

Acknowledgements

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
1 THE HIV/AIDS EPIDEMIC IN VIET NAM	2
1.1 Epidemic overview	2
1.2 Sources of data and the surveillance system	3
2 NATIONAL RESPONSE	4
2.1 Resource mobilisation	4
2.2 Government priorities and strategies	5
2.3 Main partners and their role	6
3 ACHIEVEMENTS AND FAILURES	6
4 UN CONTRIBUTION TO THE NATIONAL RESPONSE	7
4.1 UN mission in Viet Nam	7
4.2 Criteria for the UN response to HIV/AIDS	7
4.3 Challenges and opportunities	8
4.4 UN role and comparative strategic advantages	8
4.4.1 Advocacy	9
4.4.2 Innovative and relevant technical support	9
4.4.3 From pilot projects to policies	9
5 STRATEGIC PRIORITIES	10
5.1 Advocacy and policy promotion	10
5.2 Primary prevention	10
5.3 Care and Support	11
6 COORDINATION MECHANISMS	12
REFERENCES	13
ANNEX 1	14
ANNEX 2	15

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
INGO	International Non-Governmental Organization
MoH	Ministry of Health
NAP	National AIDS Programme
ODA	Official Development Assistance
PLWHA	People Living With HIV/AIDS
PMCT	Prevention of Mother to Child Transmission of HIV
STIs	Sexually Transmitted Infections
SWs	Sex-workers
TB	Tuberculosis
UN	United Nations

EXECUTIVE SUMMARY

HIV/AIDS is sweeping away years of progress and development in many countries all over the world. In Viet Nam the epidemic is still in an early stage, however available data on the infection shows that there is no time for complacency; it is urgent to act with effective interventions to curtail the spread of HIV.

This document aims to define a broad framework for UN support to the Government of Viet Nam as part of the national response to the HIV/AIDS epidemic. It articulates a coherent vision and selective priorities for the UN system, as distinct from those of each UN agency, the Government and other development partners. It is intended to ensure a better response of the UN system as a whole to the HIV/AIDS epidemic in Viet Nam. The strategic priorities listed in this document are based on the analysis of the HIV/AIDS epidemic in Viet Nam and of strengths and weaknesses of the national response to the epidemic. They also take into account the role and comparative advantages of the UN system.

Even if Viet Nam has responded positively to the HIV/AIDS threat, analysis of this response shows that more has to be done; interventions with a limited impact only, such as epidemiological surveys and some campaigns with mass media, have been implemented on a large scale. However, these have been notably insufficient to have any significant impact. In addition, Government and donor funds available are still low considering the importance of Viet Nam in terms of geography and population.

A rational strategy based on sound epidemiological data and on evidence-based interventions needs to be implemented, as does the fostering of an enabling environment with access to vulnerable groups and decreased stigmatization. This strategy will ensure that the International Development Target related to HIV/AIDS – halt and reverse the spread of HIV/AIDS by 2015 – may be reached by the year 2015.

The United Nations agencies working on HIV/AIDS in Viet Nam will ensure that their involvement is properly coordinated. The UN support to Viet Nam's efforts to fight the HIV/AIDS epidemic should include common mechanisms for joint planning, precise monitoring and sound evaluation processes. It is also felt that this common strategy paper (initiated by members of the United Nations Theme Group on HIV/AIDS) will help the UN system integrate its efforts with national coordination mechanisms more effectively, and whenever possible, facilitate the coordination of other external support to national programmes.

1 THE HIV/AIDS EPIDEMIC IN VIET NAM

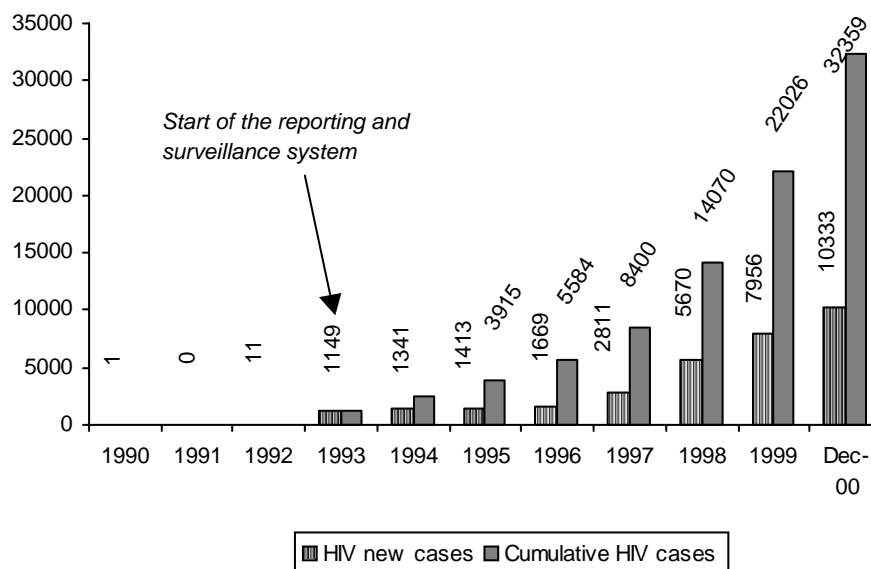
1.1 Epidemic overview

HIV was first recognised in Viet Nam in 1990 in an AIDS patient. Annual reported HIV infections (HIV infections and AIDS cases) have roughly doubled each year since 1994 (Graph 1). At the end of 2000, the total number of reported HIV infections (asymptomatic and symptomatic) was more than 30,000. HIV prevalence in the general population is still low as shown by available data on prevalence among pregnant women (0.2%), however trends indicates that the epidemic is spreading into the general population.

All 61 provinces of the country have reported HIV cases of infection, but aggregate HIV data mask large disparities in HIV prevalence. Based on available data, there are three types of epidemic in Viet Nam:

1. Epidemic among injecting drug users (IDUs) who are using drugs for many years in the cities of the south and central Viet Nam (HIV prevalence varies from 5 to 50%) with a growing group of young drug-addicts who are shifting to injectable drugs;

Graph.1: Distribution of reported HIV/AIDS infections per year



Source: Ministry of Health, December 2000

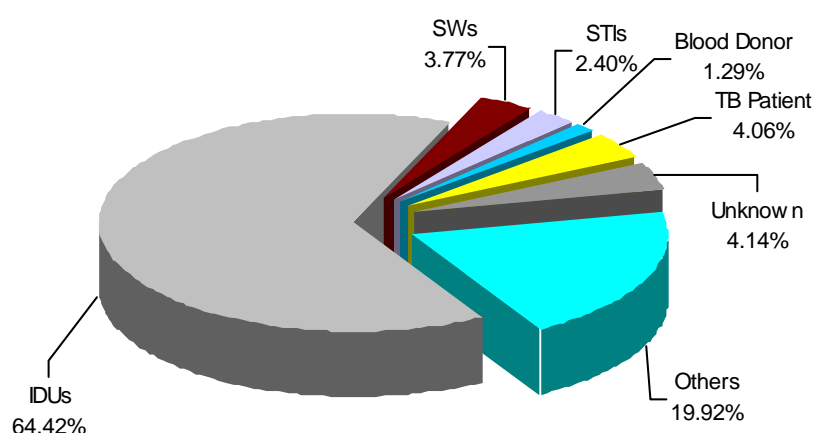
2. A recent epidemic among young male IDUs who live along the main heroin trafficking routes in cities of Northern Viet Nam;
3. Epidemic among sex-workers (SWs), mainly in the southern part of the country, with HIV that may have been acquired in neighbouring countries where HIV is prevalent. Data shows that already 20% of SWs are HIV-positive in Ho Chi Minh City. The problem is being complicated by the fact that SWs have started to use injectable drugs.

Recent estimates put the total number of HIV infection in the country at around 100,000. Although vulnerable people such as IDUs still represent the majority of people with HIV infection (Graph 2), the number of people getting infected through heterosexual transmission is on the rise.

1.2 Sources of data and the surveillance system

In 1994, realising that HIV was spreading in the country, the Government established a reporting system for HIV/AIDS and implemented an epidemiological surveillance programme in eight provinces. This programme was later deployed in twenty provinces and will be expanded to a total of thirty in the near future. Data is collected on a regular basis through the public system by the registration of cases (asymptomatic or symptomatic with a positive HIV test or symptomatic according to the WHO case definition). Sentinel surveillance also allows data collection among a sample of people according to their

Graph. 2: Distribution of HIV infection by risk-groups, up to Dec. 2000



Source: Ministry of Health 2000

vulnerability to HIV (SWs, patients with STIs, IDUs, pregnant women and patients with tuberculosis).

Behavioural data has only recently been collected (second generation surveillance) on a pilot basis and there is a good chance that it will be extended. Analysis of behavioural data measures the level of “risky-behaviour” in the population, thereby enabling the evaluation of interventions.

The second epidemiological review, conducted in November 2000 by the MoH with the technical and financial support of UNAIDS and WHO, gathered national and international experts to provide a better view about the present epidemic and its future.

2 NATIONAL RESPONSE

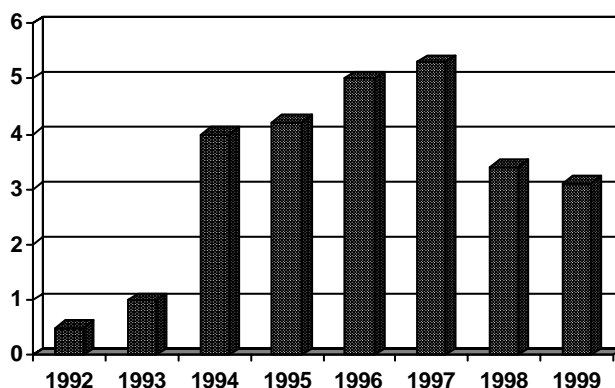
2.1 Resource mobilisation

The amount of money spent, per capita, on HIV/AIDS in Viet Nam (USD0.09) is extremely low, compared to USD0.9 in Thailand.

Between 1997 and 1999, most financial resources, particularly those allocated by the Government, were invested in medical care and counselling (Annex 1). The total amount of funds, from all sources, allocated for HIV/AIDS during these three years amounted to USD24.1 million. In terms of funding, the UN system came in last position compared to the Government, INGOs and others (Annex 1).

In 1999, around USD 7 million was spent for HIV/AIDS activities from all sources.

Graph 3: Total budgeted amount from the Government
(million USD)



2.2 Government priorities and strategies

Viet Nam's Government established a multi-sectoral National AIDS Committee (NAC) in 1994, directly under the authority of the Prime Minister. The committee did not come under the realm of the MoH and it was composed of a wide range of Government ministries and members of mass organizations involved in providing an enabling environment for large-scale HIV prevention, care and support programmes. NAC groupings were also set up at the local level, with 61 Provincial AIDS Committees and mass organization focal points delivering HIV/AIDS related services.

On the 5th of June 2000, the Prime Minister issued Decision No.61/2000/QĐ/TTg, creating the *National Committee for the Prevention of AIDS, Drugs and Prostitution (NCADP)*. This committee was a merger between the Social Evil Prevention and Control Committee, the National Committee for Drug and Prostitution Prevention and Control, and the National Committee for AIDS Prevention and Control. It is mandated to assist the Prime Minister in directing and coordinating AIDS, drug and prostitution prevention and control, with the Ministry of Health taking over the leadership of HIV/AIDS Programme.

With this new committee in place, the Government is in the process of developing the second National Targeted Plan on HIV/AIDS Prevention (2001–2005). This plan is based on the evaluation of the National AIDS Prevention Programme during the last ten years.

The long-term objectives of the second National Strategic Plan 2001–2005 are:

1. To reduce the spread of HIV/AIDS transmission among population/communities;
2. To slow down the development from HIV to AIDS; and
3. To reduce the impact of HIV/AIDS on socio-economic development.

The Government is also developing specific strategies in the following priority areas:

1. Care and support for people living with HIV/AIDS (PLWHA);
2. Prevention of mother to child transmission; and
3. Management and formulation of feasible provincial projects.

The specific objectives of the second National Strategic Plan 2001–2005 are:

1. To improve IEC activities, focusing on the population in rural and mountainous areas;
2. To improve the sentinel surveillance system;
3. To strengthen care and support to PLWHA;
4. To strengthen the capacity of rehabilitation centres (05/06); and

5. To improve the capacity of health settings, including blood safety, STI services and treatment for AIDS patients.

2.3 Main partners and their role

HIV/AIDS response over the past few years has resulted in many interventions in many provinces by Government, the UN system, NGOs and the bilateral donors. While the support of the UN system and bilateral donor has been focused mostly on capacity building at central level, in partnership with the Ministry of Health, the role of INGOs has been essential in the implementation of primary prevention and care activities at local levels. Most of these activities have been implemented using local Government resources or through the direct assistance of the NGOs themselves. This “division of labour” has meant that successful grassroots pilot projects have had few chances of scaling-up, as NGOs have had little access to policymakers.

3 ACHIEVEMENTS AND FAILURES

While the Government of Viet Nam has acknowledged the HIV/AIDS problem and shown openness to dealing with the epidemic, particularly at the MoH, this commitment is not shared equally among all ministries. Moreover, there is a lack of proper coordination between ministries in the field of HIV/AIDS. At provincial level, although AIDS Committees have been established and are functioning, a proper planning process for HIV/AIDS activities does not exist; there is an inadequate number of trained staff. In addition, people with good capacity in some provinces are overstretched by external projects. Furthermore, the current planning process involving central and local administrative structures allows only foreign funds to support innovative initiatives to work with vulnerable groups.

Although the overall prevalence of HIV in Viet Nam is still low, the epidemic shows no sign of decrease. Authorities sometimes give a sense of false security vis-à-vis HIV based on the estimations done years ago that show the epidemic was at a much higher level than it actually was.

Despite the relative openness shown by officials on the HIV/AIDS issue, there is still a tendency at different political levels to link HIV with “*social evils*”, putting the entire responsibility of the infection on vulnerable people and not looking at the HIV issue as the problem of the entire society.

Moreover, it seems that stigmatization associated with HIV/AIDS is still very common even among health care workers involved in HIV/AIDS prevention and care.

4 UN CONTRIBUTION TO THE NATIONAL RESPONSE

4.1 UN mission in Viet Nam

As stated in the UN Development Assistance Framework (UNDAF) for the Socialist Republic of Viet Nam, “*The overarching goal of UN assistance in Viet Nam for the 2001-2005 period is to assist in the promotion of the rights enshrined in the declarations, covenants and conventions of the United Nations to which Viet Nam is a signatory, with particular emphasis to those areas given priority in the Government’s strategic plan*”. UN aims to reach this goal using people-centred approaches to **create opportunity, ensure equity and reduce vulnerability**, and by playing a catalytic role within the ODA community to promote national development objectives and to strengthen national capacity for effective aid coordination and management.

Moreover, in recognising the importance of all individuals, the UN focuses its programmes on the poor, the vulnerable and other disadvantaged groups – children, women, ethnic minorities, and people living with HIV/AIDS, among others.

4.2 Criteria for the UN response to HIV/AIDS

In order to propose a rationale strategy taking into account the characteristics of the country and the limited funds available, a joint UN response should be based on:

1. Sound epidemiology data collected on a regular basis allowing a proper monitoring and evaluation of interventions;
2. Cost effective evidence-based interventions that have shown to be effective against the spread of HIV/AIDS; and
3. National and global objectives on HIV/AIDS prevention and care, particularly:
 - ◆ To prevent further spread of HIV,
 - ◆ To offer care and support to people who are already infected,
 - ◆ To offer them an enabling environment and mitigate the impact of the epidemic.

It is essential to prioritise interventions directly linked to the achievement of these objectives, as well as in line with the epidemiological situation of the country, and that can have the greatest impact for the given investment (cost-effectiveness) and can be scaled-up to influence national policy.

4.3 Challenges and opportunities

At least five major challenges stand in the way of halting and reversing the spread of HIV/AIDS in Viet Nam:

1. *Leadership and coordination:* strong coordination mechanisms and increased involvement of provincial entities are needed to avoid fragmentation of efforts. Increased accountability of all public sectors involved in HIV/AIDS will be fundamental for an effective and expanded response.
2. *Protecting young people from the epidemic and its impact:* expansion of health and sex education as well as greater access to voluntary counselling and testing will be critical to Viet Nam's response to the epidemic. The major challenge is to obtain high rates of condom use not only to protect individuals involved, but also to avert what could become a long chain of transmission. If condom use remains low, Viet Nam could see an upsurge in HIV infections.
3. *Reducing the vulnerability of injecting drug users and sex workers to HIV infection:* Effective measures to ensure that there is better access to information and essential services with supportive legal and social norms are critical to containing the spread of epidemic.
4. *Care and support.* Ensuring health care and social support for those infected and affected by HIV/AIDS will require a broad approach. The continuum of affordable clinical and home-based care/treatment has yet to be established in the country. Moreover, the establishment of a specific programme focusing on children infected/affected by AIDS is also necessary.
5. *Stigma and discrimination.* Identification and elimination of arbitrary discrimination is imperative to control HIV/AIDS in the country. To curtail discrimination based on known or presumed HIV status, it is necessary to ensure that confidentiality of HIV status is not breached, and that mandatory testing is not required.

4.4 UN role and comparative strategic advantages

In Viet Nam, the Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together seven United Nations system organizations namely UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, WB, to help the Government prevent new HIV infections, care for those already infected and mitigate the epidemic's impact. UNAIDS and its Cosponsors have been actively supporting the Government of Viet Nam since 1996 in its fight against HIV/AIDS. HIV/AIDS as a theme is

addressed not only by the United Nations Theme Group on HIV/AIDS but also by several Technical Working Groups, consultative advisory groups, and working groups on specific HIV/AIDS related issues and areas. UNAIDS mobilises UN agency responses to the epidemic and supplements these efforts with special initiatives. It also focuses on sustaining political momentum; improving support to national resource mobilization and coordination, ensuring a well coordinated United Nations response; accelerating access to HIV care, noting the inseparability of prevention and care with attention to equity and affordability; and leveraging technical support and knowledge management.

4.4.1 Advocacy

UN agencies have the policy and technical skills and experience to:

- Advocate for a coordinated and adequately funded multi-sectoral response following high technical standards, and assisting the Government in addressing HIV/AIDS at the proper level of priority and commitment.
- Facilitate regular consultations among internal and external partners by advocating for and integrating HIV/AIDS prevention and care approach and avoiding the duplication and wastage of resources.
- Provide updated information on HIV/AIDS and disseminate good practices and lessons learnt internationally to bilateral donors, the general public and other actors including NGOs and policy makers.
- Assist all partners in reducing discriminatory practices, which negatively affect both PLWHA and people suspected to be HIV-positive, including routine work dismissals due to HIV and AIDS-related illnesses.

4.4.2 Innovative and relevant technical support

The United Nations agencies are able to provide the machinery for the:

- Facilitation of the exchange of technical experiences on HIV/AIDS among countries in the region or at global level including fostering stronger partnership between public and private sectors with particular focus on better experience sharing at district, provincial and national levels.
- Provision of best examples.
- Provision of proper tools to monitor and evaluate the national response to HIV/AIDS and the impact of programmatic activities.

4.4.3 From pilot projects to policies

The UN system has the policy and technical skills and experience to make pilot projects that have demonstrated their effectiveness, moving towards expansion on a national scale. The results obtained from these pilot projects can also be used to strengthen policies and adjust interventions.



This mechanism is the key to:

- Setting up priorities and designing protocols for research endeavours that will lead to a better understanding of HIV/AIDS related issues in the country.
- Forecasting and projecting the future trends and intervention needs related to the epidemic. Emphasis will be put on understanding behaviours that fuel the epidemic among the general population.
- Assisting the country in the monitoring and evaluation of new approaches for care and treatment of PLWHA using the operational research approach.
- Joint development of sound policies in the field of prevention and care.

5 STRATEGIC PRIORITIES

Considering the above elements, main strategic priorities could be focused on the following group of interventions:

5.1 *Advocacy and policy promotion*

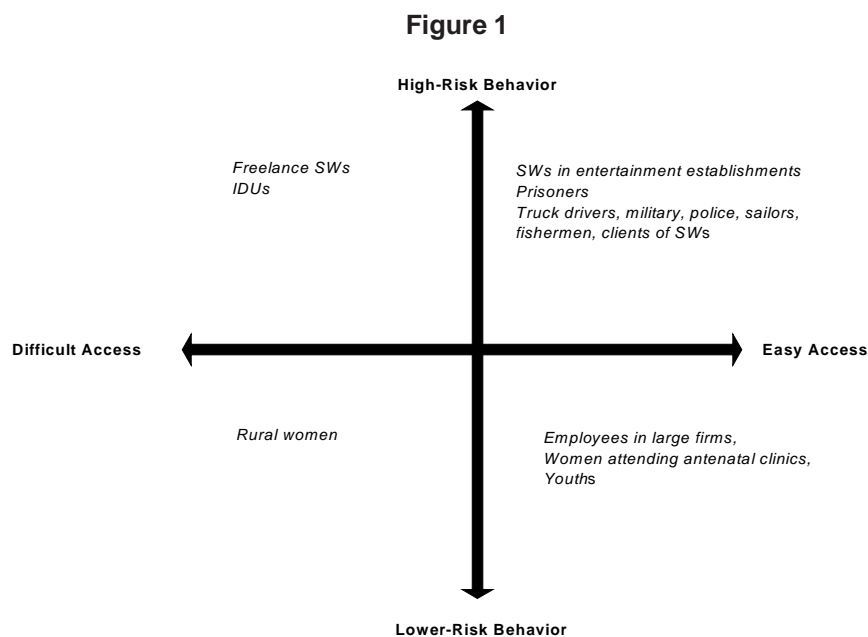
To create an appropriate legal and policy framework to decrease discrimination and stigma, to promote a protecting environment for people affected and infected by HIV/AIDS, to ensure the availability of essential resources (condoms, auto-disable syringes, etc.) to people vulnerable to HIV/AIDS. Addressing the stigmatization in the health sector would also be an important step.

5.2 *Primary prevention*

HIV primary prevention is cost-effective. People practising high-risk behaviours are likely to become infected with HIV and transmit it to others. Effective interventions must empower them to adopt safe practices. Figure 1 represents the different population groups that need to be targeted according to their degree of risk-behaviour and access to them. In this figure targeting people at the top of the figure has a dramatic effect on the people at the lower part of the figure. In terms of cost, those who are more accessible are likely to be less costly to reach with preventive interventions.

Effective priority interventions on primary prevention will therefore focus on:

- Interventions among SWs, including those in the entertainment industry, by empowering them, and supporting the development of a non-stigmatising and enabling environment, and by allowing them to access a full range of services (prevention, income generation, etc.)
- Interventions among the men, clients of the SWs, who may pass the infection to their families.



Source: The World Bank, 2000

- Intervention among IDUs, by supporting harm-reduction measures. Further work may imply detoxification programmes. As for SWs, providing them with an enabling environment as well as providing alternatives to vulnerability is an important issue.
- Intervention in the general population by targeting youth with the current low-risk behaviour, who potentially may have high-risk behaviour in the future.

5.3 Care and Support

Care and support for people already infected and affected is the third main component of UN strategic approach, whose focus is to provide a cost-effective and non-discriminatory service to HIV/AIDS infected and affected individuals and families. Interventions will focus on:

- Changing discriminatory behaviour.
- Strengthening the capacity of mass organisations to involve communities in providing care and support to individuals and families infected and affected by HIV/AIDS.



- Strengthening the capacity of basic social services providers, particularly in health, education and social affairs sectors.
- Providing access to anonymous HIV testing, counselling and care including access to adequate options for prevention of mother to child transmission.

6 COORDINATION MECHANISMS

HIV/ AIDS as a theme is addressed not only by the United Nations Theme Group on HIV/AIDS but also by several Technical Working Groups, consultative advisory groups, and working groups on specific HIV/AIDS related issues and areas such as advocacy or mother to child transmission. These groups are set up and attended by professionals of the United Nations agencies to advise the United Nations Theme Group on HIV/AIDS on the System's programmatic support and also coordinate the efforts by UNAIDS Cosponsors, other UN agencies, and bilateral and multilateral donors to support the national response.

The UN Theme Group on HIV/AIDS meets on a regular basis to ensure that the Cosponsors' support to the NAP responds to national needs and is fully consonant with the national AIDS plan. UN Theme Group meetings serve as a forum in which Cosponsors jointly consult and collaborate on proposed activities and, as appropriate, institute joint programming. The UNAIDS Programme Acceleration Funds activity outline developed jointly during the UN Theme Group meeting in January 2001 is an example. In order to identify ways the Theme Group could support the national plan, either jointly or according to the specific mandate of each agency, a yearly workplan will be developed that lists activities to be implemented with yearly budgets.

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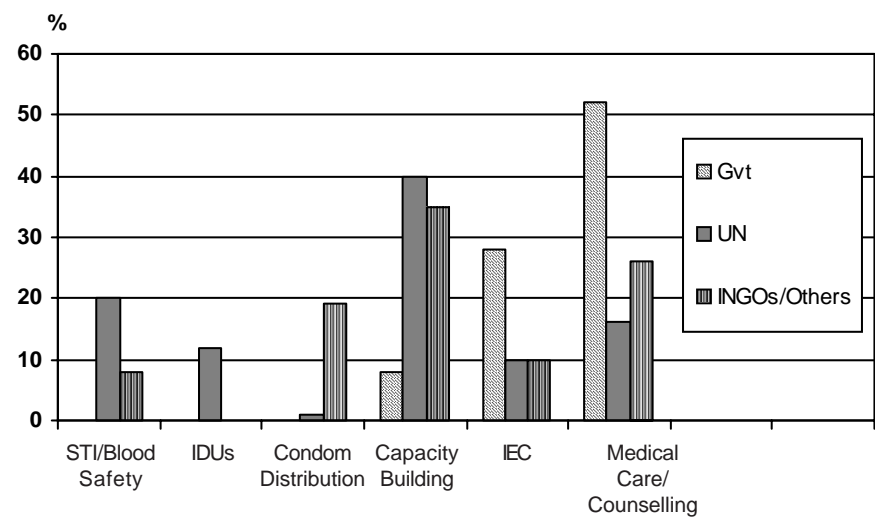
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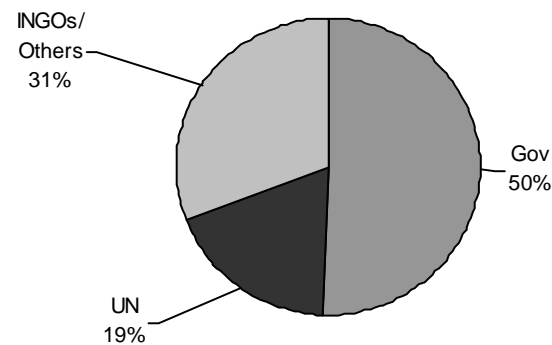
Viet Nam's National HIV/AIDS Programme *Viet Nam's Strategy on HIV/AIDS 2001-2005*

ANNEX 1

FINANCIAL RESOURCES ALLOCATED TO HIV/AIDS DURING THE PERIOD 1997-1999



FUNDING FOR HIV/AIDS



Source: UNAIDS Financial Survey 1999

ANNEX 2

UNAIDS and Cosponsors

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative joint venture of the United Nations family. UNAIDS brings together the efforts and resources of seven UN system organizations to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the epidemic. Its aim is to help mount and support an expanded response – one that engages the efforts of many sectors and partners from government and civil society. Established in 1994 by a resolution of the United Nations Economic and Social Council and launched in January 1996, UNAIDS is guided by a Programme Coordinating Board with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and 5 representatives of non-governmental organizations (NGOs), including associations of people living with HIV/AIDS. UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, the World Bank and the UNAIDS Secretariat also meet separately as the Committee of Cosponsoring Organizations.

UNICEF

Mandated to advocate for the protection of the rights of children to help meet their needs and expand their life choices, the United Nations Children's Fund (UNICEF) is their chief advocate, acting within the framework of the Convention on Rights of the Child. UNICEF, its national committees and allies mobilise the moral and material support of governments, organizations and individuals worldwide in a partnership committed to giving children a first call on societies' resources in both good times and bad.

A decentralised operational agency, UNICEF works with governments and NGOs in the fields of health, nutrition, basic education, safer water and sanitation to improve the lives of children, youth and women. It helps build national and local capacities to provide, maintain and expand necessary services, and to empower families and communities with the knowledge and means for self-reliance.

The rapid spread of HIV/AIDS is threatening the gains made in the child health over the past two decades. The epidemic has a significant impact on adolescents, as adolescence is both a period of increased risk and a window of opportunity to develop the skills, attitudes and behaviour necessary to prevent HIV infection in adulthood. The epidemic affects children and families, leaving many without protection, care or income.



UNICEF brings to UNAIDS its operational field capacity in over 160 countries. It brings demonstrated effectiveness in communication and advocacy and a network of national committees. UNICEF's priority programme areas include youth health, school AIDS education, programme communication, children and families affected by AIDS, and mother-to-child HIV transmission. UNICEF's particular strength in meeting the needs of especially vulnerable families and children will assume greater importance in the coming years.

UNDP

An important objective of the HIV/AIDS-related activities of the United Nations Development Programme (UNDP) is to support countries to strengthen and expand their capacity to respond to the development implications of the epidemic. Activities are focused on identifying effective and sustainable policy and programme responses surrounding the epidemic's social and economic implications. The aim is to strengthen capacity for an effective response within governments and civil society as well as within UNDP itself.

In partnership with many organizations, UNDP emphasises support to initiatives which catalyse community and national mobilization; create a supportive ethical, legal and human rights framework; are gender sensitive; empower people to take charge of their own well-being, drawing on local resources and building on local knowledge and values; and foster an enabling political, economic and social environment.

Through its network of over 130 country offices serving over 150 nations, UNDP plays an important complementary role to that of other UN organizations; within the operational activities of development cooperation through a system of UN, national and other executing agencies; it provides technical support in cross-sectoral, multidisciplinary areas of technical assistance relating to sustainable human development; and it has overall responsibility for assisting the Secretary-General in improving the coordination of operational activities for development, including strengthening the Resident Coordinator System.

UNDP's regional programmes provide an important mechanism for fostering inter-country collaboration and helping regional institutions and networks to strengthen their capacity to respond effectively to the epidemic.

UNFPA

The mandate of the United Nations Population Fund (UNFPA) is, inter alia, to build the knowledge and capacity of countries to respond to needs in the area of population.

A major focus of UNFPA support at the country level is reproductive health, including family planning and sexual health. UNFPA considers prevention and

management of sexually transmitted diseases (STDs) and prevention of HIV/AIDS to be integral components of reproductive health. In the context of reproductive health, the preventive interventions include appropriate and effective information, education and communication (IEC) in support of safe sexual behaviour; interpersonal counselling (for both sexual and mother-to-child transmission); improved access to and provision of condoms; and good clinical practices to prevent getting infected through exposure to HIV-infected blood.

UNFPA contributes to overall UNAIDS work by providing access to its world-wide network of country offices which support national reproductive health programmes; its accumulated expertise in reproductive health promotion and service delivery, with a special focus on the needs of women and adolescents, and on male responsibility; its experience in logistics management of reproductive health commodities, including condoms; its experience in working with non-governmental organizations; and its experience in organizing technical assistance and strengthening national capacity-building through UNFPA Country Support Teams.

UNDCP

The United Nations International Drug Control Programme (UNDCP) is entrusted with exclusive responsibility for coordinating and providing effective leadership for all United Nations drug control activities. UNDCP addresses all aspects of the drug problem, including such wide-ranging activities as demand reduction, comprising prevention, treatment and rehabilitation; supply reduction, including alternative development and law enforcement; and legislative and institutional advisory services to enhance government's capacity to implement the international drug control conventions. UNDCP is assisting governments in the implementation of action plans, including the Declaration on Drug Demand Reduction, adopted at the special session of the General Assembly devoted to countering the world drug problem, held in June 1998.

The use of psychoactive drugs has facilitated the spread of HIV infection in several ways. The most direct is by HIV transmission through needles shared by injecting drug users. The disinhibiting properties of psychoactive substances also lead to sexual and other high-risk behaviours that individuals might otherwise avoid. Through sexual contacts, HIV infection is spread from the drug-using community to others. International drug control is therefore a vital tool for HIV prevention. In this context UNDCP is active in supporting HIV/AIDS prevention in programmes to reduce the demand for illicit drugs. Youth and high-risk groups are particularly targeted. Coordination within the UN system has resulted in more effective programming responses to drug use and the AIDS epidemic in a number of countries.



UNDCP operates from its headquarters in Vienna, Austria, as well as from a field network currently comprising twelve sub regional office and eleven country offices. Liaison offices are maintained in New York and Brussels.

UNESCO

The mandate of the United Nations Educational, Scientific and Cultural Organization (UNESCO) is to foster international cooperation in intellectual activities designed to promote human rights, help establish just and lasting peace, and further the general welfare of mankind. Thus, the ethical imperative is central to UNESCO's mandate and its task of contributing in all field of intellectual endeavour to human development and the building of a culture of peace based on respect for human rights, tolerance and democratic principles. In its fields of competence — education, science, culture and communication — UNESCO has both technical responsibilities as regarded in programmes and projects, and 'political' responsibilities, in the sense of public and social morality, in the general approaches and broad principles governing its efforts.

UNESCO's co-sponsorship of UNAIDS is based on the conviction that isolated actions against AIDS that are not developed in an integrated, cross-disciplinary manner may be doomed to failure.

Although not a funding agency, UNESCO can make a contribution to UNAIDS by virtue of the scope of its fields of competence, its interdisciplinary and cross-disciplinary approaches combining technical skills and ethical requirements, and its experience acquired over 50 years of intellectual cooperation. It can bring the vast network of institutions with which it collaborates into the fight against AIDS, in the short-term to meet the most urgent prevention and care needs, and in the medium-term to remedy or offset the foreseeable effects of the epidemic.

WHO

The World Health Organization (WHO) is the directing and coordinating authority on international health work. Its objective is "the attainment by all peoples of the highest possible level of health", health being defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO Constitution, 1948).

WHO established the Special Programme on AIDS in 1986 in order to respond to the emerging HIV/AIDS epidemic. In 1987 the programme became the Global Programme on AIDS (GPA), which was ultimately dismantled in 1996 with the creation of UNAIDS. Throughout its 10-year existence, GPA advocated the need for multi-sectoral responses to the epidemic, which WHO still advocates today.

Through its new initiative on HIV/AIDS and sexually transmitted infections (HSI), WHO as a Cosponsor of UNAIDS strengthens the response of the health sector through the development of norms, standards and guidelines; research; advocacy; technology development; and technical cooperation with countries. The areas covered include: prevention of HIV and sexually transmitted infections (STIs), particularly for those vulnerable and/or at increased risk (100% condom use intervention); ensuring safe blood supplies; vaccine development; surveillance of HIV, AIDS and STIs; and the development and evaluation of STI/HIV policies and programmes. In the area of care for people with HIV or AIDS, WHO's activities include strengthening the capacity of health systems to provide a continuum of comprehensive care involving referral site, hospitals, home, and care and support initiatives in the community; ensuring access to essential drugs; and improving access to other relevant drugs through negotiations with the pharmaceutical industry and other channels.

World Bank

The mandate of the World Bank is to alleviate poverty and improve the quality of life. HIV/AIDS entails an enormous loss of human and economic resources and poses a substantial threat to the economic and social growth of many nations in the developing world. HIV/AIDS requires expensive and long-term health care; it mainly affects adults in the most productive years; it raises complex legal and ethical issues; it reaches all segments of society; and it is growing rapidly.

Between 1986 and early 1999, the World Bank committed over US\$750 million for more than 75 HIV/AIDS projects world-wide. Most of the resources were provided on concessional terms through the International Development Association. To more effectively address the devastating consequences of HIV/AIDS on development, the Bank is undertaking a new response to the epidemic, working in partnership with UNAIDS, donor agencies and governments. The strategic plan for the Intensifying Action against AIDS builds upon the strong comparative advantages possessed by the partners to rapidly increase the level of action and available resources and to bring to scale the interventions needed for prevention and impact mitigation.

In its policy dialogue with borrowing countries, the Bank stresses that HIV/AIDS is a development priority and highlights the need for top-level political commitment, systematic health care reforms, human rights protection, and a range of multi-sectoral reforms to help reduce the factors contributing to HIV spread. Whenever possible, Bank-assisted activities are advised technically by the other Cosponsors or the UNAIDS Secretariat and are planned and executed by individual governments, in collaboration with the concerned national and international partners.