple partners and tend to be sexually naive. There is also a lack of appropriate and accessible information and services for young people.

Mobile populations. People are more mobile than ever before. Risk groups include transport workers, armed service personnel, migrant labourers and refugees. The resulting powerlessness, poverty, isolation and difficulty in accessing information all contribute to increased susceptibility to HIV transmission.

Providing people with the tools to target groups to implement behavioural change is as important toward prevention as providing information. Condoms are the only proven and effective means of preventing sexual transmission of HIV. Social marketing of condoms, especially among high-risk groups such as sex workers and their clients, will remain an important component of AusAID's programs. Condom education should be positioned within a comprehensive education approach that includes advocacy for abstinence and reducing the number of sexual partners.

Programs will focus on those groups that have increased vulnerability to HIV infection and to its impact, such as women, children, men who have sex with men, sex workers, mobile populations, IDUs and prisoners.

6.4 ADDRESSING HIV TRANSMISSION ASSOCIATED WITH INJECTING DRUG USE

In response to the strong link between injecting drug use and HIV transmission throughout much of Asia, a greater focus on tackling issues around the harm associated with injecting drug use will be required. Without addressing HIV transmission between and from IDUs, the effectiveness of HIV/AIDS interventions within Asia will be limited and the epidemics will continue to spread into the general population.

Traditional approaches to limit supply of illicit substances through authoritarian law enforcement channels can be ineffective in isolation. This can divert distribution routes and enlist other communities' participation in drug production, trafficking and use. Reducing drug demand through education, community development and rehabilitation programs also has limited success. Recidivism rates as high as 90 per cent have been reported following completion of rehabilitation programs in treatment centres.[8]

Without condoning illicit drug use, it is acknowledged that the practice does exist. In order to reduce the wider socio-economic impact of blood-borne diseases,

8 The Centre for Harm Reduction, The Burnet Institute. *Revisiting 'The Hidden Epidemic'. A situation assessment of drug use in Asia in the context of HIV/AIDS*. (2002)

ABOVE: *Sunlight through bars – Yayasan Harapan Pernmata Hati Kita – Indonesia; with support from AusAID, this UNICEF program provides life skills education to help young Indonesians who inject drugs and – for many of them with HIV – to live with the virus but not pass it on. Through centres such as this one and schools, UNICEF provides peer education where former drug users teach other young people how to resist the temptation of drugs, how to seek help and how to protect themselves from HIV/AIDS. The centre also works with local communities to reduce their fear and ignorance of HIV and to look after, rather than abandon, their HIV-infected youth once they leave the clinic. By the end of 2003, approximately 20,000 young people were reached through the peer education program.*
PHOTO: *Jack Picone*

programs to help reduce the harm caused by IDUs, appropriate to individual country circumstances, will aim to change the risky behaviour of IDUs.

A study commissioned by the Australian Government Department of Health and Ageing analysed HIV prevalence in 103 international cities.[9] The study found that cities with needle and syringe programs had a mean annual decrease in HIV prevalence of 18.6 per cent as compared with an 8.1 per cent increase in cities that had never introduced programs.

The study estimated that by 2000, the introduction of needle and syringe programs in Australia had prevented 25,000 HIV infections and 4,500 deaths among IDUs since 1988. Approximately $150 million was expended in providing this service across Australia. This represented an estimated total savings in treatment costs of $7,025 million.

There are only a small number of harm reduction projects scattered across the region – reaching less than 10 per cent of all IDUs in Asia. UNAIDS conservatively estimates that at least 60 per cent of the IDU population needs to be reached for harm reduction strategies to impact on HIV transmission. Currently, no harm reduction program is developed to this scale.

AusAID will increase the emphasis on minimising the harm associated with injecting drug use. This will include access to clean needles and syringes and their safe disposal, effective drug treatment programs, peer-outreach and education programs that include targeted social marketing of condoms. It will also include access to voluntary counselling and testing for IDUs. AusAID will focus on expanding programs and facilitating their integration at the national level.

Prisons are an important area for implementation of HIV/AIDS initiatives. A very high proportion of custodial sentences within Asia are drug-related and there is an undoubtedly strong link between drug use, prisons and HIV/AIDS. International research shows that 50 to 75 per cent of prisoners have injected drugs before entering prison and as many as 25 to 50 per cent continue to inject within prison. Restricted access to injecting equipment increases the frequency of sharing and the risk of HIV transmission. AusAID will therefore include prisons in harm reduction initiatives, where relevant.

Issues of drug use and HIV/AIDS usually sit across multiple sectors, including health and law and order. AusAID programs will therefore seek commitment

9 Australian Government Department of Health and Ageing. *Return on investment in needle and syringe programs in Australia.* (2002)

from and coordinate efforts with the appropriate ministries and agencies. Advocacy to gain acceptance of these strategies by policy-makers remains a major priority. In Vietnam, Australia is building institutional capacity in the law enforcement and health sectors to raise awareness and capacity in relation to effective strategies to prevent HIV transmission among and from IDUs. Australia is also building collaborative linkages between law enforcement and health authorities to develop a supportive policy environment for effective future interventions.

AusAID programs addressing HIV/AIDS associated with injecting drug use will be aligned, where possible, with wider national drug control policies and will recognise the role of existing demand and supply reduction and other strategies.

6.5 SUPPORTING TREATMENT AND CARE

Providing a continuum of care that includes quality treatment, care and support to people living with HIV/AIDS is imperative towards mitigating the effects of HIV/AIDS and ensuring quality of life for individuals and their families.

AusAID continues to support a decentralised approach to health services that includes community-based and primary health care through to hospital-based care. This comprises as critical elements psychosocial support including voluntary counselling and testing, palliative care, nutritional support and treatment for common opportunistic infections.

Similar risk factors mean there is a strong correlation between high prevalence rates for STIs and HIV. This is amplified by a several-fold increase in vulnerability to HIV as a result of previous infection with STIs. Further, co-infection with STIs elevates HIV infectiousness. AusAID therefore will support establishing local specialised services to manage the detection and treatment of STIs, including STI surveillance, in communities where there is high STI prevalence, such as in Papua New Guinea.

Treatment with antiretroviral drugs (ARVs) can be an effective means of reducing the impact of HIV/AIDS. A recent report concluded that since the introduction of universal access to treatment in Brazil in 1996, HIV-related mortality declined by 50 per cent and the median survival rate increased from 18 to 58 months.[10]

There can be significant benefits to health systems from the introduction of effective antiretroviral treatment (ART) programs, with major reductions in HIV/AIDS-related complications such as tuberculosis and other opportunistic infections. It is estimated that 358,000 hospital admissions were avoided between 1996 and 2002 as a result the introduction of universal ART in Brazil, providing an estimated saving of US$2.2 billion.[11]

TRADE RELATED ASPECTS OF INTELLECTUAL PROPERTY RIGHTS (TRIPS) AGREEMENT

The Trade Related Aspects of Intellectual Property Rights (TRIPS) Agreement provides patent protection for 20 years. Developing countries are required to be TRIPS compliant by January 2005. Least-developed countries have until 2016.

Anti-retroviral drugs are prohibitively expensive in many countries where the socio-economic impact of HIV/AIDS is greatest. It was argued that the agreement denied human rights to the poor by preventing access to effective and affordable HIV/AIDS treatment. In response, modifications to the original agreement grant countries the flexibility to protect public health through two mechanisms. First, through parallel importing of patented drugs from cheaper sources. Second, by issuing compulsory licences, under certain circumstances, to allow a patented product to be produced domestically without the consent of the patent owner. Pharmaceuticals manufactured under compulsory licences may be used to supply either the domestic market or for export to countries without the capacity to manufacture their own.

Countries must adapt national legislation to enable them to take advantage of the above flexibilities. Australia therefore offered in October 2001 to provide support upon request to Asia-Pacific governments to draft legislation to facilitate access to antiretroviral drugs, consistent with international trade agreements.

10 The Health Systems Resource Centre. *Provision of antiretroviral therapy in resource-limited settings: a review of experience up to August 2003.* Prepared for the UK Department for International Development in collaboration with the World Health Organization. (2003)

Prevention strategies may be more successful in the presence of effective treatment, providing motivation for individuals to learn and deal with their HIV status. Access to ART is associated with increased uptake of HIV counselling and testing. These benefits must be weighed against increases in high-risk behaviour that may arise from over-confidence in the ability to effectively treat HIV/AIDS.

Until recently it was outside the scope of most developing countries to address the need for affordable high-quality ARVs in developing countries. This was because of complex treatment regimens and non-compliance, prohibitive costs, and concerns regarding sustainability of programs. Developments such as simplified treatment regimens, generic drugs and price negotiations over recent years mean that accessibility to ARVs is improving but still out of reach for many developing countries.

The WHO estimates that less that five per cent of the six million people urgently in need of ARVs currently have access to treatment.

HIV/AIDS is a complex and difficult health condition to manage. Implementation of well-managed and comprehensive ART programs is a highly technical issue. While pressure is mounting to provide treatment as a matter of urgency, the dangers of proceeding without adequate facilities, training and support services are great. This can be detrimental to already over-burdened and ill-equipped health systems and can result in drug-resistant strains of the virus becoming widespread and inequity of access.

AusAID will work with others to assist countries address these concerns and deliver equitable and affordable ART programs in a number of ways. AusAID will:

- support research and decision-making processes that assist governments to decide whether and how to develop and implement ART
- implement programs to assist country preparedness to deliver comprehensive ART programs as part of WHO's global *3 by 5* initiative, where appropriate. (This will include developing the capacity of health systems to support programs, ensuring access to voluntary counselling and testing, equitable access to treatment and services, providing ongoing clinical care and monitoring for drug resistance, and training and accreditation for health care professionals and counsellors. Unless ART programs can effectively address these issues, there is a risk that they will fail to achieve their goals, and may even be counterproductive.)
- establish partnerships with organisations that have demonstrated the technical capacity required to implement, scale-up and integrate ART programs
- continue to support increasing accessibility to affordable quality ARVs through international agreements.

The negotiating power necessary to attain agreements with pharmaceutical companies for the lowest possible prices for ARVs is most likely to be achieved on a large, national scale rather than at individual program level. Procurement systems and resources for purchasing ARVs are therefore best addressed at national levels and through global mechanisms and not through AusAID program funding.

STRENGTHENING TREATMENT & CARE SERVICES IN THAILAND

The AusAID-funded *Thailand–Australia HIV/AIDS Ambulatory Care Project (AACP)* commenced in Thailand in 1997. The AACP aimed to improve the efficiency and effectiveness of treatment for AIDS patients at the Bamrasnaradura Infectious Diseases Public Hospital. The project successfully adapted to Thai circumstances, establishing a model of ambulatory (outpatient) care for AIDS patients and demonstrating the viability of the model for wider application in Thailand and neighbouring countries.

The Ambulatory Care Model comprises a multi-skilled triage nursing team performing outpatient preliminary diagnosis and treatment of HIV-related illnesses and infections, nutritional advice, information on community-based support and referral to specialist doctors, where necessary. The model contrasts with the past hospital practice involving long waiting periods for patients and unnecessary hospitalisations. Additional assistance to the hospital is provided to ensure the hospital laboratory and pharmacy services reflect international best practice.

11 The Health Systems Resource Centre. *Provision of antiretroviral therapy in resource-limited settings: a review of experience up to August 2003.* Prepared for the UK Department for International Development in collaboration with the World Health Organization. (2003)

ABOVE: *Mother with child in Port Moresby General Hospital – the human face of HIV/AIDS – Papua New Guinea; heterosexual infections are the most common in Papua New Guinea, followed by mother-to-child transmission. Most of these women do not know they are HIV positive until their husband falls ill and they decide to be tested. Educational programs and support programs for people living with HIV/AIDS, funded by the Australian Government, are giving thousands of women comfort and hope in the fight against this disease.*
PHOTO: *Lorrie Graham*

7 Supporting principles

"THE SOBERING REALITY IS THAT WE ARE STILL ONLY AT THE BEGINNING OF THE AIDS EPIDEMIC AND ITS IMPACT. WE MUST BE IN THIS FOR THE LONG HAUL, ACTING WITH A MUCH GREATER SENSE OF URGENCY THAN WE ARE TODAY – SINCE RARELY HAS THE FUTURE DEPENDED SO MUCH ON WHAT WE DO RIGHT NOW."

Peter Piot, Executive Director UNAIDS, 2004.

Many factors will affect the success of outcomes from the five action priorities. AusAID will therefore focus on three underlying principles to strengthen the foundations of programs and maximise their effectiveness. These are:

- Expanding and deepening partnerships
- Increasing knowledge
- Strengthening implementation capacity

7.1 EXPANDING PARTNERSHIPS

The Australian Government will continue to strengthen whole-of-government efforts on HIV/AIDS and development. AusAID will lead efforts to foster good communication and collaboration between departments.

AusAID will expand and deepen partnerships with donors, government, non-government organisations, health professionals, faith-based organisations and civil society, including people living with HIV/AIDS.

Australia has committed to establishing stronger links with other donors and partner governments and to coordinating efforts through the implementation of UNAIDS' *Three Ones* Principles. Through fostering greater donor harmonisation and alignment, AusAID will increase efficiencies and effectiveness of HIV/AIDS programs, minimise duplication of effort, better identify gaps, needs and complementarities, and minimise reporting obligations for partner countries. This is an important agreement towards achieving improved development outcomes and AusAID is dedicated to its implementation.

AusAID acknowledges the high-level of HIV/AIDS expertise within Australia, particularly with regard to peak professional organisations, and recognises the value of their increased involvement in regional responses. AusAID will therefore develop stronger partnerships with Australian expert organisations engaged in Australia's domestic HIV/AIDS response.

Australia recognises the important contribution that United Nations agencies and other specialist multilateral bodies, such as the GFATM, make towards strengthening HIV/AIDS responses. AusAID therefore looks forward to continuing its support of and engagement with them. AusAID recognises the central role Country Coordinating Mechanisms (CCMs) play in implementing GFATM programs, and in undertaking monitoring and evaluation. AusAID will increase its involvement with selected CCMs in the region.

Australia will work with its partners to ensure a regional approach to address cross-border issues that drive HIV/AIDS transmission, such as people mobility and illicit drug trafficking.

Opportunities will be sought to develop and strengthen community leadership that builds a vital bridge between governments and vulnerable groups, including people living with HIV/AIDS, and that

enables their participation in developing responses. This includes support for establishing and strengthening community-based networks that help break stereotypes, stigma and discrimination. Australia strongly supports the principles of the Greater Involvement of People Living with HIV/AIDS (GIPA) as agreed to in the Declaration of the Paris AIDS Summit, 1994, which recognises the importance of including people living with HIV/AIDS in the development of effective interventions and programs.

7.2 INCREASING KNOWLEDGE

Across most of the developing world, HIV/AIDS incidence is seriously under-reported. Delivery of effective programs is hampered by the absence of sound epidemiological data, making decisions regarding areas of greatest need and assessment of programs difficult.

Australia will seek to redress the vast gaps in HIV/AIDS epidemiological data in the region, including assistance to improve surveillance systems through support for quality assurance of diagnostic laboratory services and training. AusAID will, where appropriate, support the use of cheaper rapid diagnostics, as recommended by WHO.

AusAID will foster the development of social and behavioural research in the Asia-Pacific to provide the vital evidence base necessary for effective program design and interventions.

Support will be increased for knowledge-building efforts through establishing research partnerships with Australian and overseas research consortiums. The partnerships will provide improved acquisition and dissemination of knowledge as well as develop networks that build indigenous research capacity. Research priorities may include, but not be limited to, assessment of lessons, analysis of trends, effectiveness of development assistance, prevention strategies, behavioural issues, and impact analysis of HIV/AIDS on development.

7.3 STRENGTHENING IMPLEMENTATION CAPACITY

In recognition of the ongoing priority and dedicated resources needed for HIV/AIDS within Australia's international development cooperation program, AusAID will maintain a specialised HIV Taskforce to provide coordination, strategic focus and specialist advice to the agency and to the Australian Government.

It is recognised that the international development cooperation program needs to maintain the flexibility to be responsive to changing needs and circumstances as they arise. HIV/AIDS will therefore be included as a component of all country strategies for Australia's international development cooperation program to facilitate the rapid and coordinated response that HIV/AIDS demands.

AusAID program areas will use contracting strategies such as rolling designs, where suitable, to enhance flexibility of programs to maximise their effectiveness and appropriateness.

Increased support for AusAID staff to better understand HIV/AIDS and its broad multi-sectoral implications will be delivered through inclusion of HIV/AIDS and development issues in orientation for all new staff, including locally-engaged staff. Ongoing training and dissemination of information for all staff will also help facilitate mainstreaming of HIV/AIDS across the program.

8 Measuring our progress

"HIV/AIDS IS THE WORST EPIDEMIC HUMANITY HAS EVER FACED. IT HAS SPREAD FURTHER, FASTER AND WITH MORE CATASTROPHIC LONG-TERM EFFECTS THAN ANY OTHER DISEASE. ITS IMPACT HAS BECOME A DEVASTATING OBSTACLE TO DEVELOPMENT."

Kofi Annan, United Nations Secretary-General, January 2004

The success of *Meeting the Challenge* will be assessed through a review of HIV/AIDS programs within Australia's international development cooperation program in 2007. The purpose will be to: (1) identify impact and achievements; (2) allow for continuous improvement of efforts through the learning and future application of contextual lessons; and (3) ensure an acceptable level of accountability and cost-effectiveness.

The achievements of *Meeting the Challenge* will be measured against:

- consistency of program outcomes with the aims of this strategy
- inclusion of HIV/AIDS in all country strategies across the international development cooperation program
- AusAID's effectiveness in developing and strengthening partnerships
- contribution to knowledge base and subsequent dissemination of information.

ABOVE: *Chiang Mai and surrounding regions in Thailand have been particularly affected by a growing rise in AIDS-related deaths and, consequently, an ever-increasing number of children orphaned by AIDS. Due to the stigma surrounding HIV/AIDS and ignorance about how it is contracted, many organisations have been unwilling to accept and care for orphans who are themselves HIV-positive. The Vieng Ping children's home, under the department of social development and welfare and supported by AusAID, is the first orphanage in Thailand to reverse this situation. Driven by a commitment to protect the rights of all children, this project aims to provide a caring and supportive home for as many abandoned orphans as possible without discrimination.*

PHOTO: *Stephen Dupont*

Glossary

AIDS	Acquired Immunodeficiency Syndrome
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
ART	antiretroviral therapy. A treatment regimen for HIV infection, usually using a combination of three to four antiretroviral drugs
ARV	antiretroviral drug. A drug used in the treatment of retroviral infections, such as HIV, to suppress viral replication and relieve the symptoms of HIV/AIDS
AusAID	Australian Agency for International Development
CCM	Country Coordinating Mechanism
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living With HIV/AIDS
HIV	Human Immunodeficiency Virus
IDU	injecting drug user
STI	sexually transmissible infection
TRIPS	Trade related Aspects of Intellectual Property Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WHO	World Health Organization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