HIV/AIDS – a global phenomenon

Since the discovery of the human immunodeficiency virus (HIV) over 25 years ago, great efforts have been made to combat the disease. It has, however, spread at a pace exceeding all expectations and fears.

- In 2009, according to UNAIDS' estimates there were 33,4 million people infected with HIV (0.5 per cent of the world population).
- In 2007, UNAIDS estimates that 2.1 million people died of AIDS, 76 per cent in the countries of Sub-Saharan Africa.
- 2.7 million people are infected every year, a fifth of these children under 15.
- According to UNAIDS estimates, more than 11 million children have lost at least one parent and have become AIDS orphans in Africa to date.

The most severely affected region is Sub-Saharan Africa, where AIDS is still the most frequent cause of death. About 22.4 million Africans were estimated to be HIV-infected in 2009, about 67 per cent of victims worldwide. Of AIDS deaths, Sub-Saharan Africa accounted for 72 per cent, leaving 11.4 million children as orphans. In the eight African countries Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, the HIV/AIDS rate exceeds 15 per cent. At 33.4 per cent, Swaziland records the highest HIV/AIDS rate in the world.

Ninetyseven per cent of new infections occur in developing countries, where 98 per cent of deaths are also recorded. The HI virus is still spreading most in Central and South Africa, according to UNAIDS. In Eastern Europe, particularly in Ukraine, Estonia and Russia, the number of new infections rose between 2001 and 2008 by 66 per cent to over 1.5 million. Worldwide, however, new infections declined by 17 per cent in this period. In Sub-Saharan Africa, this number declined between 2001 and 2008 by 15 per cent. In East Asia, new infections diminished in this period by 25 per cent and in South and Southeast Asia, by 10 per cent.

The death rate has also gone down worldwide, according to the United Nations Report on the global AIDS epidemic. This reduction is partly due to prevention and partly due to access to lifesaving medication.

Neither health nor HIV is a priority of Austrian Development Cooperation (ADC). To attain the Millennium Development Goals (MDGs), however, neither area can be ignored. In its chapter on development cooperation, the government programme for the current legislature contains the following pledge: "Austria will continue its active commitment to attaining the Millennium Development Goals and the global fight against poverty, hunger and disease (such as HIV/AIDS)."

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HIV and development

HIV and national development interconnect with each other in many ways. The HIV pandemic does lasting harm to economic and sociocultural development in many countries at individual, municipal and national level. Conversely, factors such as poverty, discrimination against women, insufficient political say, lack of education facilities and constraints on the right of self-determination are conducive to the spread of HIV.

From 'just' being a health problem, HIV has come to pose a global sociopolitical challenge. UN MDG 6[1] envisages giving all victims access to medicinal therapy by 2010 and halting and gradually reversing the spread of HIV by 2015. The prospects of achieving these two very ambitious aims are currently estimated as low, however. The United Nations Millennium Development Goal Report 2008 found that the number of new infections has dropped in some countries, but this decline has been offset globally by rising rates of new infections in others.

HIV and socio-economic development

New HIV infections afflict younger people in particular (primarily girls and young women) between 15 and 24, that is, the productive part of a country's population. Both infected persons and their families as well as whole communities suffer from the consequences as their development depends on the income-generating capacity and intellectual and social capital of the young population. If part of the productive population is inactive in a society the result is lower productivity. For one thing, this curtails tax revenue, which in turn impairs national economic performance.

Already scarce resources at family and municipal level are used up for medicine, hospital visits, care, etc. Family income (also) declines owing to absenteeism due to illness and the need to spend time and savings on medical care.

Major public social services are also affected, primarily in the health and education sector. The health systems in developing countries, which are short of personnel, financial and technical resources in any case, are frequently overstrained by the HIV pandemic. Scarce personnel are further decimated by the death of (infected) health staff. Shortage of staff also has a harmful effect on the education sector: Due to the HIV pandemic, the school enrolment rate has decreased in many countries because of the death of teaching staff on the one hand and on the other because children - mostly girls – have to care for their sick parents and relatives or run the household.

Factors exacerbating HIV

Factors such as poverty, women's discrimination, insufficient basic health care and low levels of education contribute to the spread of HIV:

- Poor people often lack access to public health services.
- Poor people are less well nourished and are more susceptible to infection with HIV and the outbreak of AIDS (cf. MDG 1).
- People without access to education know less about the causes, consequences and prevention of HIV. Ignorance of HIV status in women increases the risk of infant infection.
- Women with little right to self-determination can be coerced into marriage or sexual servitude (see "Women, children and AIDS orphans").
- People at the edge of society, such as migrants, homosexuals, sex workers and prisoners, often lack access to health services.

Armed conflicts and wars also frequently raise the risk of infection and can affect the spread of HIV. The statistical rates of infection among members of the armed forces are much higher than in the average population:

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[1] For more information on the MDGs, see www.un.org/millenniumgoals/.

- Wars tend to impoverish the afflicted population further.
- Health and educational systems frequently break down during wars and armed conflicts.
- Wars prompt migration and place an additional burden on societies, as funds which may be needed for basic health care, for example, are spent on warfare.
- Rape and other forms of sexual exploitation frequently increase during war.

Associated illnesses

Weaker immune systems and the resulting changes have far-reaching consequences. Malnutrition or undernourishment impair the body's defences. In the majority of (untreated) cases, infection brings about progressive immune deficiency. Opportunistic infections (illnesses occurring when the immune system is weakened) raise morbidity and mortality. Most of these are not new but reactivated 'dormant' infections. As the illness advances, the immune system is no longer able to keep these at bay.

Illnesses such as tuberculosis, however, also raise the risk of infection with AIDS. Conversely, HIV-infected people are more susceptible to illnesses such as pneumonia and tuberculosis. This vicious circle is the cause of many HIV-associated illnesses.

HIV and drugs

Intravenous drug users (IDU) often contract HIV, with youth at particular risk. One of the transmission paths being HIV-contaminated needles. An estimated 16 million people worldwide inject illicit drugs. About one in five is HIV-infected. Numbering 2.35 million, the absolute figure for drug addicts is the highest in China; 15.6 per cent of these are infected with HIV. Of approx. 1.8 million drug addicts in Russia, an estimated 30 to 40 per cent are HIV-positive (Lancet study, Zhang et al, 2008). About 65 per cent of HIV infections in Russia are due to intravenous drug abuse; some 80 per cent of HIV-positive people are under 30.

This ratio is particularly high in Estonia, Ukraine, Burma, Indonesia, Thailand, Nepal, Argentina, Brazil and Kenya, where more than 40 per cent of drug addicts are infected with HIV. Injecting narcotics is (now) one of the most frequent HIV transmission routes in these countries. Added to this, between 50 to 80 per cent of HIV-infected drug addicts are also suffer from the hepatitis C virus.

The rate of HIV infection amongst drug addicts also depends on the implementation and scale of needle replacement programmes.

Women, children and AIDS orphans

Women and children are particularly severely affected by HIV. Some of the main determinants of the HIV pandemic propagation in developing countries are the low social status and poor education of girls and women (compared with boys and men) as well as their economic dependency. High infection rates among women result in increased rates in children. The risk of pregnant women infecting their children is heightened by lack of education, ignorance of their own HIV status, insufficient access to medicine and lack of self-determination over their own sexual relationships.

Feminisation of the pandemic

The HIV pandemic reinforces discrimination against women, as these have to bear the brunt of the economic and social impacts. In many societies, HIV-infected women suffer greater discrimination than their male counterparts. They usually have less access to HIV tests and antiretroviral treatment. For girls and women, a positive test result can have fatal consequences, due to the possible loss of their social contacts and/or due to (restricted) access to medical care. Reproductive medical services, which are essential for HIV prevention among women and girls,

are not broadly available. It is usually women and girls who have to take care of AIDS victims and orphans.

The number of infected women worldwide has risen sharply in recent years. Around half of all those infected are now female. An estimated 15.4 million women worldwide live with HIV/AIDS. Almost 60 per cent of those infected in Sub-Saharan Africa are female; two-thirds of the newly infected are girls between 15 and 19. In most of the countries affected, the rate of new infections among girls is five to six times higher than among boys. These figures underscore the feminisation of the pandemic.

For organic reasons, women and girls are at higher risk of HIV infection than men and boys. Gender inequalities also raise the risk of infection. Lack of self-determination and (economic) dependency lead to sexual servitude and contribute to the rapid spread of HIV.

Sexual violence is a sad reality for many women. In many countries of Sub-Saharan Africa, women lack the power to decide on their sexual relationships or demand the use of condoms. Polygamy and extramarital relationships are accepted in many societies. Certain cultural traditions, such as widow inheritances, where men must/can marry the widow of their deceased brothers, can considerably increase the infection risk for women.

Women usually also have less access to school education than men in developing countries. It is primarily girls who are taken from school to look after AIDS victims or replace their sick or deceased mother. The standard of education stands in particularly close correlation with the ability of women to protect themselves against HIV/AIDS. A study in 2000 showed that women who had completed lower secondary school or a higher course of education were much better informed about how to prevent HIV infection or demand the use of condoms more frequently than those with no school education.

HIV and children or AIDS orphans

About 2.5 million children worldwide live with HIV/AIDS. Every year, 330,000 children die and 420,000 children are infected. The number of infected children is highest in Sub-Saharan Africa.

HIV-infected children frequently suffer from anxiety and depression. On top of this, they are stigmatised and discriminated against. The psychological damage begins long before the death of the parents: “An important factor in their mental health ‘is the mental health of their parents’ (…).The health and mental health of ill or depressed caregivers, unable to provide basic nurturing and stimulation, can have a profound impact on children’s developing brains – their cognitive, emotional and social development.” (Whitman, 2005)

AIDS orphans often live under the care of the oldest child of the family without the support of adults. These child families live in extremely primitive makeshift dwellings and are frequently exposed to sexual assault. For lack of knowledge about HIV/AIDS and for fear of infection, they are often ostracised and given no help at all.

International agreements and actors

At the 2006 UNGASS+5 conference to review progress made towards the aims of the UN General Assembly Special Session on HIV/AIDS in New York, Austria as a UN member state pledged its support for the Universal Access Initiative. This calls for renewed efforts to attain MDG 6. The aim is to give people in developing countries access to HIV prevention, therapy and care by 2010. The implementation principles of the Initiative include stepping up ongoing programmes, ownership by the respective countries, effective cooperation, coordination and harmonisation among multilateral, government, private and civil society actors as well as basic health care, including HIV prevention, treatment and support.

As reported at the MDG Summit in 2010 in New York, the spread of HIV/AIDS has stabilised and HIV/AIDS-infected people today have a much better chance of survival.

Various UN agencies, such as WHO, the World Bank and UNAIDS, are engaged in the fight against the HIV pandemic.

WHO was the first international organisation to take initiatives in HIV. Under the 3 by 5 Initiative, it campaigns for improved access to antiretroviral therapy (ART) and combats discrimination against HIV-infected people and/or AIDS victims. WHO declared universal access to HIV prevention - care and treatment – to be one of its key aims in 2006.

In 2000, the World Bank launched its Multi-Country AIDS Programme for Africa aimed at stepping up prevention, care and therapy.

The UNAIDS mandate is to promote a concerted and mutually complementary approach to combating HIV. Its tasks include developing appropriate strategies, raising awareness of the causes and consequences, collecting and publishing epidemiological data, evaluating measures and mobilising the requisite resources at national and global level. UNAIDS promotes cooperation among donors, developing countries, civil society and the private sector. This is implemented via UN agencies under Thematic Trust Funds for HIV.

UNDP is one of the executing agencies of UNAIDS and its programme places particular emphasis on mainstreaming HIV control into national poverty reduction and development strategies in developing countries.

Another executing agency of UNAIDS is UNODC. One of its priorities is HIV prevention among drug addicts and prisoners in developing countries, as these groups have a particularly high HIV rate.

At the G8 summit in 2000, the G8 Global Fund Grant to Fight AIDS, Tuberculosis and Malaria was founded as a facility outside the UN system to mobilise additional funds in the fight against these diseases.

In recent years, the European Union has also stepped up its commitment considerably in HIV, numbering among the largest donors in terms of volume worldwide today. The EU HIV control strategy is based on the Programme for accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction adopted in 2001. The core components comprise the improvement of ongoing prevention measures and access to antiretroviral therapy. In 2005, the EU published the EC programme of action to tackle HIV/AIDS, tuberculosis and malaria through external action. This entails measures such as the distribution of condoms, promoting universal access to medicine, building human resources, countering stigmatisation and discrimination and mitigating the effects of infection amongst orphans and elderly people.

Furthermore, a number of other international organisations are committed to combating HIV/AIDS, UNIFEM, UNICEF, UNITAID, for example.

Positioning of ADC

Comprehensive, multisectoral and concerted cooperation

HIV poses one of the biggest global sociopolitical challenges of our time. Due to the far-reaching reciprocal effects of HIV on economic, social and cultural developments, countermeasures need to take the most comprehensive and concerted approach possible across sectors. All programmes in HIV/AIDS must be tailored to the socio-cultural, epidemiological and geographical conditions. However, intervention measures also depend on the incidence of the disease and the number of new infections.

Besides health, major sectors and actors include education and agriculture, private business and industry and religious institutions. Successful, multisectoral cooperation calls for effective coordination and the involvement and due commitment of national governments and decision-makers in development organisations. This also holds for effective development cooperation.

The main priority of Austrian Development Cooperation in the health sector in recent years has been attached to activities in HIV/AIDS (cf. Focus paper on health). A strategy against HIV can only be effective, though, if the foundations have also been laid for efficient and gender-aligned basic health care, which is essential for appropriate measures in HIV prevention and control.

Competencies and capacities both in basic health care and in HIV prevention and control can only be developed and strengthened if those affected are provided with the relevant information. This is the way to foster a differentiated awareness of the problems and impart the necessary abilities to deal and cope with them. Capacity must be developed at political, societal, social, institutional and individual level. This includes information and sexual education in schools, in vocational training for youth, in training personnel in non-governmental organisations (NGO) and public service providers and promoting responsible individual and collective behaviour by organising and supporting self-help groups.

Active networking to make use of available resources and enable mutual learning as well as institutionalising the participation of the respective municipalities and groups in project development and implementation are important success factors for capacity development. Information exchange provides a way to identify the relevant needs and find joint solutions. The participation of the local population is essential for the acceptance of (behavioural) changes. This also fosters a sense of responsibility in the community concerned.

Approaches to HIV control

Although Austrian Development Cooperation does not rank the health sector as a priority, it also promotes programmes and projects here for historical and/or humanitarian reasons (e.g. in Nicaragua).

At international level, Austria supports the efforts of the European Union in combating HIV with annual contributions to its development programme. Moreover, ADC cooperates with UN agencies under thematic trust funds. These include in particular UNAIDS, UNDP and UNODC, with ongoing Austrian priority attached to measures in prevention, women's empowerment and supporting other underprivileged sections of the population. Instead of a special theme, HIV is seen as an integral component of development strategies plans and measures. The amount of ADC funds allocated for the specific UN programmes depends on budgetary resources.

At national level, projects in HIV/AIDS prevention can be funded under the NGO cofinancing facility, provided these comply with the intervention levels and principles of Austrian Development Cooperation.

Prevention as the core element of HIV/AIDS control

As long as HIV/AIDS is only treatable, not curable, prevention remains a core element in fighting the pandemic. Unlike many other contagious diseases, HIV transmission depends directly on individual behaviour. Measures to alter conduct predisposing people to HIV infection are therefore indispensable for effective prevention programmes, such as Behaviour Change Communication (BCC). There are many different reasons for individual high-risk behaviour. ADC promotes measures that include both the BCC strategy and the respective social, cultural and economic setting.

Preventive measures supported by Austria must be integrated in efforts to set up or improve basic health care and aligned with the respective national health strategy. Special attention is paid to networking HIV prevention initiatives with sexual and reproductive health services. Use should also be made of or support given to available local resources, services and facilities. Examples of this include strengthening or expanding the health service, establishing and improving nursing

and care facilities, training local health workers in HIV prevention and - where necessary - recruiting additional health workers. In addition, account must be taken of (inimical) social, cultural and economic factors and appropriate steps taken to create an enabling environment for effective and sustainable prevention initiatives. This demands active advocacy, social mobilisation, commitment by national government and the adoption of or adherence to laws and respect for human rights (e.g. right to health, right to sexual self-determination, legislation and measures against stigmatisation and discrimination of HIV victims) or efforts to improve these as far as possible. Particular attention must be paid to the rights of women and children. Measures need to be taken at municipal level (community-based approach) to ensure the active participation of local experts, HIV victims, local health personnel and other locally relevant actors in needs analysis, design, implementation and evaluation. This is the best way to tailor initiatives to the specific cultural conditions and bring about sustainable individual and collective changes in behaviour.

Which preventive measures are assisted?

Due to the increasing feminisation of the pandemic and the heightened vulnerability of women and children, these belong to the main target group of ADC. It is important to network activities with local programmes and institutions in reproductive and sexual health. Preventive measures promoted by Austria with particular account taken of the special needs of women and children include:

- HIV tests and counselling as part of reproductive health services to increase knowledge among (pregnant) women about their own HIV status
- Measures to reduce the risk of infection, such as the circumcision of boys and male adolescents
- Measures that reduce the probability of transmission from mother to child, e.g. intravenous therapy during birth, Caesarean sections and substitutes for breast milk
- Measures that assure or improve access to or use of essential services, such as education and health, including reproductive health of women and children
- Measures that raise knowledge about HIV/AIDS and the rights of women and improve their political participation as well as activities to ease access to the legal system
- Measures to reduce the stigmatisation of HIV-infected women in particular to enable them to gain access to medical care and support
- Measures to promote sexual self-determination
- Measures to promote support for HIV-affected persons, improve their quality of life and ensure ongoing therapy
- Measures to promote the economic independence of women and families caring for AIDS victims, e.g. by creating income opportunities
- Measures in cooperation with national governments that enhance the abilities of families to protect and look after children, through economic and/or psychosocial support, the adoption of appropriate legislation or the allocation of government resources to families and municipalities
- Measures against stigmatisation and discrimination; adequate activities in mental health to reduce the risk of psychosocial disorders and enable people to cope better with the suffering, anxiety and ostracism that frequently attend HIV infection
- Measures that promote information campaigns and sex education in schools, particularly those that strengthen sexual self-determination among girls, support the involvement of youth in strategy development, prevent the risk of infection, foster individual responsibility as part of the BCC strategy, reduce the number of sexual partners and unprotected sexual contacts as well as provide counselling and help in prevention

HIV and emergency response

Humanitarian crises can bring about a total or partial collapse of the social and medical infrastructure. It is therefore often impossible to carry out HIV prevention measures or to a restricted extent only. Injured people are in greater danger of infection with HIV through contaminated blood derivatives. It is not the number of injured as such that heightens the risk of infection; it is deficient blood screening methods due to the destruction of medical infrastructure.

Humanitarian crises frequently unleash migrations to areas or states that are particularly severely afflicted by HIV. Due to the increased vulnerability of the needy population, sexual violence and exploitation can escalate, with particular harm caused to women and children.

There is also a heightened risk of contagion in reconstruction phases, so measures to raise awareness of the HIV/AIDS problem must also be taken in interventions during humanitarian crises.

Principles of ADC

Human rights and health

Austria adopts a human-rights-based development cooperation approach in measures it supports against HIV,.Respect for human rights is essential for the successful fight against HIV and for universal access to HIV prevention and therapy.

Human rights and HIV are closely interconnected. Violations of human rights worsen the vulnerability of HIV victims, particularly if they are deprived of access to information, treatment and care. Women and girls are particularly severely affected, because they can also fall victim to sexual violence, which increases HIV risk and hampers access to information and help. Children and youth often lack full access to information on HIV and related health services. Furthermore, there is a frequent lack of sexual education and support for their social self-reliance.

The UN Commission on Human Rights has adopted various resolutions that address HIV directly or indirectly, including recognition of the right to non-discrimination on the basis of health status, also HIV. Moreover, it specifies the entitlement to adequate therapy as a part of the right to health. In 2006, the Commission on Human Rights confirmed that "the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic."

The problem of stigmatisation or discrimination due to HIV is also accounted for in the human rights declarations. At present, people with HIV/AIDS are still criminalised in almost 40 African countries. Special stress should be placed here on the rights of women, children and high-risk groups, such as migrants, homosexuals, prostitutes and prisoners. A major aspect of the human rights-based approach is the right of people who have been infected by HIV or have fallen ill due to AIDS to participate in the development of HIV/AIDS policies and programmes. Many national legal reforms are still needed to ensure this. Sustainable development cooperation can only succeed if due respect is paid to the rights of people with HIV/AIDS.

Efficiency, effectiveness and significance/relevance

It is important to define measurable criteria for interventions against HIV even if the health sector has some specific features when it comes to relevant sustainability aspects. Three (appraisal) criteria are of special importance when implementing health projects:

- Sustainable efficiency: This denotes a balanced cost-benefit ratio. The funds allocated must stand in reasonable relation to the objectives. This can be measured by specific intervention costs. The criterion of sustainable efficiency is deemed to have been met when the costs needed for follow-on measures after completion of the project initiatives can be provided from own resources. In addition, prior to project start indicators for measuring efficiency must be developed with partner participation to be able to assess the impact of the measures.
- Sustainable effectiveness: To ensure sustainable effectiveness, indicators have to be defined for the project or objective achievement that bear on the quality and impact of the measures.
- Sustainable significance and relevance assess how far measures have an effect (or influence) on the improvement in the state of health of the target groups (including MDG 4, 5 and 6). The measures must aim at bringing about a sustainable change in capacity and

include appropriate risk management to mitigate adverse influences on the sustainability of health projects.

Ownership and capacity development of all actors

At national level, the assisted measures must promote the institutional and political framework and legislative reforms to ensure democracy and rule of law in dealing with HIV. Essential are good governance as well as political will and commitment on the part of policymakers. Appropriate legislation is needed to accord human rights the necessary status.

Preventive initiatives are effective and sustainable when they impart capabilities both at individual, community and national level. This makes sure that personnel resources are put to effective use. The active involvement of the target groups in project development, decision-making processes and in defining objectives is a participatory process that fosters ownership. This is the only way to ensure identification with the project/programme by and the (continued) support of local actors.

Coordination of measures

All initiatives must be aligned with the respective national health policy or with national health programmes, other donors and implementing organisations as well as with NGO networks operating locally.

Further reading/Sources of information

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