



UNAIDS NEWSLETTER/09



NO SINGLE MAGIC BULLET FOR HIV PREVENTION

HIV prevention hampered by homophobia
Silence on harm reduction not an option
Condoms: Essential part of combination
HIV prevention

In this issue . . .



In this issue of the UNAIDS newsletter we focus on four aspects of the HIV prevention response that have been the subject of discussion in recent months- homophobia, harm reduction for drug users, sex work and the role of condoms.

UNAIDS recommends that HIV prevention programmes use combination prevention approaches that are informed by evidence and grounded in human rights.

But what is combination prevention?

It is choosing the right mix of behavioural, biomedical and structural HIV prevention actions and tactics to suit your actual epidemic



and the needs of those most at risk, just as you choose the right combination and proportions of drugs for antiretroviral treatment.

It means promoting knowledge and skills for behaviour change e.g. knowing your HIV status, knowing your risk, being faithful to one partner, using condoms consistently and correctly. Also it means providing biomedical prevention services e.g. male circumcision, prevention of mother-to-child transmission. And it means investing in structural interventions e.g. legal reform to ban discrimination against people living with HIV, and enforcement of laws that prohibit sexual and gender-based violence.

It is acting to encourage individual awareness and promote a desire for change while simultaneously acting to shift community norms and broader social environments, to make individual change easier, more widespread, and more easily sustainable. The combination prevention strategy highlights the synergies that can come when these programmes are coordinated and reinforce each other.

There is no single “magic bullet” for HIV prevention, but by making the right choices every country’s HIV prevention efforts can have the power, relevance and scale required to stop new HIV infections.



UNAIDS promotes combination HIV prevention towards universal access goals

GENEVA, 18 March 2009 – UNAIDS’ number one priority is universal access to HIV prevention, treatment, care and support.

With more than 7400 new HIV infections each day the world can not stop the AIDS epidemic without stopping new HIV infections. Countries must know their epidemic and tailor their response to it. UNAIDS advocates for and supports comprehensive approaches to HIV prevention through combination strategies.

Condoms are an essential part of combination prevention which includes among other elements: access to information about HIV, access to treatment, harm reduction measures, waiting longer to become sexually active, being faithful, reducing multiple partners and concurrent relationships, male circumcision, ensuring human rights and the reduction of stigma.

Countries need to use all available strategies and methods that are informed by evidence and grounded in human rights. As was reported in the most recent edition of the UNAIDS’ Report on the global AIDS epidemic, substantial increases

In some of the countries most affected by HIV, condom use is increasing for young people with multiple partners. These countries include Benin, Burkina Faso, Cameroon, Chad, Ghana, Haiti, Kenya Malawi, Namibia, Uganda, Tanzania and Zambia.

“Condoms stop HIV. With 7,000 people becoming infected each day we need all available strategies and methods that are informed by evidence. Condoms are the single most efficient available technology to reduce the sexual transmission of HIV and other sexually transmitted infections.”

Michel Sidibé
UNAIDS Executive Director

An HIV prevention approach based solely on one element does not work and can hinder the AIDS response. There is no single magic bullet for HIV prevention. Countries need to use a mix of behavioural, biomedical and structural HIV prevention actions and tactics to suit their actual epidemic and the needs of those most at risk, just as the right combination and proportions of drugs for antiretroviral treatment is now saving millions of lives.

UNAIDS works with partners governments and civil society including networks of people living with HIV, the private sector, faith based groups and others in helping countries achieve universal access to comprehensive HIV prevention, treatment, care and support.

in HIV prevention and treatment efforts are producing results in several countries.

Silence on harm reduction not an option

In 1998, the UN General Assembly held a Special Session on the world drug problem. At the time there was little discussion on the linkage between HIV and drugs. Today of the estimated 16 million people world wide who inject drugs—3 million are HIV positive. Any discussion on drugs cannot ignore their needs and human rights.

Over the years the issue of HIV and drug use (especially injecting drug use) has grown. However, the global response has not followed the scientific evidence and harm reduction has been largely excluded.

Harm reduction programmes include access to sterile injecting equipment, opioid substitution therapies, condoms, STI treatment, information on sexual transmission of HIV and community-based outreach. These are the most cost effective means of reducing HIV related risk behaviors. They not only prevent transmission of HIV but also of hepatitis C and other blood borne viruses.

Too often countries have taken the one dimensional approach of reducing drug demand or supply. The word “only” hasn’t worked for HIV prevention, treatment, care and support programmes. And the evidence shows that programmes that “only” focus on one area of drug use will not work either.

Countries that have adopted a comprehensive approach to HIV and drug use have seen a slowing and reversal in the spread of HIV among people who inject drugs. This includes countries such as Australia, UK, France, Italy, Spain, and Brazil, and in some cities in Bangladesh, the Russian Federation, and Ukraine. In recent years countries such as Indonesia and China

are scaling up access to harm reduction programmes for injecting drug users.

No evidence has been found of unintended negative consequences such as increased initiation, duration or frequency of injecting drug use. On the contrary it has been found that countries which have adopted this public health approach to HIV prevention among people who inject drugs have been the most successful in reversing the HIV epidemic.

In contrast to the overwhelmingly beneficial effects of harm reduction, law enforcement approaches alone do little to reduce drug use and drug-related crime and are often associated with serious human rights abuses and poor health outcomes for people who use drugs.

They include arbitrary arrests, prolonged detention, compulsory drug registration and unwarranted use of force and harassment by law enforcement officers. Drug laws may make possessing and distributing sterile needles and syringes an offence, and opioid substitutes may be classified as illegal, despite both methadone and buprenorphine being on the WHO model list of essential medicines.

These measures reinforce stigma against people who inject drugs, create disincentives to accessing services (including treatment for drug dependence or HIV) and may make health and welfare professionals wary of offering services to people who use drugs. But when law enforcement and public health efforts come together, the outcomes are very successful— for example in Britain and

Photo UNAIDS / P. Virost



Australia where drug action teams police focus on the crime fighting and successfully refer drug users to health and welfare services. It is time to come together, not work against each other.

It should not be a crime to access clean needles. It should not be a crime to access substitution therapy. The global drug problem is complex and cannot be solved in isolation. A coming together of organizations working on drug control and AIDS is urgently needed. Working together the world has a better chance to employ solutions that save lives.

The largest numbers of HIV positive people who inject drugs are in Eastern Europe, East and Southeast Asia and Latin America. HIV prevalence among some groups in these regions is estimated at over 40%. New epidemics of injecting drug use are also emerging in sub-Saharan Africa. HIV can spread extremely quickly once it enters a population of people who inject drugs. Increases in HIV prevalence from 5% to 50% in one year have been observed among people who inject drugs in some settings, and HIV can also spread from people who inject drugs to their sexual partners and other populations at higher risk of HIV exposure.



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Contact UNAIDS

This is the first issue of the newly revised UNAIDS newsletter. All content has been previously published on unaids.org.

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Spotlight . . . Men who have sex with men



Hidden HIV epidemic amongst MSM in Eastern Europe and Central Asia

Judging by the official statistics, cases of HIV infection amongst men who have sex with men (MSM) in Ukraine, as in much of Eastern Europe and Central Asia, are so rare as to seem scant cause for concern.

“No statistics means no problem,” says Zoryan Kis of the All-Ukrainian Network of PLHIV (People Living with HIV). “The fact that the official numbers are very low is a danger for our work because we know that the epidemic exists but it is hidden.”

But there is no doubt in the minds of health experts and activists that the official figures hugely underestimate the numbers of MSM living with HIV and newly acquiring HIV infection in Ukraine and elsewhere in the Region.

In the 20 years since the first case of HIV infection was detected in

Photo UNAIDS / J.Spaul



Ukraine, only 158 MSM have been officially registered as living with HIV in a country with a total population of some 46 million people.

According to the 2007 UNGASS country report Ukraine has the most severe HIV epidemic in Europe, with just over 1.6 percent of the adult population estimated to be living with HIV. In 2007, 17,687 people were reported as newly infected with HIV, up 10 percent from 2006. Among them, the official number of new cases amongst MSM was just 48.

Together with the high degree of stigma attached to MSM in Ukraine, something the country shares with other countries in Eastern Europe and central Asia, this understating of the problem has contributed to authorities’ reluctance to back campaigns of prevention among MSM, activists say.

Beyond the official statistics, there is considerable data on MSM which paints a different picture. Various organisations, including UNAIDS,

WHO and the International HIV/AIDS Alliance in Ukraine estimated that in 2006 there were between 177,000 and 430,000 MSM in the Ukraine, of whom between 3 and 15 percent of live with HIV, which is several hundred times the figure reflected in the official studies.



China to tackle HIV incidence amongst MSM

China announced in 2008 plans for an extensive programme to tackle sharply rising rates of HIV amongst men who have sex with men (MSM), in the latest sign that the country may be starting to face up to a crisis which long seemed taboo.

Announcing the MSM campaign, the ministry of health said that risky sexual behaviour was the biggest single factor behind the spread of HIV in mainland China, excluding Hong Kong, and that men who had sex with men were now the group most likely to become infected with the virus. In China there are around 700,000 people living with HIV, and 11.1 percent of these are MSM.

“In the past between 1 and 3 percent of MSM on the mainland had HIV; Now it is anywhere from 2.5 to 6.5 percent”, Hao Yang, deputy chief of the ministry’s disease prevention and control bureau, was quoted as saying by the China Daily.

The campaign involved targeted prevention measures for the estimated 5-10 million – Chinese MSM, including stronger promotion

of condom use, expanded coverage and quality of HIV prevention activities, increased access to voluntary HIV counselling and testing services, and improved access to treatment for sexually transmitted infections.

As a starting point for its new large-scale campaign to reduce HIV among MSM, China is aiming for some 21,000 MSM to be HIV-tested in order to be able to establish a clearer statistical baseline for the infection rate. This is the largest such study undertaken anywhere in the world and the first of its kind in Asia.

Its prevention effort will involve MSM community based organizations (CBOs) and civil society at all levels. Community-based organisations are carrying out AIDS awareness campaigns, VCT referrals, peer education, safer sex promotion and condom distribution; hot-lines are being run and internet chat rooms and websites used.

UNAIDS, the joint United Nations programme on HIV/AIDS, sees the empowering of MSM and other marginalized groups to protect themselves from HIV as one of the main elements of the global AIDS response.

“The Chinese government has made addressing HIV prevention among MSM a priority and that is something which UNAIDS welcomes,” said Bernhard Schwartlander, UNAIDS Country Coordinator in China.



HIV prevention hampered by homophobia

Every two or three days a person is killed in Brazil in violence connected with his or her sexuality, according to Brazil’s oldest gay rights association, Grupo Gay da Bahia (GGB). In Mexico, the reported figure is nearly two a week.

Most of the victims are men who have sex with other men (MSM) – whether

Photo UNAIDS / A. Libre



Aside from the individual pain homophobic attitudes inflict, the continuing stigma attached to same-sex relations is complicating hugely the task of slowing the spread of HIV.

they are gays or bisexuals – or transgender people.

But if Brazil and Mexico top the table of violence against men who have sex with men in Latin America, this may be because rights groups there monitor the situation more closely than elsewhere in Latin America. Much violence simply goes unreported elsewhere, gay activist organizations say.

“Brazil and Mexico are the only countries which have a register, which keep track of the murders. That does not mean necessarily that there is more violence there,” says Arturo Díaz Betancourt of the Mexican National Council for the Prevention of Discrimination.

It is notable that when the United Nations Special Rapporteur on Extra-Judicial Killings made an official mission to Guatemala in 2006 his attention was drawn to a series of murders of gay and transgender people, and his subsequent report to the Human Rights Council stated “There has been impunity for murders motivated by hatred towards persons identifying as gay, lesbian, transgender, and

transsexual. Credible information suggests that there were at least 35 such murders between 1996 and 2006. Given the lack of official statistics and the likely reticence if not ignorance of victims’ family members, there is reason to believe that the actual numbers are significantly higher.”

Many Latin American countries boast socially advanced legislation when it comes to defending sexual freedom and orientation. With law reform in Nicaragua and Panama over the past 12 months, there are now no states in Latin America which criminalize homosexual relations, for example.

Yet perhaps influenced by a lingering “machismo”, prejudice and discrimination continue to flourish, whatever the laws say. Latin America is widely regarded as having a long way to go to successfully counter homophobia, or “fear or hatred of homosexuals.”

“There is a real contrast between reality and theory. This is the developing region of the world with the highest number of laws against discrimination based on sexual orientation,” says Dr. Ruben Mayorga, UNAIDS Country Coordinator for Argentina, Chile, Paraguay and Uruguay.

Aside from the individual pain homophobic attitudes inflict, the continuing stigma attached to same-sex relations is complicating hugely the task of slowing the spread of HIV in a region where sex between men is a leading mode of HIV transmission, health experts say.

Stigma and homophobia increase the isolation of gays, bisexuals and transgender people making them more reluctant to come forward, be identified and get advice.



UNAIDS and broad coalition working towards the release of nine men who have sex with men in Senegal who have been convicted and imprisoned

GENEVA, 15 January 2009 – UNAIDS deplores the arrest and imprisonment of nine members of an association called AIDES Senegal since December 22nd, 2008. On 6 January, 2009 they were tried before the court in Senegal and sentenced for acts against nature and the creation of an association of criminals. The case is currently on appeal.

A coalition bringing together organizations from civil society, the public sector and partners such as UNAIDS, UNDP, the French Embassy and the Swedish Embassy representing the European Union has been working towards the release of the detainees.

“There is no place for homophobia. Universal access to HIV prevention, treatment, care and support must be accessible to all people

in Senegal who are in need—including men who have sex with men,” said UNAIDS Executive Director Michel Sidibé. “This will only happen if the men convicted are released and steps taken to rebuild trust with affected communities.”

Homophobia and criminalization of consensual adult sexual behaviour represent major barriers to effective responses to

“Most of MSM are not open. They would not go and say: ‘I have had sex with men’. They would say ‘I have had risky behaviour, I have been injecting drugs or even I have visited the dentist and I am worried’... ”

HIV. Such responses depend on the protection of the dignity and rights of all those affected by HIV, including their right and ability to

organize and educate their communities, advocate on their behalf, and access HIV prevention and treatment services.

UNAIDS urges the Government of Senegal to take steps to eliminate stigma and discrimination faced by men who have sex with men and create an enabling legal environment for them and the organizations working with them so as to protect their rights and increase access for HIV prevention, treatment, care and support services. Failure to do so will jeopardize Senegal’s target of achieving the goal of universal access by 2010. UNAIDS would like to see the creation of a social and legal environment that guarantees respect for human rights. UNAIDS recommends that criminal law prohibiting sexual acts between consenting adults in private should be reviewed with the aim of repeal.

UNAIDS urges the Senegalese authorities to take the necessary legal steps for the release of the nine detainees.



Photo UNAIDS / P. Virot



Photo UNAIDS / J. A. Wainwright



Senators in Burundi uphold rights of men who have sex with men

GENEVA 18 February 2009 – UNAIDS welcomes the Senate action in Burundi to reject a draft law that sought to criminalize homosexuality. Senators in Burundi overwhelmingly rejected an amendment of the penal code that included provisions for imprisonment of people who have sexual relationships with those of the same sex.

“By rejecting this amendment, Senators in Burundi have protected the human rights of their people,” said Mr Michel Sidibé, Executive Director of UNAIDS. “They have also set a standard for other lawmakers around the world to follow their example in stopping laws that block the AIDS response.”

Criminalization of adult sexual behaviour and violation of human rights of people living with HIV are hampering HIV responses across the world. Such measures have a negative impact on delivery of HIV prevention programmes and access to treatment by people living with HIV. Not only do they violate human rights of individuals, but further stigmatize these populations.

Currently, 84 countries in the world have legislation that prohibits same sex behaviour.

In the 2006 United Nations Political Declaration on HIV/AIDS, governments committed to removing legal barriers and passing laws to protect vulnerable populations. Countries that have non-discrimination laws against men

who have sex with men, injecting drug users and sex workers have provided better access to HIV prevention, treatment, care and support services.



UNAIDS and TEDDY Award partner to raise awareness on HIV for 23rd edition

UNAIDS Executive Director Mr Michel Sidibé addressed the audience of the 23rd edition of the TEDDY Award in Berlin on 13 February with a strong message: universal access to HIV prevention, treatment, care and support must be accessible to all people who are in need—including men who have sex with men and other populations most-at-risk of HIV infection.

UNAIDS partnered with the organizers of the TEDDY Award to focus this year’s Teddy Topic on homophobia, human rights and AIDS.

The TEDDY Award is one of the longest running (since 1987) and most-

respected international film awards for the lesbian, gay, bisexual and transgender (LGBT) community. The award is part of the annual Berlin International Film Festival commonly known as the Berlinale, which ended on 15 February.

At the start of the evening ceremony, Mr Sidibé engaged in a lively conversation with Dirk Ludigs, a well-known German journalist and author, outlining the work of UNAIDS and its partners in addressing the global AIDS epidemic.

Mr Sidibé stressed that countries can and should actively promote tolerance and inclusion, as well as confront homophobia and gender violence.

On the issue of human rights violations against sexual minorities, Mr Sidibé stressed that laws criminalizing sex between men drive the HIV epidemic underground, increasing the isolation of gays, bisexuals and transgender people and making them more reluctant to come forward to access HIV services.



Photo UNAIDS



UNAIDS in brief . . .

Michel Sidibé sworn in as new Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) by Secretary-General Ban Ki-moon at UN Headquarters in New York. Mr Sidibé took up his post as head of UNAIDS and Under Secretary-General of the United Nations on 1 January.

After taking the oath of office, Mr Sidibé had the opportunity to share his vision for a re-energized global AIDS response with Mr Ban. Accelerating the work on universal access to HIV treatment, prevention, care and support is Mr Sidibé's top priority for UNAIDS.

Secretary-General Ban Ki-moon stressed his readiness to support Mr. Sidibé, saying: "I want to assure you of my full support in your new role as Executive Director of UNAIDS. I have no doubt your decades of experience with UNICEF and UNAIDS, including in the field, will be an asset to the fight against HIV."

UNAIDS Guidance Note on HIV and Sex Work

Although the links between sex work and HIV vulnerability have been recognized since the earliest days of the epidemic, surveys indicate that sex workers worldwide have inadequate access to HIV prevention services, and it is believed that their access is even more limited for appropriate treatment, care and support.

The Joint United Nations Programme on HIV/AIDS has produced a Guidance Note on HIV and sex work to provide UNAIDS Cosponsors and the UNAIDS Secretariat with a coordinated human rights based approach to promoting universal access to HIV prevention, treatment, care and support in the context of adult sex work. The Guidance Note provides a common policy framework on HIV and sex work that rests on three inter-dependent pillars:

(a) Access to HIV prevention, treatment, care and support for all sex workers and their clients



Photo UN

(b) Supportive environments and partnerships that facilitate universal access to needed services, including life choices and occupational alternatives to sex work for those who want to leave it

(c) Action to address structural issues related to HIV and sex work.

The three pillars outlined in the Guidance Note together provide a framework for developing effective strategies to reduce the immediate HIV risk to sex workers and their clients, and to the spouses and regular partners of clients; provide care for sex workers living with HIV; and reform official policies, practices and legislation to protect the human rights of sex workers.

These strategies should be accompanied by programmes to build supportive environments to facilitate full and equal participation of sex workers, provide meaningful alternative livelihoods and life choices, ensure full and universal enjoyment of human rights, combat stigma and discrimination, and strengthen partnerships between government, civil society, and community actors.

New tool distills guidance on writing strong Global Fund HIV proposals

As applicants prepare their proposals for the next round of HIV funding, Round 9, UNAIDS and WHO have jointly developed an online resource kit to provide guidance in planning and writing strong Global Fund proposals.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)

is a financial mechanism that provides grants in support of evidence-informed, technically sound and cost-effective programmes for the prevention and treatment, care and support of persons infected and directly affected by HIV, tuberculosis and malaria. By 1 December 2008, it had signed grant agreements worth US\$ 10.2 billion for 579 grants in 137 countries around the world.

The aim of the fund is to direct money to areas of greatest need so that a real difference can be made in peoples' lives. As a part of this process hundreds of pages of technical documentation on how to design programmes or write a grant proposal have been developed by a range of technical experts. The challenge for the country partners writing their proposals is sifting through these myriad long and complex guidelines.

New clearinghouse on male circumcision for HIV prevention launched

A new web site on male circumcision for HIV prevention was launched. It provides evidence-based guidance to support the delivery of safe male-circumcision services as one component in a comprehensive approach to HIV-prevention services.

The site — www.malecircumcision.org — is designed to be a clearinghouse for the generation and sharing of authoritative information about the role of male circumcision in HIV prevention.

"The Clearinghouse will be continually updated with emerging information on country progress in expanding access to safe male circumcision services, including lessons learned in implementation," said Dr. Catherine Hankins, Chief Scientific Adviser to UNAIDS. "Providing access to tools and guidance, the Clearinghouse is an essential website aid for all those working on male circumcision for HIV prevention," she added.

