DRAFT

Key Messages on HIV/AIDS

A Briefing Paper for U.S. Ambassadors in Africa

U.S. Ambassadors in Africa are uniquely positioned to engage in policy dialogue to strengthen the political will needed to institute policies and strategies still lacking in the battle against HIV/AIDS. These notes are meant to serve as a starting point for discussions on identifying the most important messages that U.S. Ambassadors in Africa can make in speaking with various leaders and leadership groups in their countries. These issues can also serve as a guide to priorities for actions that U.S. Ambassadors can take to increase political commitment to HIV/AIDS policies and programs and to mobilize human and financial resources needed to rapidly scale up the HIV/AIDS activities in their countries.

---

1. HIV/AIDS is both an immediate and a long-term threat to development in Africa. Today, over 36 million people worldwide are living with HIV/AIDS, 75 percent of them in sub-Saharan Africa. Worldwide, 15,000 people are newly infected every day. The continued spread of the epidemic, combined with the seven to eight-year incubation period, makes it certain that the impact of the epidemic will be felt for many years to come. **Yet recognition of the urgency of the situation, and the formulation of comprehensive programs, has lagged in both public and private sectors in many countries.** Leaders throughout the Africa region need to collaborate to develop effective responses to the epidemic. **All need to recognize that the AIDS epidemic requires immediate and forceful action and that the epidemic is a long-term problem that will require sustained attention.** While HIV prevalence varies widely among countries in Africa, it has reached epidemic levels in all of them, with the potential for further explosive growth, particularly among vulnerable populations.

2. The epidemic in Africa is still silent. Despite the recent international attention to AIDS, in many ways the epidemic in Africa is still **silent**. It is still a "hidden epidemic" because most individuals do not know their HIV status; it is still hidden because most of those infected are still in the asymptomatic incubation period; and it is silent because even when a person becomes ill and dies, the stigma surrounding AIDS leads to an atmosphere of avoidance and denial among the family and community.

Silence and denial are lethal because they prevent people from accurately assessing their own personal risk of infection. The percentage of survey respondents who say that they feel personally at risk is low, although it is slowly increasing, and condom use is inconsistent. Furthermore, many people are not aware that the presence of another STD is an important factor in facilitating the transmission of HIV. **Public officials and opinion leaders must bring these**

issues into the open to raise awareness, to make it possible to discuss the problem, and to motivate all sectors of society to take responsibility and action.

Secretary Powell at the UN General Assembly Special Session on HIV/AIDS (6/25/01):

> ***"Silence kills. Silence kills. Breaking the silence is a powerful way that people at all levels of society can combat the disease. I do not minimize the courage it can take to come forward, to challenge taboos and change traditions. But that kind of courage is needed or more people will die.***
>
> ***Opinion leaders from all walks of life must deliver the message that AIDS is real. That our enemy is the virus, not its victims. That those who carry HIV deserve compassion, not ostracism. That they deserve to be treated with dignity, not disdain.***
>
> ***I must, you must, all public officials must use the spotlight we are given to speak out and make AIDS a top priority."***

3. AIDS can not and must not be defined as the "problem" of the Ministry of Health. The AIDS epidemic demands a true comprehensive, multisectoral approach that involves government, the private sector, NGO/CBOs, churches, and community groups. Societies must draw on all segments of the community to prevent the spread of HIV, provide care, support and treatment for those with AIDS, and help to mitigate the social and economic impact of AIDS. AIDS cannot be "someone else's problem" or the problem will continue to grow. For example, it is clear that AIDS will have a major economic impact, at the household level, for private sector businesses large and small, and for the economy as a whole. For business leaders, one important message is that with proactive management, the costs of HIV/AIDS can be mitigated through effective prevention and management strategies

We need to listen to what leaders in all sectors are thinking about AIDS. Everyone knows that AIDS is a big problem. But how do they perceive the impact of AIDS? What do they think can and should be done? There must be a public policy of encouraging everyone to articulate their ideas as a means of arriving at more comprehensive and broad-based responses to the epidemic.

4. Respect for the rights of people living with HIV/AIDS, and their active involvement in all aspects of policy and program development, is a key to the development of an effective response. Discrimination affects those who are infected with HIV, members of groups that are believed to be high risk, and families and friends of people living with HIV/AIDS, all of whom are essential to successful prevention and care programs. Yet protecting the human rights of those infected and affected by HIV/AIDS has been a key problem since the beginning of the epidemic. Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. There are many important legal and ethical issues around HIV/AIDS, involving issues of confidentiality, avoiding discrimination, and the

values, rights and responsibilities of all segments of the society. However, there are no easy answers, and leaders must be involved in the discussion of these important policy issues.

Ten priority issues concerning the protection of human rights of those infected and affected by HIV/AIDS include:

- **Stigma**
  Social ostracism leading to deterioration of civil, economic, or political rights.
- **Information**
  Government restrictions on the dissemination and free exchange of HIV/AIDS prevention and treatment information; restrictions on access to education.
- **Testing**
  Stigma and discrimination often follow when HIV status is disclosed. Privacy issues are raised when there are government or private sector mandatory testing requirements.
- **Gender**
  Lack of control over one's reproductive health; unequal access to information and resources; withdrawal or modification of family and interpersonal rights.
- **Employment**
  Unequal employment requirements and procedures (testing, confidentiality, workplace benefits, dismissal).
- **Health Services**
  Unequal management of services (access, testing, reporting, coverage).
- **Social Welfare and Insurance**
  Unequal application of social welfare or social security services, benefits, and administration systems otherwise universally entitled; restrictions on indemnity insurance or life insurance coverage.
- **Housing**
  Unequal public and private accommodations (access, services, quality).
- **Migration**
  Restrictions on movement or stay (mandatory declaration, testing, exclusion).
- **Legal System**
  Unequal legal system application of substantive and procedural criminal and civil law.

5. Women and girls are especially vulnerable to HIV/AIDS, raising fundamental issues of gender equality and the empowerment of women in addressing the epidemic. A new pattern has emerged where around 55 percent of all HIV-positive adults in sub-Saharan Africa are women, compared with a decade ago when male HIV cases outnumbered female cases. Moreover, *teenage girls are infected at a rate that is five or six times greater than their male counterparts*. The epidemic is linked especially to women's inability to negotiate safe sex. Furthermore, women are also caregivers when someone in the family gets infected and develops the full-blown symptoms of AIDS. Prevention and care programs need to challenge gender stereotypes and reduce gender inequalities while encouraging the active involvement of men and boys in all prevention and care activities.

6. There are successful programs producing results, and there are segments of the population that are currently less affected and can be protected if we act quickly. The clear evidence from Uganda, Senegal, and Thailand is that prevention works and that **behavior is changing**. In addition, most of the adult population is not yet infected, and there are very few children in the age group 5-14 who have been infected. They can and must be protected.

Reports from sentinel surveillance sites and other sources in Uganda indicate a downward trend in HIV prevalence. Of particular note, the evidence indicates that HIV incidence (annual new infections) and prevalence among 15-19 year olds have leveled off in rural areas and are declining in urban areas. Survey results indicate that behavior has been changing within this age group, most notably by a later onset of sexual activity among teens and a decline in the proportion of adolescents with multiple sex partners. There has also been greater use of condoms in high-risk sexual encounters by members of this age group. One notable characteristic of Uganda has been the open discussion of HIV and AIDS by government, community and church leaders, including discussions in the church, at funerals, and in schools. In Senegal, the continued low prevalence rates have been attributed in part to the early implementation of a broad range of interventions, targeting both high-risk groups and the general population. The aggressive condom promotion effort in Thailand was one of the first interventions to show a demonstrable impact in reducing HIV prevalence. The experience in Brazil has now demonstrated that their comprehensive prevention and treatment program, including the widespread provision of anti-retroviral drugs, has led to reduced morbidity and mortality from AIDS.

Experience from Uganda and elsewhere has also shown that interventions to prevent vertical transmission (from mother to child) and to ensure a safe blood supply have had an impact. Other interventions shown to be effective are required to:

- Encourage voluntary counseling and testing so that people know their status;
- Promote abstinence and faithfulness;
- Reduce the overall number of sexual partners;
- Delay the beginning of sexual activity among adolescents;
- Promote the use and availability of condoms; and
- Control other sexually transmitted diseases, the presence of which greatly facilitates the transmission of HIV.

7. As the world community mobilizes increasing amounts of resources to battle the epidemic, it is critical that these resources be used effectively and transparently. Therefore, it is important to build on the base of existing activities as well as to hold

decision makers accountable for resource allocation. A broad range of activities are already underway in the public, NGO, and commercial sectors, many of them innovative and directly responsive to expressed needs. They include home-based care, workplace programs, peer education programs, and orphan care. Much has been learned from these activities, which have often been undertaken on a small scale or as pilot projects in a wide variety of settings. We need to give them careful study, identifying those that produce results and are cost-effective in order to **scale-up the level of successful activities** to have the largest possible impact with scarce resources. An equally critical challenge is to allocate resources effectively and ensure their appropriate use. A principal lesson learned during the launching of many national AIDS programs is the importance of transparency and good governance. As more and more resources are mobilized, it is very important that systems of accountability be built into all levels of program implementation.

8. With 15,000 people worldwide newly infected every day, prevention must be the mainstay of any national program; but the international consensus is that prevention, care, support, and treatment are <u>all</u> fundamental elements of an effective response. The reduction in prices for anti-retroviral drugs has vastly expanded the public debate over strategies for battling HIV/AIDS and introduced an element of hope that is shifting the population's attitudes toward the disease, particularly toward seeking out their HIV status. While decision makers must now struggle with difficult questions of how to provide anti-retroviral drugs and supporting health services at an affordable price, there has now emerged a firm international consensus that the response to AIDS must include the whole continuum from prevention to care. Thus, resources need to be mobilized and allocated to ensure that care includes treatment with appropriate drugs for palliative care, opportunistic infections, and anti-retroviral treatment.

Secretary Powell at the UN General Assembly Special Session on HIV/AIDS (6/25/01):

> ***"The war against AIDS has no front lines. We must wage it on every front. And only an integrated approach makes sense. An approach that emphasizes prevention and public education. But it also must include treatment, care of orphans, measures to stop mother-to-child transmission, affordable drugs, delivery systems and infrastructure, medical training. And of course, it must include research into vaccines and a cure."***

9. We have an excellent opportunity to protect the new generation and change the course of the epidemic if we pay particular attention to children and young adolescents. Infection rates are negligible among those aged 5-14. A strong emphasis on programs in the schools and among out-of-school youth can help protect this rising generation and dramatically impact the future course of the epidemic. But such programs need to start early, before children become sexually active. In some locations, HIV prevalence among teenage girls is as high as 20 percent for those who became sexually active within the last two years. Research has shown that sex education **does not** lead to earlier or increased sexual activity, but rather it improves communication and results in delayed initiation and more responsible decision making and behavior. While discussions with our children about such personal issues are a very sensitive

matter, we must also accept that they learn every day about sex, sexuality, and HIV/AIDS from friends, the media, and other sources – not all of which are factual or reliable. We therefore have a responsibility to overcome our reluctance and talk to them about sexuality and better equip them to avoid a devastating disease that was unknown to the previous generation.

10. We need to give leadership groups a clear indication of the major areas of U.S. assistance in the area of HIV/AIDS. Preventing sexual transmission is central to the U.S. Government's approach to responding to the AIDS crisis. But as Secretary Powell made clear in his remarks to the UN General Assembly Special Session on HIV/AIDS, the U.S. response has been expanded to support the whole range of interventions, from prevention to care, treatment, and the mitigation of the social and economic impacts of AIDS. Selected areas of focus for U.S. assistance are based on solid experience and on the comparative advantage of the United States in these focus areas. These include support for programs in policy and information dissemination, social marketing of condoms and other prevention interventions, biomedical and behavioral research, and the care of orphans. In addition, the United States leads the world in funding of vital basic research.

While the United States has been and remains the largest bilateral donor supporting international AIDS programs, it collaborates with many other donors and with national governments, regional organizations, and NGOs.

One goal of the Dakar meeting will be to review the various resources available to support national programs. These include:

- USAID global, national, and regional projects;
- The LIFE initiative;
- State Department, CDC, Department of Defense, Department of Labor, and U.S. Peace Corps projects; and
- U.S. contributions to the Global HIV/AIDS and Health Fund.

Another goal of the Dakar meeting is to identify strategies for Non-USAID Presence countries. These include capitalizing on the unique position of U.S. Ambassadors to engage in dialogue to favorably influence the policy environment and increase political commitment, using this set of Talking Points; leverage existing U.S. Embassy programs and resources; and take advantage of USAID-funded regional health programs.

11. False hopes should not be placed on the rapid development of a vaccine or cure. The development of an effective vaccine is many years, if not decades, away. While investment and research are accelerating on the development of HIV vaccines, especially for viral strains prevalent in highly affected areas, it is clear that HIV is a particularly intractable virus, and there are many problems yet to be overcome in developing an effective and suitable vaccine. A social and behavioral response is still really the only solution we have. Neither drugs nor vaccines will

likely reduce the heterosexual spread of HIV in sub-Saharan Africa in the next several years. Increased knowledge about the disease and behavioral change holds the key to slowing the epidemic.

Those who make false claims of an AIDS "cure" can damage the AIDS program, and many who are profiteering leave affected people even more impoverished. However, it is also important to remember that for a vast proportion of the population, traditional healers and other practitioners are a positive force in the face of limitations of modern medicine and restricted access to organized health care services. As HIV/AIDS puts increasing pressure on available modern medical services, more and more people will be forced to rely on traditional practitioners for either part or all of their medical care and support. These traditional practitioners should thus be called on to play an active role in the development of prevention and care programs.

12. The response to the AIDS epidemic cannot be externally driven. Societies and communities must develop their own responses for preventing the spread of HIV, providing care and support for those with AIDS and reducing stigma and discrimination, and mitigating the social and economic impact of AIDS.

There are many actions that leaders can take to play their role in the war against AIDS. The role of U.S. Ambassadors should include engaging leaders from all sectors of society in discussion about the specific actions these leaders think should be taken and are willing to take. Some examples of specific actions include:

- **All can provide messages of hope**. Most of the adult population remains uninfected, and all of these persons can take active measures to remain free from HIV. If they have any doubts about their HIV status, they can be tested. Those who are HIV-infected must then ask "What can I do in my personal life to keep from infecting others?" Those who are not infected must ask: "What can I do to avoid getting infected?" to guard jealously their HIV negative status for the rest of their life. All must ask: "How can I help those already infected or otherwise affected by the epidemic?"

- **Government leaders in the executive and legislative branches, at national and local levels, are well positioned to contribute in myriad ways.** They can discuss HIV/AIDS among their constituents, especially information about transmission, fatal consequences, and ways to prevent transmission; engage in policy dialogue to ensure that the epidemic remains high on the national agenda; support the HIV/AIDS programs of NGOs and sectoral ministries; and support measures to ensure supportive laws and regulations, tax incentives for firms with HIV/AIDS programs, and strong IEC, condom use, STD control, and youth education programs.

- **NGO, community, and religious leaders** can integrate messages and information about prevention, care, and support into ongoing activities, such as youth and adult education; identify and serve as advocates for vulnerable groups, for example young women and orphaned children subject to sexual exploitation or abuse; develop IEC messages and programs that stress the importance of family and moral values in stopping the spread of

HIV, for example remaining faithful to one partner or encouraging delays in the onset of adolescent sexual activity; participate in care and support programs for HIV-infected people; participate in strategic planning activities; and establish links and partnerships with firms in the private sector.

- **Private sector leaders** can establish HIV/AIDS workplace programs to educate workers about prevention efforts that can be made; establish links and partnerships with NGOs that could assist in developing HIV/AIDS workplace programs; create a private sector forum to share HIV/AIDS prevention "best practices" and to recognize firms that adopt these practices; urge governments to provide tax incentives for firms that have HIV/AIDS workplace programs; provide ongoing care and support for workers who are ill; and promote a public image of a business that cares about its employees and the public.

- **Members of the international community** can stress to local government officials the importance of free public service announcements; provide leadership in the American business community through local business associations; help establish links between companies interested in developing HIV/AIDS workplace programs and HIV/AIDS NGOs that can assist; publicly recognize businesses that have best practices, and encourage companies to adopt such practices when mergers and acquisitions occur; and encourage establishment of prevention programs that have been shown to be effective in causing behavior change.

* * * * *

These talking points have been developed by the POLICY Project, a five-year project funded by the U.S. Agency for International Development under Contract No. HRN-C-00-00-00006-00, beginning July 7, 2000. It is implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). POLICY works to promote an improved policy environment for effective reproductive health and HIV/AIDS policies and programs.

For further information, please contact:

Policy Project
The Futures Group International
1050 17th St., NW, Suite 1000
Washington, D.C. 20036
Telephone: (202) 775-9680
E-mail: policyinfo.com