Stop AIDS

Keep the Promise

World AIDS Day 2005

Towards universal access to prevention, care, support and treatment

World Health Organization
REGIONAL OFFICE FOR South-East Asia

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WHO – leading the health sector response to HIV/AIDS

- HIV/AIDS targets
  - 2010 **United Nations General Assembly Special Session (UNGASS) on HIV/AIDS** 2001. To reduce HIV prevalence among young men and women (age 15-24) by 25%; and reduce the proportion of infants with HIV by 50%.
  - 2010 **G8 Summit and World Summit 2005.** To attain universal access to prevention, care, support and treatment.
  - 2015 **Millennium Development Goal 2000.** To have halted, and begun to reverse the spread of AIDS.
- WHO-South-East Asia Regional Office aims to provide strategic direction and technical support to national AIDS control programmes and partners in Member Countries in collaboration with WHO country offices and headquarters.
- In pursing its mission and strategic approaches, the WHO Regional Office is operating within the frameworks established in the Declarations of the United Nations General Assembly Special Session on HIV/AIDS and the Millennium Development Summit, to provide a balanced approach between prevention, care, support and treatment.
- The HIV/AIDS Unit assists in
  - Advocacy, policy and strategy
  - Technical support
  - Strategic information
  - Capacity building
  - Development of tools and guidelines
  - Mobilizing resources
- Other units/departments of WHO are working on HIV/AIDS, such as
  - Adolescent Health and Development
  - Blood Safety and Clinical Technology
  - Child Health and Development
  - Essential Drugs and Other Medicines
  - Gender and Women's Health
  - Mental Health and Substance Abuse
  - Nutrition for Health and Development
  - Reproductive Health and Research
  - Tuberculosis
- Under the Regional Strategic Plan 2002-2006, WHO South-East Asia Regional Office is taking the lead in the health sector response to prevent and control the HIV/AIDS epidemic while working with UN cosponsors and other development partners in enhancing multisectoral efforts.
- Expanding Access to HIV/AIDS Treatment: a Regional Strategic Framework for Action at Country Level was prepared, consisting of

  3 guiding principles

  1. To accelerate HIV prevention activities and to strengthen health systems, especially managerial and operational capacities;
  2. To make antiretroviral treatment an integral part of HIV prevention and care at all levels of the health system;
  3. To implement antiretroviral treatment programmes that promote gender equality, are inclusive of children, intravenous drug users, the poor and other marginalized groups; and

  5 strategic elements

  1. Securing political and financial commitment
  2. Strengthening capacities of health services (infrastructure for voluntary counselling and testing, laboratory diagnosis and monitoring, as well as training of health workers)
  3. Ensuring uninterrupted supply of antiretroviral drugs and diagnostics
  4. Ensuring treatment adherence through partnerships, including with people living with HIV/AIDS
  5. Monitoring and evaluating performance including operational research.
- Global efforts are underway to develop a common framework on universal access to HIV prevention, care, support and treatment. This aims to accelerate commitment to expand coverage of the HIV/AIDS prevention and control programme.
- WHO is facilitating procurement of drugs to support the increased access to good quality and effective treatments for HIV/AIDS by improving supply of antiretroviral medicines and diagnostics to Member Countries. An AIDS Medicines and Diagnostics Service (AMDS) has been established as a network hub and intends to provide a range of support services which could be tailored to country needs.
- WHO is assisting countries to mobilize resources to implement HIV prevention, care and treatment programmes. More than US$ 620 million have been committed to HIV/AIDS programmes in the Region through resources from four rounds of the Global Fund to fight AIDS, TB and Malaria.

HIV/AIDS – the situation

Global Burden

WORLD STATISTICS 2005

Worldwide, *40.1 million* people are estimated to be living with HIV/AIDS, including 2.3 million children. Of all HIV/AIDS sufferers an estimated

- 17.4 *million* are women
- 8 *million* are young people (15-24 years)
- 4.2 million are newly-infected adults
- 700 000 are newly-infected children
- 2.6 *million adults will die by the end of the year*
- 570 000 children will die by the end of the year

Estimates of HIV/AIDS burden in disability adjusted life years (DALYs) for *2002* was *84.5 million*

- The *HIV/AIDS epidemic continues to grow* worldwide. Currently, it accounts for the highest number of deaths by any single infectious agent.
- About 95% of all *HIV infections occur in low-* and middle-income countries.
- The highest burden of HIV/AIDS is in Sub-Saharan Africa, followed by South-East Asia. One fifth of the *HIV-infected people of the world live in* Asia.
- *Young* people (15-25 years) account for half of all new HIV infections.
- By 2010, the economic costs of the *impact of AIDS could rise to a staggering* US$ 17.5 billion annually, costing many communities millions more to fight increasing poverty.

Burden in South-East Asia

SOUTH-EAST ASIA STATISTICS 2005

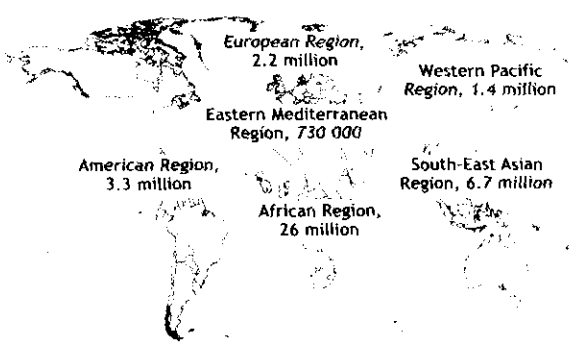
An estimated 6.7 *million people are living with* HIV/AIDS in the Region, *including 120 000 children. Of these an estimated*

- 1.7 million are women
- 1.9 million are young people (15-24 years)
- 840 000 are *newly-infected* adults
- 40 000 are newly-infected children
- *420 000 adults will die by the end of the year*
- 29 000 children will die by the *end of the year*

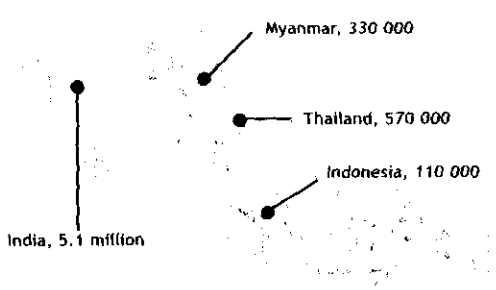
Estimates of HIV/AIDS burden in disability adjusted life years (DALYs) for 2002 was 12.1 million

- South-East Asia has the *second-highest number of* HIV-infected persons (6.7 million) among all WHO Regions.
- In 2005, adult new infections has increased to 840 000, from 780 000 of last year, indicating that the epidemic continues to grow.
- Although the overall HIV prevalence is low, the large population of the Region makes the magnitude of the HIV epidemic (in terms of the numbers of infected persons) huge.
- Four countries – India, Thailand, Myanmar and Indonesia - account for the majority of the estimated HIV burden. India has the highest burden with an estimated 5.1 million persons living with HIV/AIDS.
- HIV epidemics are largely concentrated among population sub-groups with high-risk behaviours, namely, sex workers and their clients, injecting drug users, and men who have sex with men.

Estimated number of people living with HIV/AIDS in *the world in 2005 by WHO Regions*



Estimated number of people living with HIV/AIDS in high burden countries of South-East Asia Region



This year's World AIDS Day slogan "Stop AIDS. Keep the Promise", is a reminder to continue our efforts to strengthen and coordinate the response to fight HIV/AIDS. It aims to hold the world community and leaders accountable to the commitments. All sectors of society, including the government, and private and nongovernmental sectors, civil society and, most importantly, people living with and affected by HIV/AIDS, must be involved. Young people are the key to overcoming the global epidemic and should be the focus when formulating strategies, policies and future interventions.

We have learned that providing antiretroviral treatment as part of a comprehensive prevention and care package can be implemented successfully in our Region. However, to maintain the momentum of prevention, care and ART activities, the capacity of national health systems needs substantial strengthening. We must continue to address the prevailing stigma and discrimination so that people are willing to access HIV services.

WHO urges national leaders to further increase their commitment to fight HIV/AIDS and help create an enabling environment where the needs of those who require prevention, care and treatment most urgently are adequately addressed.

We need to move towards achieving the Millennium Development Goals by fulfilling the promise of providing access to HIV/AIDS prevention, care and treatment to all.

Samlee Plianbangchang

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Message from the Regional Director

World Health Organization
REGIONAL OFFICE FOR South-East Asia

World AIDS Day 2005

Although the overall HIV prevalence rate in the South-East Asia Region is low, the sheer size of the population means that the absolute numbers of people living with HIV/AIDS are alarmingly high. Nearly seven million people in the Region are living with HIV/AIDS with 80% in India alone. During 2005, nearly 880 000 people were newly infected with HIV and nearly half a million died of AIDS. Poverty, migration, urbanization, work in high-risk environments, and the alarming spread of HIV/AIDS are making people increasingly at risk and susceptible to the disease.

The HIV epidemic in this Region is growing most rapidly among groups with high-risk behaviours, such as sex workers and their clients, injecting drug users and men who have sex with men. A steep increase in HIV infections among injecting drug users has been noted in Indonesia and Nepal, and also in some sites in India. One of the major concerns is the further spread of the epidemic from high-risk behaviour groups to the general population. HIV/AIDS is taking an increasing toll on women and young people. Nearly 40% of those living with HIV/AIDS are women. Young people 15–24 years of age are most vulnerable with an estimated 1.9 million youth with HIV/AIDS living in the Region.

In the year 2000, world leaders committed themselves to achieve the Millennium Development Goals by 2015. Three of these goals are related to HIV/AIDS: to halt and reverse the trend of the HIV epidemic, to improve maternal health, and to reduce child mortality.

While prevention efforts are necessary to limit the spread of the epidemic, care, support and treatment are a public necessity in countries already affected. WHO and its partners announced the "3 by 5" initiative in September 2003 with the goal of providing antiretroviral treatment to 3 million people living with HIV/AIDS by 2005. The number of people on antiretroviral treatment have tripled since. This goal is the first step towards universal access.

The G8 leaders made an unprecedented commitment to health in July this year, which has the potential to change forever the lives of millions of people in Africa. They committed themselves to the aim of universal access to prevention, care, support and treatment by 2010. The commitment to scale up toward universal access was broadened to include all UN Member States at the 2005 World Summit, which called on UNAIDS and WHO to play a leading role in a swift, inclusive process for the development and agreement of a global framework for universal access to HIV prevention, care, support and treatment.

We must accelerate our efforts to move towards the goal of universal access by expanding coverage of HIV prevention, care, support and treatment services, improving the quality of health systems and ensure treatment adherence by rational use of drugs. While the overall progress in the "3 by 5" initiative in the Region has been slow, it is encouraging to note that besides Thailand, other countries, namely India, Indonesia, Maldives, Myanmar, Nepal and Sri Lanka, have started antiretroviral treatment services. Thailand has been able to achieve the "3 by 5" target and is moving towards universal access to treatment.

HIV in the Region: an album

The following are accounts of people who are at risk of contracting HIV or have learnt to live with the truth that they are HIV-positive.

These images and stories tell us of struggles and hopes of people who are looking beyond their HIV infection to make a better life for themselves as well as their family and peers.

Some of the names below have been changed to protect the individuals' identity and respect their privacy.

INDONESIA

Sister Siti Soltief, Jayapura Support Group, Papua
(Nurse, HIV/AIDS activist)

"I want to see the stigma and discrimination decrease and [I want to] make antiretroviral drugs available to more people. The treatment is free which is good, but the care and support aspect is very much forgotten. We should focus more on this."

"I work as a nurse at the general hospital. In 2001, we noticed a lot of discrimination of HIV patients. At the time, a wife who had just lost her husband asked me for help and support for herself and her children who were HIV-positive. There were many non-governmental organizations for tuberculosis but none for HIV. At that time we started to work with the community and set up the Jayapura Support Group. Our volunteers are all nurses from the general hospital. They do this work part-time."

"We have 12 staff here at the shelter and we care for 74 clients. We run meetings for information and education for our clients. Seventeen clients are receiving free antiretroviral treatment from the government through the hospital programme. But, we have no facility for regular CD4 counting."

"There is still a lot of stigma and discrimination towards HIV patients in the hospital. In 2005, a pregnant woman who was HIV-positive came to deliver her baby. The doctors admitted her but when they found out that she was HIV-positive, they complained about not being informed and refused to treat her. They referred her to voluntary counselling and testing and abandoned her."

"Here in Jayapura, the majority of HIV is transmitted sexually. The husbands go to sex workers and the wife is not in a position to refuse sex. It is a difficult situation. The population is still very ignorant about HIV, which is further heightened by their low level of education."

INDONESIA

Daipen (father), Leny (mother) and Novela (child, 23 months old), Jayapura Support Group, Papua

(HIV-positive family)

"When they told us that Novela was HIV-positive, my wife was very sad and afraid. I just thought that it was another disease that we would fight and overcome. We immediately suspected that we might be HIV-positive as well so we got ourselves tested. At that point we were really frightened. After this shock, we don't want anything else. We are just living for Novela."

"We are all HIV-positive: me, my wife and child. My child and I both have TB, too. We live far away from the shelter so it is difficult to come regularly. I am a farmer."

"We have known that we are HIV-positive since February 2005. We found out when we took Novela to the hospital. She was coughing and had fever. The doctor checked her weight and asked us to go and see a counsellor who recommended testing for HIV, but we did not go."

"Novela started treatment for her TB but when many months later there was no improvement, we decided to go for voluntary counselling and testing. Before this we knew nothing about HIV."

"We know how we became infected. A friend of my wife asked her to come to Jayapura and work with her as a sex worker. She did it for only 7 months before we got married. I was one of her clients. We never used condoms and she rarely used them with her other clients. She stopped sex work as soon as we married. I had also been to other sex workers as well."

"At the moment, nobody knows about our status. We are going to keep it that way to protect ourselves and especially Novela."

"We all hope to start antiretroviral treatment soon."

INDIA

Narasimhan (husband), Rajeswari (wife), Tambaram Hospital, ART Clinic, Chennai

(Spouses on antiretroviral treatment)

"Four years ago I had an accident at work and had a blood transfusion. I am sure that I got HIV infection from that as I don't have any bad habits. But I realize that I have infected my wife!"

"We have been at Tambaram Hospital for 10 days now and have started antiretroviral treatment."

"A year ago my wife had fever and we went to consult a private doctor. He tested my wife for HIV. She tested positive. I immediately went for a test, which was also positive. At first, we did not really know what HIV was. Since coming to Tambaram, and with the counselling we received here, we are more aware. We feel very sad that this has happened to us."

"My wife had some stomach pains and had been taking symptomatic treatment for the last 4 months. I have been keeping well. We were paying Rs. 2500 a month for antiretroviral treatment. When we heard that Tambaram was providing free antiretroviral treatment we decided to come here."

"We have two children, a boy and a girl, 18 and 16 years old. We have not told them or our relatives about our HIV infection. We think our children will suffer if we tell them. We don't want to worry them now."

"I have a small business store in my village in Andhra Pradesh, more than 300 km away from here. Now that we are enrolled in the antiretroviral treatment programme, we are receiving free train tickets for our visits to Tambaram. Before, it would cost us Rs. 600 for each visit."

"I am happy that we have been able to get treatment. However, in spite of this, my wife is still sad. We will battle through."

NEPAL

Surender Shah, Vice-President, Nava Kiran Plus (a hospice for people with HIV/AIDS), Kathmandu

(Former injecting drug user, HIV-positive)

"Why did I start abusing drugs? My dad died when I was 9 years old. I was put in a boarding school where I started with hash and tablets and then moved on to heroin. It was the done thing. All my friends were doing it."

"I was an injecting drug user doing odd jobs, such as driver, tour agent. Seven years ago, I had to have a medical examination for a job. This was when I found out my HIV status. When I went to collect the results of my medical test, they wouldn't give them to me. They said they had to talk to me and counsel me. I didn't want this and just told them to give it to me. If I had it [HIV], then it was up to me to deal with it."

"I went home to my family and in a fit of rage threw the report on the floor. My sister read it and started crying. She and my family were aware of HIV and what it meant. They had seen information on the TV but it was very negative basically saying you are going to die. We were all very depressed at first. Now, my family is very supportive."

"At first after the result, I injected more drugs and was very depressed. After 3 months my family took me to a private hospital. I was diagnosed with tuberculosis, but even there they wouldn't tell me that I was HIV-positive. I stopped the drugs when I went to a drug rehabilitation centre. There I started counselling others and together with a friend set up Nava Kiran Plus to help other HIV-positive people."

NEPAL

Laxmi, Kamithipura, Mumbai

(Sex worker and peer educator)

" I know about HIV and other sexually-transmitted diseases. Every three months I go for an HIV test. I am trying to make the best of a difficult situation. I live for my children. They are all I have got left."

"I am a sex worker. My husband died of cancer 6 years ago when we were living in the village 600 km from here. With two children to support, I needed to search for work. I left my children with my parents in the village. A cousin and I came to Mumbai to look for work. This was the only work we could find. When I first came, I was a street worker. Now we live in a brothel."

"I have started acting as peer educator with a non-governmental organization called ASHA about 15 days ago. One day I want to start my own community of peer educators."

"Since I started working with ASHA, I can see clients only in the evenings. But I do want to stop sex work completely. My salary as peer educator doesn't permit this yet. I earn Rs.1500 a month which I supplement with my sex work. I usually end up with about Rs. 4000 a month when I include sex work. I do this work for the education of my son. I have a daughter as well. I see my children 2-3 times a year."

"I always insist on using a condom. 'No condom, no penetrative sex,' I tell my clients. I know about HIV and other sexually transmitted diseases. ASHA has educated me well. Every three months I go for an HIV test. I can't go back to the village because there is no work there. I am stuck here for the moment. I am trying to make the best of a difficult situation. I am happy with my work. I now live for my children. They are all I have got left."

Stop AIDS. Keep the Promise.

The theme for World AIDS Day 2005 is clear as crystal: "Stop AIDS. Keep the Promise." This year's campaign aims to ensure that each one of us, and the world community, are actively responding to the promises we have made. "Keep the Promise" urges governments and policy makers, and communities and individuals, to assess their overall response. We must determine whether enough progress has been made towards achieving the longer-term targets spelled out in the Millennium Development Goals.

It is time to take stock and ask ourselves: "Are we meeting the targets in the fight against HIV/AIDS?"

The need of the hour is to look beyond 2005. This year the campaign focuses on evidence for action and encourages policy makers, programmers and communities to turn concern and commitment into effective and sustainable action.

According to the 2001 UNGASS Declaration of Commitment, the World Health Organization, along with its partners, is committed to

- strengthening leadership for increasing access to HIV/AIDS prevention, care, support and affordable treatment,
- protecting human rights,
- reducing vulnerability of marginalized groups,
- alleviating social and economic impact of HIV/AIDS, and
- fostering further research and development for new preventive technologies and drugs.

UNGASS Declaration of Commitment (2001) set forth the following priorities for HIV/AIDS:

- To ensure that people everywhere, particularly the young, know what to do to avoid HIV infection
- To stop the mother-to-child transmission of HIV
- To provide treatment to all those infected
- To redouble the search for a vaccine, as well as a cure
- To care for all whose lives have been devastated by AIDS, particularly more than 13 million orphans

At the 2000 Millennium Summit, representatives from 189 countries committed themselves towards establishing a world where sustaining development and eliminating poverty would be given highest priority. The Millennium Development Goals, targets and indicators summarize these commitments. The countries also agreed upon a common framework for measuring development progress. Of the total 48 indicators, 18 are directly related to health.

The Millennium Development Goals (2000) and selected indicators

Goal 6, Target 7: Have halted by 2015, and begun to reverse, the spread of AIDS

Indicators:

- HIV prevalence among pregnant women (age 15-24 years)
- Condom use rate of the contraceptive prevalence rate
- Ratio of AIDS orphans attending school to non-orphans, age 10-14 years

What Does The Campaign Mean for the South-East Asia Region

The Region needs guarantees that political backing for vital programmes will be available to enable (i) a multisectoral response to HIV/AIDS, and (ii) appropriate responses to sub-national epidemics. However, the Region also needs prompt action in order to (i) expand coverage of prevention, care, support and treatment services, as well as (ii) close the financial gaps in programmes and services.

Expanding the coverage of HIV/AIDS prevention, care, support and treatment to keep the numbers of new HIV infections and deaths down

Despite the increasing availability of antiretroviral treatment in South-East Asia, the sweep of the epidemic is determined by the rate at which new infections take place in relation to the number of deaths caused by AIDS. At this stage of the epidemic, there are more HIV infections every year than AIDS-related deaths. HIV prevention, if inadequately addressed, can have an adverse impact on other national priority areas. These areas include

- controlling the spread of sexually transmitted infections and tuberculosis,
- addressing gender inequality,
- promoting education,
- tackling drug and alcohol abuse,
- improving health services, and
- mitigating the impact of the disease on children made orphans by AIDS and are, hence, vulnerable to AIDS.

For key populations and hard-to-reach groups experiencing rapidly rising or high HIV infection rates (for example, injecting drug users, sex workers, migrants, prisoners and men who have sex with men), access to treatment provides new opportunities for HIV prevention. These significant opportunities must not be lost if we are to conquer the epidemic. HIV prevention, care, support and treatment go hand in hand. South-East Asia can keep the future treatment needs low if coverage of HIV prevention interventions is increased now.

Bridging the shortfall in financing

Although government and donor spending on HIV/AIDS programmes in the Region has increased in recent years, most of the money spent on care and treatment comes from the out-of-pocket expenditure of AIDS-affected households. Funds for prevention have also been low. The ADB/UNAIDS reported that, in 2003, the countries of the Asia-Pacific needed more than US$ 1.5 billion to finance a comprehensive response to the epidemic, but only US$ 200 million, 20% of needed resources, was available from the public sector, donors and governments combined. This funding shortfall is likely to grow in the coming years, because of the backlog in prevention, care, support and treatment needs. By 2007, regional resource needs for HIV/AIDS prevention, care, support and treatment will rise up to US$ 5.1 billion a year (about US$ 2.00 for each infected person).

To increase prevention, care, support and treatment coverage to all HIV/AIDS patients, the Region needs to bridge this enormous funding gap. While international assistance must increase, national and local governments too have an important role to play in financing comprehensive HIV/AIDS control programmes.

The main constraint in the Region is that too little health spending is publicly financed. Thailand is the only exception. Large proportions of healthcare costs are borne by the Thai government through tax, insurance, or other prepayment mechanisms. Sharing resources fairly, and focusing public resources on well-targeted programmes that offer general rather than patient-specific benefits, will ensure that comprehensive prevention, care, support and treatment programmes can be successfully expanded in all countries in the Region.

Towards providing universal access to HIV/AIDS prevention, care, support and treatment

The Millennium Development Goals, target 6, aims at halting and beginning to reverse the spread of HIV/AIDS by 2015. However, the Millennium Development Goals Report of 2004 showed that though some progress has been made to meet the global targets of controlling HIV/AIDS, an alarming increase in the numbers of HIV-infected persons in the South-East Asia Region has outpaced the success, putting the countries in this Region behind schedule. Unless the gap in prevention, care, support and treatment is reduced rapidly, the epidemic will cause an irrevocable social and economic havoc in the Region.

The Challenges

The challenges confronting countries in the Region are twofold:

- Increasing the coverage of prevention, care, support and treatment services, and
- Increasing financial and technical support to strengthen health and social systems.

South-East Asia at a crucial juncture

The Region, committed to the "3 by 5" initiative, documented remarkable achievements in scaling up antiretroviral treatment in the recent past and witnessed a tripling of persons on antiretroviral treatment since December 2003. This achievement, however, is not enough as only about 10% of persons in need of treatment are currently receiving antiretroviral treatment. A major obstacle for access to treatment is lack of access to HIV testing and counselling.

Despite dramatic developments in political commitment, funding and treatment provision, very little progress has been made in prevention and eliminating stigma and discrimination. Barriers to prevention must be addressed. There is an urgent need to increase coverage of targeted interventions such as 100% condom use for sex workers, needle-syringe exchange programmes and substitution therapy for injecting drug users. There is also the need to empower women to control and decide on matters related to their sexuality, so they can protect themselves from HIV infection. There is, furthermore, a need to implement strategies to reduce women's vulnerability to HIV/AIDS by eliminating all forms of discrimination and violence against them.

The Way Forward

Scaling-up of HIV/AIDS strategy in the Region involves developing a comprehensive response to HIV/AIDS as well as addressing the need to expand coverage geographically, to reach more people. It also focuses on increasing coverage to different population types, improving the quality and scope of services, and ensuring that the involved systems are accountable. The ultimate goal is to guarantee the delivery of a comprehensive range of interventions and programmes, in order to reduce the transmission of HIV/AIDS and to lessen its impact on individuals and communities.

The "3 by 5" target has been an important element in the overall international effort to build a momentum for expanded access to HIV treatment. The experience gained in providing treatment to an initial 1 million people globally has laid the foundation for an accelerated scale-up strategy and its goal: to provide universal access to a comprehensive prevention, care, support and treatment package by 2010 (called for by the 2005 G8 Summit and the 2005 World Summit). The World Summit called upon UNAIDS and WHO to play a leading role in the process of development of a common framework.

In order to reach the goal of achieving universal access, priorities need to be shifted, re-defined or re-adjusted. Steps must be taken to make certain that essential packages of prevention, care, support and treatment services are in place, district-by-district and community-by-community. It is also necessary to measure progress and analyse barriers to implementation on a continuous basis in order to inform effective action.

The Region needs to:

- urgently expand access and coverage in a sustainable manner,
- promote a legal environment where ethical, legislative and normative activities conform to the highest standards of civil and human rights and protect the privacy and dignity of individuals, and
- develop a supportive social and legal environment for groups at risk, especially sex workers, injecting drug users, men having sex with men, migrants and people living with HIV/AIDS, as well as to fight against their social and legal exclusion.

Frequently asked questions

What is HIV?

HIV or human immunodeficiency virus is a virus that infects humans. A person with HIV is infected for life and can infect others. The virus attacks the immune system and slowly weakens the body's defence against diseases. An HIV-infected person can look and feel well for a long time without developing AIDS.

What is AIDS?

AIDS or acquired immunodeficiency syndrome is a disabling and deadly disease caused by HIV. ("Acquired" means something not inherent in the patient's body but transmitted from others; "immunodeficiency" refers to the weakened ability of the body's immune system that helps it ward off infections and diseases; and "syndrome" is the group of signs and symptoms associated with the disease.) AIDS occurs as a collection of infections (called opportunistic infections) that are usually severe, such as pneumonia or tuberculosis, manifest more often during the late stages of HIV infection. An HIV-infected person may not develop AIDS until 8 to 10 years after being infected.

How is HIV transmitted?

The virus is carried from an infected person to a healthy person by blood, semen, vaginal fluids and breast milk.

HIV is transmitted in several ways:

- By having unprotected sexual intercourse (vaginal, anal or oral sex); in other words, by having sex without a condom with someone who is HIV-infected. Although most cases of sexual transmission involve men and women, men having sex with men are equally at risk.
- By using (or being injured by) needles, razor blades or other medical/surgical equipment which have been recently contaminated by the blood of a person infected with HIV.
- By sharing needles and syringes used by an HIV-infected injecting drug user or by using needles/syringes that have been used in health care settings.
- By receiving blood transfusions, blood products or organ transplants from an HIV-infected person.
- By an infected mother to her baby during pregnancy, delivery or breastfeeding.

HIV does not spread through ordinary social contact. For example, shaking hands with or traveling in the same bus with an HIV-infected person, or eating from the same plates an infected person has used, or hugging and kissing an HIV-positive individual will not spread the disease. Mosquitoes and insects do not carry the virus nor is the disease water-borne or air-borne.

Are women at equal risk of being infected with HIV?

Women are in fact more at risk of getting infected because of their social and economic vulnerability. Often their low social status and lack (or low level) of empowerment within the family further heighten their vulnerability to infection. In countries severely affected by HIV/AIDS, women are becoming increasingly more prone to infection. The number of AIDS cases among women in Thailand doubled between 1995 and 2003. Women in the South-East Asia Region who are engaged in sex work and those who are extremely poor are at increased risk of getting infected. There are two million women in sex work in India alone, and about 5000 to 10000 women are trafficked into India for sex work each year from other countries. Recently, HIV prevalence rate among Nepalese sex workers returning from Mumbai, India, was found to be 50%. It is, therefore, important that women, in particular young women, have access to information about HIV/AIDS to protect themselves.

Does the presence of other sexually transmitted infections (STIs) facilitate HIV transmission?

Yes, many sexually transmitted infections (STIs) increase the risk of acquiring HIV infection as well as the chances of transmitting it to others. For example, the risk of HIV infection increases by as much as 50 to 300 times per each sexual contact with a person who has a genital ulcer.

It is important to keep in mind that HIV transmission is more likely to occur in combination with other sexually transmitted infections for many reasons:

- HIV can easily pass through breaks and lacerations in the skin and mucous membranes caused by genital ulcers.
- HIV can attach to the white blood cells usually present in genital discharges caused by STIs.
- Large amounts of HIV are found in ulcers and genital fluid (semen, secretions from the cervix) of people with infections such as gonorrhoea, genital herpes, syphilis and chancroid.

Why are early detection and treatment of sexually transmitted infections (STIs) important?

Early and effective treatment of STIs decreases the amount of HIV in genital secretions and reduces the risk of its spread to other sexual partners. Early treatment also reduces the risk of contracting HIV from infected partners. Furthermore, early diagnosis and treatment of STIs are important because they can prevent serious complications, such as infertility, ectopic pregnancy, genital cancer, blinding eye disease, and major nervous system infections in infants, that can occur as a result of an untreated STI.

How is HIV transmitted from a mother to her child?

Transmission from an infected mother to her baby occurs in about 30% of cases, in the absence of a preventive treatment, during pregnancy, delivery and breastfeeding.

- Pregnancy: Through the mother's blood. The baby is more at risk if the mother has been recently infected or is at a later stage of AIDS.
- Delivery: At the time of birth when the baby is exposed to the infected mother's blood.
- Breastfeeding: The virus has been found in breast milk in low concentrations and studies have shown that children of HIV-infected mothers can get HIV infection through breast milk.

Children can be both infected by HIV and affected by AIDS. Over 2.5 million children worldwide are now infected with HIV. If HIV continues to spread across the world, there will be a greater increase in deaths among infants and children. It is also estimated that by the year 2010, 25 million children will be orphans because of AIDS.

How can people prevent themselves from being infected?

A person can avoid HIV infection by abstaining from sex, by having a mutually faithful monogamous sexual relationship with an uninfected partner or by practising safer sex. Safer sex involves the correct use of a condom during each sexual encounter; it also includes non-penetrative sex.

Both men and women share the responsibility for avoiding behaviour that might lead to HIV infection. They also share the right to refuse sex and assume responsibility for ensuring safe sex. In many societies, however, men have much more control than women do over when, with whom and how they have sex. In such cases, men need to assume greater responsibility for their actions.

Babies born to HIV-infected mothers can be protected against HIV infection if the mother receives antiretroviral drugs during pregnancy and at delivery. While avoiding breastfeeding seems logical when a mother is HIV-infected, the benefits of breastfeeding for the baby cannot be ignored. Exclusive breastfeeding, usually recommended during the first months of life, should be discontinued as soon as it is feasible. Replacement feeding is recommended only where it is acceptable, available, feasible, affordable, sustainable and safe.

inform, mobilize, and sensitize communities to produce actions that can strengthen the lives of persons living with HIV/AIDS, in addition to providing unrestricted protection to their human rights.

What are the rules of HIV/AIDS at the workplace?
HIV/AIDS is a workplace issue because it affects labour and productivity due of loss of skills, costs of hiring and retraining, health and death benefits, and the potential of workplace conflict.

If a worker has HIV infection, should he or she be allowed to continue work?
Workers with HIV infection who are still healthy and those with AIDS or AIDS-related illnesses should be treated in the same way as any other worker who is ill. It is not a reason in itself for termination of employment.

Is it safe to work in the same office/place with someone infected with HIV?
Yes. Most workers face no risk of getting the virus while doing their work. If they have the virus themselves, they are not a risk to others during the course of their work. This is because the virus is mainly transmitted through the transfer of blood or sexual fluids. Since contact with blood or sexual fluids is not part of most people's work, most workers are safe.

What about working in close contact with an infected person?
There are no risks involved. You may share the same telephone with other people in your office or work side by side in a crowded factory with other HIV-infected persons. You may even share the same cup of tea, without any risk of infection. You cannot be infected by dirt and sweat of an infected person.

How can HIV transmission be prevented in health-care settings?
Risk of HIV transmission in the health-care setting occurs in the following ways:

- To patients. Through contaminated instruments that are re-used without adequate disinfection and sterilization; transfusion of HIV-infected blood, skin grafts, organ transplants; HIV-infected donated semen; and contact with blood or other body fluids from an HIV-infected health care worker.
- To health care workers. By piercing the skin with a needle or any other sharp instrument which has been contaminated with blood or other body fluids from an HIV-infected patient; exposure of broken skin, open cuts or wounds to blood or other body fluids from an HIV-infected patient; and splashes from infected blood or body fluids onto the mucous membranes (mouth or eyes).

The risk of HIV transmission from infected health care personnel, such as surgeons, is considered low. As a general practice, limiting the practice of HIV-infected care professional is not necessary unless there is evidence of transmitting infection through inability to meet basic infection control standards, or unless they are functionally unable to care for patients.

Health care workers in medical or dental settings where HIV may be present should practise "universal standard precautions" for protecting themselves and patients from HIV and all other blood-borne infections. Universal standard precautions require the consistent use of sterile techniques and garments, whenever and wherever blood or body fluids may be present. Creating a safe work environment by practising universal standard precautions in care of patients at all times can reduce the risk of transmission of blood-borne infections.

World Health Organization
REGIONAL OFFICE FOR South-East Asia

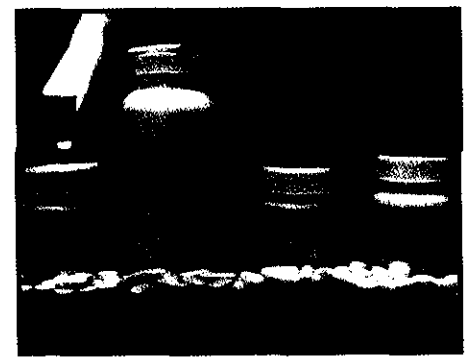
Is there a vaccine for HIV/AIDS?

While there is no effective vaccine to prevent HIV/AIDS yet, many scientists agree that an AIDS vaccine is possible. Vaccines are used either to protect humans from infection or disease. Most scientific efforts focus on developing an AIDS preventive vaccine for people who are not infected with HIV. The vaccine would prepare the immune system to respond in case of an exposure to the virus.

In the past few years, AIDS vaccine research has gathered momentum and today it has become a global effort. Clinical trials of different vaccines are continuing as patients, health care workers, scientists, institutions and governments eagerly wait for an AIDS vaccine. In the South-East Asia Region, candidate vaccines are presently undergoing clinical trials in India and Thailand.

Is there a cure for HIV/AIDS?

There is no cure for HIV/ AIDS. Since AIDS is a collection of "opportunistic" infections, there are medicines that can prevent and control these infections in persons affected by HIV/AIDS. While opportunistic infections would be either harmless or at least easily managed in healthy people, they can kill people with damaged and impaired immune systems, as for those with HIV/AIDS. The prevention and treatment of opportunistic infections can slow the pace of progression of HIV infection.

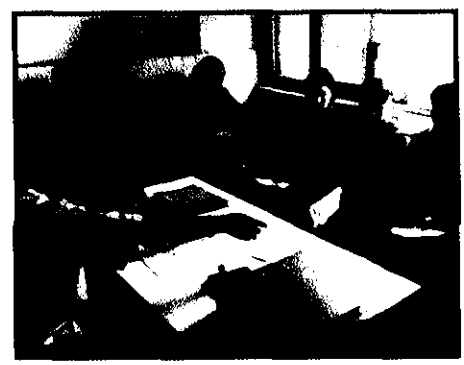


With the advent of antiretroviral drugs today, people living with HIV are receiving treatment that can slow the pace at which HIV multiplies in the body. Antiretroviral drugs, along with prevention and treatment of opportunistic infections, have helped make HIV/AIDS a manageable chronic disease. However, taking *antiretroviral means following a rigid schedule: they must be taken* daily for the rest of the life. If a patient misses even 1 dose in a regimen of 50, the virus can become resistant to the medicines and the drugs lose their effect. A strict adherence to regimen and proper care and treatment has been shown to prolong survival and improve the quality of life of people living with HIV/AIDS.

Antiretroviral therapy is only effective if a combination of three or four antiretroviral drugs is used. Single drugs are used only for the prevention of mother-to-child transmission.

Why is HIV testing and counselling important?

More than 90% of people infected with HIV do not know their HIV status. Voluntary testing and counselling have proved to be an effective public health strategy as they result in reduced risk behaviours and increased condom use. Testing and counselling serve as entry points to HIV/AIDS care and support.



Why is counselling important for treatment adherence?

Counselling is important for effective antiretroviral treatment, as it is critical that all prescribed medicines are taken regularly and at the same time of the day. Some drugs require special instructions, as they are to be taken before or after a meal and with a certain amount of fluid. The counsellor plays an important role in assessing the patient's readiness for antiretroviral treatment, treatment literacy and adherence. *All antiretroviral medicines have side effects. The counsellor can* refer a patient to a physician with antiretroviral treatment experience to determine if a treatment should continue or be interrupted.

What is post-exposure prophylaxis for HIV?

Prophylaxis is the treatment to prevent the onset of a particular disease or the recurrence of symptoms in an existing infection. Post-exposure prophylaxis is a short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally (as in health care settings or workplaces) or through sexual intercourse. The medications used depend on the exposure to HIV, and should be taken ideally within 2-24 hours and no later than 48-72 hours following the possible HIV exposure.

How many antiretroviral drugs are prequalified by WHO, and how many (and which ones) are available as generic drugs?

As of 29 September 2005, the number of antiretroviral drugs on the WHO list of prequalified HIV/AIDS medicines stands at 68. Out of those, 34 are from generic manufacturers and 34 from brand name suppliers.

Antiretroviral products on the list that are exclusively available from originator companies are: abacavir, amprenavir, didanosine, nelfinavir, ritonavir and saquinavir, as well as the following combination products: lamivudine+zidovudine+abacavir and ritonavir+lopinavir. Prequalified antiretroviral drugs that are available from both generic and originator companies are: lamivudine, nevirapine, stavudine and zidovudine, as well as the combination of lamivudine+zidovudine. Meanwhile, the following combination products are exclusively available form generic producers: lamivudine+stavudine and lamivudine+stavudine+nevirapine.

Note: The list of prequalified HIV/AIDS medicines is regularly updated. Please refer to the WHO website (http://mednet3.who.int/prequal/documents/prodmanuf/hiv_suppliers.pdf) for the latest version.

Who are the manufacturers of antiretroviral drugs in South-East Asia?

It is difficult to know the number of manufacturers of HIV/AIDS medicines, since manufacturers do not have to report to WHO which medicines they are producing. However, as of 29 September 2005, five manufacturers in India have products included on the WHO list of prequalified HIV/AIDS medicines. These are: Aurobindo, Cipla, Hetero, Ranbaxy and Strides.

Please note that WHO prequalification is a product and production-site specific listing. In other words, while one product of a certain company may be prequalified, another product of the same company may not. It is advisable to always check the details of products by visiting the WHO website.

What is the HIV/AIDS prevention, care, support and treatment continuum?

The HIV/AIDS prevention, care, support and treatment continuum regards HIV/AIDS as a chronic disease requiring treatment throughout life. Experiences from several countries have demonstrated that a continuum of prevention, care and treatment from hospital to home is the optimum for those affected. WHO South-East Asia Regional Office (SEARO) is promoting a patient-centred approach through a continuum of prevention, care, support and treatment by decentralization of services to district and community. This requires an adequate referral and collaborative care network from hospital to the community and home.

Management of opportunistic infections and antiretroviral treatment cannot be seen in isolation. HIV-infected patients, including those with active tuberculosis, should benefit from additional care needs, including clinical and nursing care in particular for the prevention and treatment of opportunistic infections, ongoing psychosocial support and counselling, financial and employment support, assistance for housing and living in enabling environment, legal assistance, and care and support for orphans as promoted by WHO SEARO.

What is a patient-centred approach to HIV/AIDS care?

The public health approach to HIV/AIDS chronic care is patient-centric. As with other chronic illnesses, such as diabetes and hypertension, patients manage their care. Patients need to be educated about the disease so that they can make informed decisions on adherence and management, and be prepared to deal with the challenges of living with a chronic disease. They need to know when and how to interact with the health services available in the community. For example, a person on treatment who may experience diarrhoea should know when to rush to the health facility for medical attention, that is if blood is present or there is associated fever, or when to relieve the symptom with a locally available remedy.

What is treatment preparedness?

Treatment preparedness stems from the concept of a patient-centric approach and applies to building up of adequate resources and actions at the level of the individual as well as the community. It involves preparation of the community to the disease by effective messaging using mass media, effective use of community resources, ensuring inputs of people living with HIV/AIDS. At the level of the individual, it involves building of skills to enable people on treatment and their supporters to contribute to the patient-centric approach to prevention, care and treatment and to support their peers. Treatment preparedness provides a platform for enhancing the ability of civil society to deal with the disease.

What role does the community/civil society play in HIV/AIDS control?

Community participation is required for every aspect of HIV prevention and control, and includes advocacy, delivery of services and support to patients. A strong community leadership or an effective civil society involvement in policy/decision-making will lead to better and more sustainable health outcomes. This is because HIV/AIDS is not only a medical issue. People with HIV/AIDS face other psycho-social challenges, such as stigma and discrimination, which are best addressed through strong community support. In partnership with the health sector, civil society groups (including faith-based groups) can offer a wide range of support services, education, home-based care, training in income-generating activities and treatment adherence counselling.

What role do nongovernmental organizations (NGOs) play in HIV/AIDS control?

The close interpersonal interaction that nongovernmental organizations (NGOs) have with people in the communities they work in is extremely useful for implementing the behavioural interventions necessary for HIV/AIDS prevention and care. NGOs are also not under the same political constraints as government programmes are. They, therefore, have greater flexibility and the capacity to accommodate changing programmes and public needs, and can innovate and implement new initiatives more easily.

What role do people living with HIV/AIDS play in alleviating the impact of HIV/AIDS?

People living with HIV/AIDS can promote a positive image of people affected by the disease in order to eliminate prejudice, isolation, stigmatization and discrimination associated with AIDS. In addition, the community of people living with HIV/AIDS should be supported for building capacity to contribute effectively as equal partners to the response. They can help with peer counselling, education and treatment. They can be meaningfully included in all national and international HIV/AIDS policy-making bodies. There is a need to