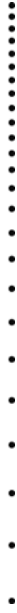




United Nations
Educational, Scientific and
Cultural Organization



UNESCO at the XVII International AIDS Conference

Mexico City, 3-8 August 2008

Acknowledgements

This report was compiled by Ekuia Yankah in the Division for the Coordination of UN Priorities in Education, Section on HIV and AIDS, with contributions from the UNESCO delegation to the Conference (listed in alphabetical order) Jenelle Babb, Kingston Office; Sandrine Bonnet, IBE Geneva; Tania Boler, ED/UNP/HIV; Chris Castle, ED/UNP/HIV; Cristina De Azkarraga, Mexico Office; Mary Guinn Delaney, Santiago Bureau; Ainhoa Jaureguibeitia, CLT; Andrew Radolf, Costa Rica Office, Mark Richmond, ED/UNP, Jan Wijngaarden, Bangkok Bureau; and Memory Zulu, Harare Office.

Contact:

UNESCO Education Sector
Division for the Coordination of UN Priorities in Education
Section on HIV and AIDS
7, place de Fontenoy 75352
Paris 07 SP France

Email: aids@unesco.org

Website: <http://www.unesco.org/aids>

Table of Contents

| | |
|---|-----------|
| ACKNOWLEDGEMENTS..... | 2 |
| TABLE OF CONTENTS | 3 |
| LIST OF ABBREVIATIONS..... | 4 |
| 1. CONFERENCE HIGHLIGHTS..... | 5 |
| 2. UNESCO'S PRESENCE AT THE CONFERENCE | 8 |
| 3. SECTORS AND HIV RESPONSES | 10 |
| 3.1 SCIENCE..... | 10 |
| <i>Epidemiology.....</i> | <i>10</i> |
| <i>HIV Prevention</i> | <i>11</i> |
| <i>HIV Prevention Research.....</i> | <i>12</i> |
| <i>HIV Testing.....</i> | <i>12</i> |
| <i>HIV Treatment.....</i> | <i>13</i> |
| 3.2 EDUCATION..... | 14 |
| 3.3 YOUNG PEOPLE | 17 |
| 3.4 CARE AND SUPPORT OF CHILDREN | 18 |
| 3.5 COMMUNICATION..... | 19 |
| 4. CROSS-CUTTING ISSUES..... | 20 |
| 4.1 KEY POPULATIONS | 20 |
| 4.2 GENDER | 22 |
| 4.3 HUMAN RIGHTS..... | 24 |
| 5. REGIONAL UPDATES..... | 26 |
| 5.1 LATIN AMERICA AND THE CARIBBEAN..... | 26 |
| <i>Regional Session on Latin America</i> | <i>26</i> |
| <i>Regional Session on the Caribbean.....</i> | <i>26</i> |
| 5.2 SUB-SAHARAN AFRICA..... | 27 |
| 5.3 ASIA AND THE PACIFIC | 27 |
| 5.4 MIDDLE EAST AND NORTH AFRICA | 28 |
| 5.5 NORTH AMERICA..... | 28 |
| 6. RECOMMENDATIONS..... | 29 |
| 7. CONTACT INFORMATION | 31 |
| ANNEX I: LIST OF POSTERS DISPLAYED AT THE CONFERENCE..... | 32 |

List of Abbreviations

| | |
|---------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ARV | Antiretroviral Therapy |
| BCC | Behaviour Change Communication |
| CD-Rom | Compact Disc |
| CENSIDA | National Centre for the Prevention and Control of HIV/AIDS (Mexico) |
| DRC | Democratic Republic of Congo |
| FSW | Female Sex Worker |
| HIV | Human Immunodeficiency Virus |
| IAC | International AIDS Conference |
| IAS | International AIDS Society |
| IATT | Inter-Agency Task Team |
| IDU | Injecting drug use(er) |
| IPPF | International Planned Parenthood Federation |
| LAC | Latin America and the Caribbean |
| MC | Male Circumcision |
| MSM | Men having sex with Men |
| NGO | Non-governmental Organization |
| PEP | Post-exposure prophylaxis |
| PEPFAR | President's Emergency Preparedness |
| PMTCT | Prevention of Mother-To-Child Transmission (of HIV) |
| PrEP | Pre-Exposure Prophylaxis |
| RCT | Randomised Controlled Trial |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| TIG | Taking It Global |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |
| UNICEF | United Nations Children's Fund |
| VCT | Voluntary Counselling and Testing (for HIV) |
| WHO | World Health Organization |

1. Conference Highlights

This conference report provides a summary of the most salient presentations given during the main conference programme and as part of official side events. Where possible, the summary is preceded with a link to the conference website containing the presenter's PowerPoint presentations and official rapporteur reports, depending on availability.

I. Combination Prevention

<http://www.aids2008.org/Pag/PSession.aspx?s=32>

“The key word emerging from this conference is combination. Combination prevention strategies tailored to decrease HIV transmission. Combination antiretroviral therapy to dramatically reduce morbidity and mortality among those infected. Combination antiretroviral therapy to reduce community viral load as an aid to HIV prevention. Combination strategies to enhance HIV testing. Combination strategies to reduce poverty, and discrimination.” Julio Montaner, British Columbia Centre for Excellence in HIV/AIDS, University of British Columbia.

“We are not investing enough in prevention. Prevention efforts more than pay for themselves because they are cost effective and cost saving. There is also a delivery deficit. We need greater capacities to deliver what we already know works, i.e. ‘combination prevention’, male circumcision, integrated family planning, scaling up combination therapy.” Dr Jaime Sepulveda, Bill & Melinda Gates Foundation.

II. Optimal Antiretroviral Therapy

<http://www.aids2008.org/Pag/PSession.aspx?s=36>

Recent changes in the 2008 International AIDS Society Anti-Retroviral (ARV) Therapy Guidelines favour earlier treatment than previous guidelines. In developed countries, it is recommended that all patients with a CD4 count of less than 350/ μ L receive treatment. In patients with a CD4 count of more than 350/ μ L co-morbidities (e.g. Hepatitis C virus, Hepatitis B disease), the risk of disease progression and ability to adhere to long-term treatment should be considered when the decision of ARV therapy is being evaluated. In addition, evaluation and management of risk factors for CVD and calculation of clearance of creatinine should be incorporated in the routine of all new HIV patients. Patients harbouring multiclass resistance can now benefit from the inclusion of new antiretrovirals recently introduced. Raltegravir, maraviroc (if it's a CCR5 virus) or etravirine can now be used to construct a new regimen with at least two fully active drugs. However, the high costs of these new drugs will delay their use in low resources areas.¹

¹ IAS Track B report by Valeria Saraceni

III. Male Circumcision

Addressing Implementation Challenges and Demonstrating Impact

<http://www.aids2008.org/Pag/PSession.aspx?s=259>

To Cut or Not to Cut

<http://www.aids2008.org/Pag/PSession.aspx?s=41>

Several mathematical models estimate that over 40% of HIV infections could be averted 50 years after the implementation of a circumcision program, with programs targeting men up to 35 years having the highest cost effectiveness. The bridging session “To Cut or Not to Cut” included controversial issues around male circumcision (MC). The focus of this panel was less about the empirical evidence for implementation of male circumcision in public health, but more about cultural and religious sensitivity and the impact of this practice on women. What is seen as an effective preventive measure is also challenging and controversial as it does not appear to have a direct prevention benefit for women. The effects of MC on sexual function and pleasure emerged as an important question.²

IV. Children and HIV

<http://www.aids2008.org/Pag/PSession.aspx?s=33>

“Children have been short-changed in the response to AIDS...They are visible in the photo opportunities and headlines, but mostly invisible in the response to HIV,” Professor Linda Richter of the Human Sciences Research Council of South Africa

Linda Richter’s plenary talk was the first devoted to the well-being of children affected by HIV and AIDS in the conference’s 23-year history.

V. MSM

<http://www.aids2008.org/Pag/PSession.aspx?s=9>

Dr Jorge Saavedra, the Mexican Director of CENSIDA, gave the first-ever plenary on MSM and HIV at the IAC. While MSM have generally been considered in HIV epidemics in high income settings, there is now overwhelming evidence that they are also a large part of the epidemic in the lower income settings of Asia, Latin America and the Caribbean, and Africa. Structural risks including criminalization, stigma, and systematic homophobia limit access to HIV prevention services and in turn likely continue to drive these epidemics among MSM.

VI. Criminalisation of HIV

<http://www.aids2008.org/Pag/PSession.aspx?s=38>

“Criminal laws and criminal prosecutions are a shoddy and misguided substitute for measures that really protect those at risk of contracting HIV. These laws are a side show. We know what we need in this epidemic, and this conference has taken our knowledge further. After more than a quarter century we know that we need effective prevention, protection against discrimination, reduced stigma, strong leadership, greater access to testing and most importantly treatment, treatment for those who today -- this morning -- are unnecessarily dying of AIDS. AIDS is now a medically manageable condition, it is a virus not a crime, and we must reject interventions that suggest it is a crime.” Edwin Cameron, Supreme Court of Appeal, South Africa.

² IAS Track C report by Gaston Djomand and Leadership report by Nithya Krishnan

VII. First Meeting of Health and Education Ministers

http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080731_Leaders_Ministerial.asp

Ministers of Education and Health in Latin America and the Caribbean have signed an historic declaration pledging to provide comprehensive sex education as part of the school curriculum in Latin America and the Caribbean. The Ministers committed to promoting concrete actions for HIV prevention among young people in their countries by implementing sex education and sexual health promotion programmes. The Declaration was signed at the conclusion of the 1st Meeting of Ministers of Education and Health to prevent HIV in Latin America and the Caribbean, on 1 August 2008. The meeting was held in Mexico before the XVII International AIDS Conference.

2. UNESCO's presence at the conference

In an Op-Ed article published at the eve of the XVII International AIDS Conference in Mexico City, UNESCO's Director-General, Mr Koïchiro Matsuura, expressed his concern that young people are at the centre of the global AIDS crisis and are disproportionately affected by the epidemic. He emphasized the importance of providing evidence-based and age-appropriate sex, relationships and HIV education, in which schools have an important role. (See link for full op-ed article) http://portal.unesco.org/en/ev.php-URL_ID=43224&URL_DO=DO_TOPIC&URL_SECTION=201.html

At the XVII International AIDS Conference, UNESCO's theme was "Learning for All about AIDS". A banner carrying this theme was displayed at the UNAIDS Joint Exhibition Booth. During the conference, UNESCO distributed more than 4,000 CD-ROMs as well as a selected range of hard-copy publications and brochures.

UNESCO's contribution to the conference programme were: three jointly-organised satellite sessions, including one hosted by UNESCO and the IATT on Education; chairing two poster discussion sessions; delivering one oral presentation; displaying 20 exhibition posters with representation from various UNESCO field offices and sectors (see appendix I); and running two skills-building workshops.

In the Global Village, UNESCO and the L'Oréal Foundation organised HAIRDRESSERS AGAINST AIDS, a functioning hair salon that provided visitors with an opportunity to see top Mexican hair stylists in action, explaining how the programme works in practice. The hair stylists interacted with visitors to explain why sensitising hairdressers has a multiplier effect on prevention efforts. Interest in the booth was very high, and the UN Secretary-General and his wife had made advanced enquiries about visiting the booth during their brief visit to the Global Village. Unfortunately, concerns about security prevented this proposed visit from occurring. Nonetheless, thousands of visitors and participants visited the booth and collected information about the programme, and there was widespread media coverage of it.

UNESCO also hosted the photo-voice exhibit, 'Unheard Voices, Hidden Lives', as part of the Cultural Programme, supporting the use of arts and creativity in HIV and AIDS responses. The exhibit was created and organized by the International HIV/AIDS Alliance and Photovoice through the Frontiers Prevention Project and presents the experiences of people living at the frontiers of the global AIDS epidemic.

In the days leading up to the Conference, UNESCO provided support to:

- The First Meeting of Health and Education Ministers to Stop HIV in Latin America and the Caribbean: Preventing through education, organized by the Government of Mexico with support from Instituto Nacional de Salud Pública, UNFPA, UNICEF, UNESCO and UNAIDS from 31 July to 1 August 2008. The objective of the meeting was to strengthen the response to the HIV epidemic in formal and non-formal educational settings. The ministerial meeting, which provided a declaration in which targets were set, was preceded by a one-day technical meeting to which UNESCO contributed.

- Children and HIV/AIDS: Action Now, Action How - an International Symposium organized by the Teresa Group in partnership with the Coalition on Children Affected by AIDS and La Casa de la Sal, on 1-2 August 2008. UNESCO facilitated presentations in panel sessions on schools as systems of support and EFA.
- A media seminar organised by the International AIDS Society. UNESCO provided 1,500 copies (in English and Spanish) of the UNESCO Guidelines on Language and Content in HIV- and AIDS-Related Materials to support high quality media reporting of the International AIDS Conference.
- The Mexico YouthForce pre-conference, held from 31 July to 2 August 2008 with the aim of building the capacity of young leaders for meaningful youth participation, youth-adult partnerships and of raising the visibility of youth HIV and AIDS issues before, during, and after the XVII International AIDS Conference. UNESCO co-facilitated the session “Beyond the facts: advocating for comprehensive sexuality education” and UNESCO’s Global Coordinator for HIV and AIDS provided the conference’s closing remarks. For more information, visit <http://www.youthaids2008.org/en/>
- UNESCO and other UN staff members (UNIC/Mexico, UNAIDS and PAHO) participated in the National March Against Homophobia which took place on Saturday, 2 August 2008. UNESCO’s Global Coordinator, Mark Richmond, was the only Global Coordinator who participated for the entire length of the march.

Other events which happened alongside the conference:

- UNESCO Global Advisory Group: Side meetings included a meeting with the UNESCO Global Advisory Group on Sex, Relationships and HIV/STIs Education – many members of the Group were in Mexico attending the Conference and participated in a specially-arranged dinner for an update on the status of plans and actions. Others joined the meeting, including David Ross from the London School of Hygiene and Tropical Medicine, and Ana Luisa Ligouri from the Ford Foundation’s Mexico Office.
- 2nd Red Ribbon Award Ceremony – organised by UNDP on behalf of UNAIDS, the event featured the 25 award winners and presentations by Mary Robinson, Rebecca Grynspan (UNDP Regional Director) and others. UNESCO was an early supporter of the Award, initiated at the Toronto International AIDS conference in 2006, recognizing the significant contribution of community-based efforts in the response to the epidemic.

3. Sectors and HIV Responses

3.1 Science

Epidemiology

The global epidemic comprises 33 million people living with HIV. Global prevalence of HIV (0.8%) has leveled off since 2000. Deaths from HIV have declined over the past few years; this decline in mortality was attributed to the global scale-up of HIV treatment. HIV continues to be the leading cause of death in sub-Saharan Africa. The epidemic has considerable heterogeneity regionally and women represent half of all adults living with HIV/AIDS. Latest UNAIDS figures estimate two million children aged below 14 were living with HIV in 2007 - an eight-fold increase since 1990. Moreover, 2007 alone accounted for a three-fold increase in new HIV infections and deaths among children. About 370,000 children became newly infected with HIV last year and 270,000 died. Children from sub-Saharan Africa, where a further 12.1 million children have lost one or both parents to AIDS, accounted for about 90% of those cases.³

An analysis of data from community-based cohorts in 5 African countries examined changing patterns of HIV incidence with age. The results indicated that men had a higher peak risk of HIV infection, that men had a higher modal age at peak incidence, and more dispersion of risk. For women, peak incidence occurred at a younger age, and risk was less dispersed over ages. The presentation concluded that risk continues past 40 years of age, and suggested that prevention efforts should not concentrate on younger persons to the exclusion of older persons.³

Data from cohorts of discordant heterosexual couples and from demographic surveys were combined to model the extent to which HIV transmission occurs within married or cohabiting partnerships in urban Rwanda and Zambia. The results indicated that 60-90% of HIV infections occur from spouses or cohabiting partners.³

Surveillance data play a critical role in the evaluation of the impact of prevention. Because epidemics have a natural course that leads, at some point in time to declining and then stabilizing HIV prevalence, there are limits to using surveillance data to evaluate the extent to which underlying HIV risk has changed in populations. In the case of Zimbabwe, however, there has been a real decline in HIV prevalence linked to the reduction of number of sexual partners. Combining behaviour change interventions with the reduction of transmission probability due to male circumcision could achieve further prevalence reductions.

A presentation about MSM in the Ukraine highlighted the challenges of implementing surveillance systems which are reflective of country epidemics. Because surveillance data are used to set prevention priorities in many countries, it is critical that they capture information on important sub-populations within countries.⁴

³ IAS Track C Daily summary 5 August (Tuesday)

⁴ IAS Track C Daily summary 6 August (Wednesday)

HIV Prevention

Prevention of the sexual transmission of HIV-1: A view from early in the 21st century

<http://www.aids2008.org/Pag/PSession.aspx?s=32>

Opportunities for HIV prevention:

- Keeping people unexposed: HIV prevention requires radical behavioural change (Lancet). For unexposed persons, behavioural and structural approaches such as use of condoms and male circumcision to be used in combination remain the most effective strategies.
- In exposed persons (pre-coital/coital), approaches for prevention include vaccines, ART-PrEPs and microbicides (which have to date remained elusive).
- After exposure (post-coital), approaches such as PEP have theoretically been recommended but limited data have documented its success.
- For infected persons, HIV testing linked to ART remains the most effective approach.

We have experienced great HIV treatment success (22 ARV agents available) but prevention lags behind and has not married itself with treatment except for PMCT. Highly Active HIV Prevention – means using multiple strategies (BCC, biomedical strategies, social). A combined response will allow us to avert 28 million cases and thus 10 million deaths.

Furthermore, we should NOT accept that:

- Proven methods of HIV prevention are not widely available (male circumcision, etc)
- Less than 10% of most vulnerable groups are receiving appropriate prevention interventions
- PMCTC is not highest priority
- HIV testing is not routinely available to all those who need it
- Unsafe blood continues to be a significant problem
- Health workers are not seeking HIV testing and not accessing treatment

Lancet Series on HIV Prevention

<http://www.aids2008.org/Pag/PSession.aspx?s=65>

Prevention science needs to do better because the available interventions are not sufficiently effective (25 years of prevention, billions of dollars spent, 2.7 Million new infections last year), because they are poorly implemented (combination of interventions not matched to the characteristics of the national /local epidemic) and poorly managed (high costs, low quality and low coverage). The way forward means combination interventions that address behaviours, structural aspects and biological factors.

- Prevention knowledge gap: learning from the actual implementation of programmes not just from RCTs, e.g. AVAHAN and Government of India
- Prevention data gap: provider level cost, quality and coverage
- Prevention capacity gap: vaccines, microbicides, HIV incidence surveillance, behavioural and structural interventions
- Human resource gap: training the next generation of professionals

HIV Prevention Research

Vaccines and microbicides

<http://www.aids2008.org/Pag/PSession.aspx?s=39>

Session on vaccines and microbicides reviewed recent results and upcoming challenges. In the wake of the disappointing results from the STEP trial, there was a look forward at next steps for that study, including (1) roll-over of participants to a follow-up study; (2) awaiting additional data on HSV-2 status, HLA typing, sexual networks, and longitudinal analyses of risk over time; and (3) opening up opportunities for evaluating enhancement in cellular and mucosal specimens. Of particular interest was the use of internet strategies to successfully recruit MSM in the Americas which will inform recruitment and enrolment for future efficacy trials. Another presentation made the case that the development of a vaccine which induces broadly neutralizing antibodies will likely be required to develop a successful vaccine strategy.

A total of 95 microbicide trials have been completed or stopped, with only 2 trials of polyanion agents ongoing. However, a new generation of products containing anti-retrovirals is reaching the clinical evaluation stage. The most advanced candidates include topically applied Tenofovir (an NRTI) and Dapivirine (an NNRTI). Topical maraviroc, a CCR5 inhibitor, is in preclinical development and will be tested in combination with dapivirine. Longer acting microbicide formulations, such as vaginal rings, will be important in improving adherence, which was a limiting factor in previous trials. Microbicide advocate Manju Chatani called for more input from communities in devising the new trials.⁵

HIV Testing

HIV Testing Approaches and Controversies

<http://www.aids2008.org/Pag/PSession.aspx?s=298>

Voluntary HIV counselling and testing (VCT) services have greatly expanded in recent years worldwide but provide major health service challenges. Focusing on low resource settings, this poster session discussed novel and innovative approaches of delivering and better integrating VCT services with other unmet needs. The scale-up of HIV testing services must reach the most vulnerable and at risk populations and link positive persons into effective HIV care and treatment.

- In Malawi, a model approach involving the use of trained non-health care professionals as HIV counselling and testing counsellors (tried over a 12month period) improved HIV testing uptake four-fold among STI clinic attendees.
- A study in Ethiopia found that despite a high need for reproductive health services among women attending VCT clinics (and particularly those who tested positive for HIV), the quality of counselling was low and few women were counselled on condom use or contraceptive methods and less than half of HIV-positive women were counselled on PMTCT.

⁵ IAS Track C Daily summary 5 August (Tuesday)

- A large (>12000) cross-sectional survey conducted among vulnerable populations (MSM, IDU and FSW) in India showed that only about a third had ever been tested for HIV. Low HIV testing was significantly associated with lack of awareness of testing sites, low/no risk perception of acquiring HIV and not being reached by prevention messages. These findings were supported by findings from Kenya and Zimbabwe which showed that individuals who had not been tested were less likely to be educated, be able to negotiate safe sex with partners, and more likely to have misperceptions about HIV transmission.
- A qualitative study in the antenatal setting in South Africa described the varied experiences reflected by women tested for HIV using an opt-in model. Some women felt compelled to test by clinic staff.⁶

HIV Treatment

Strengthening Health Systems through the AIDS Response

<http://www.aids2008.org/Pag/PSession.aspx?s=57>

The session was introduced with the notion that health is a human right and subsequently the health care economy is a matter of joint national and international responsibility. All participants agree that the Declaration of Alma Ata advocating for comprehensive health care for all is still an achievable goal. This session focused on arguably the greatest controversy in public health at present: the notion that HIV has overshadowed other issues in public health to the detriment of the focus on other daunting and worthy health problems. All speakers rejected this claim.

They argued that:

- the AIDS epidemic has 'delivered a wake-up call' to the state of global health.
- the AIDS response has not distorted health systems but has rather emphasised their inherent weaknesses.
- the health work force crisis and HIV and AIDS have had a positive spill-over effect on health systems.
- HIV and AIDS have led to an expansion of access to health care.
- treatment of co-infections to HIV, e.g. malaria and TB, are cost-effective.

⁶ IAS Track C report by Valerie Delpech

3.2 Education

Education Matters: the Role of the Sector in Promoting Universal Access to Prevention, Treatment, Care and Support (*satellite session*)

<http://www.aids2008.org/Pag/PSession.aspx?s=521>

This session was organized by UNESCO in collaboration with other members of the UNAIDS Inter-Agency Task Team on Education. HIV and sex education delivered through curriculum-based programmes has demonstrated effectiveness in improving students' knowledge, skills and behavioural intentions and can delay the initiation of sex, decrease the number of sexual partners and promote condom use among the sexually active. Enrolling girls and keeping them in school longer are now directly associated with lower risk of HIV infection in most of East and Southern Africa, given the role of education in empowering girls and young women in their sexual relationships and in expanding their options. In highly affected areas, schools are also playing an increasing role in addressing the HIV-related needs of their students, teachers and communities - broadening their role into centres of protection, care and support. Although school-based HIV and AIDS education programmes have demonstrated results, the education sector response has not been sufficiently prioritised in terms of resources and action.

This session examined: (i) the current state of school-based HIV and AIDS education, promising approaches and persistent challenges; (ii) lessons learned, opportunities and risks of integrating treatment, care and support programmes in schools; and (iii) efforts to date and actions required to address the educational, sexual and reproductive needs of learners with HIV through school-based interventions. Evidence was presented from a range of countries, including: Botswana, Brazil, Chile, Kenya, Lesotho, Mexico, Namibia, Nigeria, Rwanda, Swaziland, Tanzania, and Uganda. The session also reported back on the outcomes of the pre-Conference Summit between Ministers of Health and Ministers of Education from Latin America and the Caribbean to discuss the multi-sectoral response to HIV and AIDS in the region.⁷

At School: Students, Educators and HIV (*Poster Session*)

<http://www.aids2008.org/Pag/PSession.aspx?s=333>

This session was co-chaired by UNESCO and presentations focused on positive teachers, HIV and AIDS workplace interventions in Malawi, teacher absences and the role of effective management information systems, coordinating and harmonizing education sector HIV and AIDS responses, and the role of young people in education sector responses.

Key issues emerging from session:

- Supporting positive teacher networks and workplace interventions are potential areas accelerating universal access for education personnel.
- Involvement of young people in education sector responses is a key factor for successful programmes.
- Lack of effective and functional education monitoring information systems at local levels is a major impediment to accessing reliable information on the impacts of HIV and AIDS.

⁷ IAS report by Karolien Dekkers and Annelies Mesman

HIV Prevention at Work

<http://www.aids2008.org/Pag/PSession.aspx?s=341>

This session was co-chaired by UNESCO. It presented results from two notable education interventions. A school-randomized intervention in South Africa was conducted in 18 schools, which were randomized to either a participatory HIV education intervention, or a control intervention addressing other health promotion behaviours. A total of 1057 6th graders (mean age=12) participated; prevalence of ever having sex was 3% at baseline, and 22% at the 1-year follow-up point. Receiving the intervention was associated with decreased unprotected vaginal intercourse or any vaginal intercourse and having multiple sex partners, and with a non-significant decrease in male-female anal intercourse. Results were substantially the same at 3, 6, and 12-month follow-up assessments, and did not vary by sex of participant. Dissemination is now underway.

An intervention in Monterrey, Mexico, was administered to parents and adolescents in a randomized design. Interventions for parents and adolescents were delivered separately. The intervention group had increased general communication, increased communication about sex, and increased comfort talking about sex. Further evaluation of the intervention is needed in different socioeconomic settings.⁸

Sex and Relationship Education and HIV

<http://www.aids2008.org/Pag/PSession.aspx?s=46>

This session brought together perspectives from Bulgaria, South Africa and Mexico. According to **Marta Diavola**, sexuality education for young people should be relevant and responsive and requires the engagement of numerous stakeholders in the sector as well as broader educational reform to meet new challenges and expectations. In Bulgaria, lack of clear curriculum space as well as a top-down teaching methodology has created challenges in reaching adolescents with messages. Manuals and educational material are plentiful, but they are not always appropriate and require adaptation.

Mary Crewe asserted that HIV programming in South Africa is based on a world that “was” and not on a world that “is” or “might be”. ABC is the default position imposed upon certain government. She maintained that such models set up young people for failure. Young people are *informed* but not *transformed* about HIV and AIDS. Education is about challenging the status quo. Careful and serious research is required for a socially relevant curriculum. We need to recognize the ‘crisis’ in education when so many children are not in school and often there is a weak education system when it does exist. How do we equip schools and teachers for what is perceived as their additional ‘burden’ of social welfare agents who have to deliver social welfare programmes that have nothing to do with the conceptual issue of teaching?

Rodrigo Olin from Mexico claimed that young people are more sexually active than parents realize. Young people want to enjoy a responsible sexual life and their sexual and reproductive rights. They want to participate from beginning to end in programmes that target them. They want to learn skills that will be beneficial to them, like condom negotiation. They want their needs to be considered as well as their diversity in terms of class, gender, orientation and within vulnerable groups. A confidential, enabling environment is needed for young people to talk about their sexual experiences.

⁸ IAS Track C report by Patrick Sullivan

It's risky business talking about the risks only (satellite session)

<http://www.aids2008.org/Pag/PSession.aspx?s=447>

This session organised by Swedish SIDA brought together practitioners from India, Kenya, the Latin America region and the USA. **Prabha Nagaraja from TARSHI** in India said that there is no formal sex education curriculum in India. She said, "A new national curriculum on sex education tells young people what not to do sexually, without telling them why or explaining to them the most basic things, such as how intercourse happens." TARSHI has operated a sex education helpline since 1996 with a volume of 60,000 calls to date. Members of staff organise sessions in school without the teachers present. The down-side is that sex education by outsiders gets no buy-in from the institution. Most recently TARSHI was asked to review the revised Indian sex education curriculum after 12 states refused to implement a previous version. **Harriet Birungi from "Frontiers" Population Council** reported from an anthropological study entitled "Learning to Live and Love" about children and young people living with HIV. Findings indicate that positive young people are discriminated by services and discouraged to become sexually active. 60% of young people interviewed did not disclose their status to sexual partners. 39% of young people interviewed were in a discordant sexual relationship. Many of them do not know how to disclose their status. Furthermore, counsellors do not prepare young people for pregnancy and subsequently PMTCT and treatment. In conclusion: positive living for adolescents in Uganda does not include discussions about sexuality. **Maria Alcade, IPPF Western Hemisphere Region**, has published a sexuality education guide for governments which is about to come out in Peru, Canada and Chile. IPPF have also produced political maps on sex education in Latin America, tracking the commitments of governments. IPPF will continue with advocacy work to hold governments accountable. Brian Ackerman, international policy manager for Advocates for Youth, criticized the U.S. global HIV/AIDS funding mechanism, the President's Emergency Plan for AIDS Relief (PEPFAR), for limiting some HIV prevention education programs to abstinence and fidelity messages. "Society should not be afraid of young people having sex -- it is a reality," Ackerman said, adding that young people need more information about condom use. **Jon O'Brien, Catholics for Choice** reported that the Catholic hierarchy has a fear of sexuality and the marginalisation of women is deeply embedded in its philosophies. Meanwhile, 90% of Catholics in the US actually advocate for sex education in schools.

3.3 Young People

Achieving Universal Access for Young People

Organized by UNAIDS Global Inter-Agency Task Team on HIV and Young People

<http://www.aids2008.org/Pag/PSession.aspx?s=522>

Young people are one of the groups most affected by HIV and AIDS worldwide, with over 40% of all new HIV-infections among youth between the ages of 15 - 24 yrs. Despite youth being deeply affected by HIV, young people continue to be left out and sidelined from important policy processes, including the assessment of youth-related universal access targets, what has been accomplished and what is lacking. UNESCO's Global Coordinator on HIV and AIDS reported on progress in educating young people about HIV and AIDS.

State of the Epidemic

<http://www.aids2008.org/Pag/PSession.aspx?s=31>

At Monday's plenary session, youth delegate **Elizabeth FADUL** detailed the eight 8 "musts" for implementation of a broad response to HIV and AIDS among young people:

1. Effective in-country actions and policies are critical.
2. Evidence-based sexual health education.
3. Prevention interventions with focus on young people living with HIV.
4. Meaningfully involve us (young people).
5. Focused programmes with participation of young people in context of risk
6. Provision of support services is urgent.
7. Celebrate the diversity of young people in tailored programmes and policies.
8. Completing the cycle of response.

Rethinking Structure: Prevention in Challenging Settings

<http://www.aids2008.org/Pag/PSession.aspx?s=280>

Birungi et al.'s study on HIV-positive adolescents in Uganda has highlighted the fact that this growing population has been largely ignored by HIV-interventions. Counselling to HIV-positive adolescents has emphasised risk and responsibility, but failed to focus on the intimate and practical problems facing this group. Their reproductive rights have often been ignored and calls for a programme 'rethink' in conjunction with changing modes of service delivery.

A future UNESCO-led intervention using science museums exhibits to prevent HIV in Thailand aims to attract students throughout a 'backdoor' in the school curriculum by using youth-oriented, provocative, fun materials including cartoons and 'real-life' stories. The authors of this study have found that Thai youth want to know about love and sex, without the moralizing common to much formal sex education. The exhibit will therefore strive to explore the emotional aspects of love and sex.⁹

⁹ IAS leadership report by Rebecca Hodes

3.4 Care and Support of Children

No small issue: Children and families

<http://www.aids2008.org/Pag/PSession.aspx?s=33>

Linda Richter's plenary talk was the first-ever devoted to the well-being of children affected by HIV and AIDS in the conference's 23-year history. Richter said HIV response is failing children. The overwhelming majority of HIV-positive children are infected through mother-to-child transmission (MTCT) and despite recent progress, services aimed at preventing MTCT reach just a third of those women in need in low and middle-income countries. Only 10% of children living with HIV receive antiretroviral therapy. Last year, less than 8% of infants in low and middle-income countries were tested for HIV within two months of their birth and only one in every 25 babies exposed to HIV received the vital antibiotic trimoxazole.

She pointed out that a lot of resources were misspent by focusing attention on children orphaned by AIDS when their vulnerabilities were no different from other children in their own contexts. "Children orphaned by AIDS are, sadly, only the tip of the iceberg of HIV-affected children. Our primary focus in designing and implementing policies must be the actual needs of all children affected by HIV and AIDS, not whether they meet an agency's definition of 'orphan'". She recommended that programmes focus on making services available to children infected and affected by HIV and also their surviving parents. Focusing almost exclusively on the generalized epidemic in Sub-Saharan Africa, she recommended that children affected by HIV need to be supported through family-centred services; and emphasized that it was important for countries to increase their social protection/social security programmes to reach the poorest families to enable them to do so.

"Strengthening the capacity of families through systematic, public sector initiatives has been identified globally as one of the most important strategies in building an effective response for children. Institutional, orphanage and other forms of non-family care have well-documented problems and cost up to ten times more than family care."

3.5 Communication

Professional Media Coverage: Culture, Gender and Human Rights in HIV/AIDS Reporting (skills-building session led by UNESCO)

- About 85 people attended the workshop, 10 of whom represented news media. The great majority came from the NGO community and their jobs mainly involved media relations.
- The presentation during the first half of the workshop was well received. It included Mia Malan's presentation of the results of a project concerning the Luo community in Kenya that brought about cultural change regarding the land rights of women. The discussion was lively and demonstrated that the journalists attending the workshop were following it closely.
- Media professionals showed great concern with the appropriate use of language and how to develop stories that present the complexities of the situation but do not promote stereotypes.
- Several journalists mentioned the problems they have in convincing editors to pursue stories on HIV and AIDS, particularly those involving investigations of culture and gender sensitivity
- Considering the large turnout of the NGO community, we should consider future workshops focused on their concerns which are more involved with media relations.

Reaching Millions: Youth, AIDS and the Digital Age

<http://www.aids2008.org/Pag/PSession.aspx?s=3>

- Young people and non-professional journalists are among the spearhead in developing innovative uses for new digital media
- Mobile phone technologies are proving to be valuable news and information media for HIV and AIDS.
- Taking It Global (TIG) has developed an "HIV EXPRESS" link with educational resources for teachers and youthforcefilm.com, a site where young people can post their videos.
- The GYCA portal reaches 450,000 youth in 150 countries and the portal in addition to social networking has become a vehicle for youth to offer "innovative and relevant approaches" to HIV and AIDS prevention.
- PuntoJ in Lima is a youth-run portal supported by Peru's Ministry of Health. The portal is now national in focus, but other countries in Latin America, particularly Mexico, Argentina, Bolivia and Chile, have expressed interest in developing similar sites and also linking the sites to create a megaportal.

4. Cross-cutting issues

4.1 Key Populations

Sex Workers

<http://www.aids2008.org/Pag/PSession.aspx?s=33>

Sex workers are not part of the problem; they are part of the solution, asserted Elena Reynaga, executive secretary of AMMAR, the Argentine Association of Female Sex Workers. She presented evidence from across the world that shows that the best HIV prevention work among sex workers has been done by organizations managed and run by sex workers. Giving the example of the sex worker-run Sonagachi Project of Kolkata, she said they have contained HIV prevalence among sex workers to around 5%, when it was 54% among sex workers in other parts of the country. Yet, evidence like this was ignored by international agencies that base program support on ideologies and impose sanctions on sex worker projects. It was also evident from interventions across the world that addressing human rights, law and stigma is vital for impacting on HIV prevalence among sex workers; however, violations of rights of sex workers and violence against them from law enforcement agencies continued unabated and unpunished. She concluded by saying sex workers per se were not vulnerable: it is their unfavourable working conditions that make them so. Countries where sex work is recognized as work and where sex workers are invited to contribute to designing national HIV/AIDS strategies, have done much better in terms of containing the epidemic.¹⁰

MSM

<http://www.aids2008.org/Pag/PSession.aspx?s=32>

<http://www.aids2008.org/Pag/PSession.aspx?s=9>

Dr Jorge Saavedra, the Mexican Director of CENSIDA, gave the first ever plenary speech on MSM and HIV at the IAC. In the process, he outed himself as a gay man and showed a picture of his wedding to his (male) partner. Recent epidemiology indicates that HIV continues to disproportionately affect MSM worldwide. Rates among MSM are increasing in the US and Europe. Homophobia and lack of surveillance data, targeted prevention, treatment and care still limit the global response to HIV/AIDS among MSM. Approximately 60% of MSMs received prevention services in countries with no discrimination laws as compared with 30% in countries without those regulations. From a human rights perspective, efforts are needed to increase advocacy and activism, funding and provision of services.

Data from the California HIV counselling and testing database found that the prevalence of self-reported unprotected anal intercourse (UAI) with an HIV- or –unknown partner increased over time, from approximately 40% in 1997 to 50% in 2006. Estimated incidence was highest in men < 34 years of age, and higher in black and Hispanic men than in white men. Research in Thailand has found that 5% of gay and other men who have sex with men are infected with HIV each year. The risk factors for becoming infected with HIV include age over 30, lower level of education, receptive anal sex without a condom and use of recreational drugs (including poppers). Recent research from the UK has also found a connection between the use of poppers and an increased risk of infection with HIV.¹¹

¹⁰ IAS Community report by Terje Anderson

¹¹ IAS Track by Gaston Djomand and Track C Daily summary 4 August (Monday)

Injecting Drug Users

<http://www.aids2008.org/Pag/PSession.aspx?s=32>

It is estimated that about 10% of the world's HIV cases are among injecting drug users. But only a small percentage of the estimated 3.5 million drug users with HIV are accessing services. Issues such as marginalisation, discrimination, homelessness and imprisonment prevent drug users from accessing the services they need. Activists made a plea to provide HIV and tuberculosis (TB) treatment and care to injecting drug users. World Health Organization, UNAIDS and the UN Office on Drugs and Crime policy will launch a new policy to ensure universal HIV and TB treatment to drug users with specialist adherence support provided if needed. Better TB infection control is needed in places like prisons.

An ecological study provided support to the idea that patterns of risk for HIV infection in injection drug users (IDUs) changed after the introduction of needle exchange in New York City in 1995. Among 188 IDUs who first injected before 1995, prevalence of HIV (32%) and HCV (87%) were higher than for 180 IDUs who first injected after 1995 (6% and 57%, respectively). In Taiwan, a programme of needle exchange and methadone maintenance was evaluated. HIV-seropositive rates dropped by 50% after only 6 months. However, the rate of returning used syringe was rather low, so efforts are needed to develop new strategies to increase syringe return rate. In Tehran, Iran, a respondent-driven sampling study reported 25% HIV prevalence among IDU. The risk behaviour survey revealed that Iranian IDUs had rarely been tested for HIV, a high rate of using non-sterile needles, and high rates of being incarcerated.¹²

Indigenous People, First Nations and Afro-Descendants Confronting HIV/AIDS: Breaking the Silence

<http://www.aids2008.org/Pag/PSession.aspx?s=45>

- Confronting the HIV epidemic among indigenous people is an opportunity for intercultural dialogue and experience-sharing.
- The extent to which indigenous and Afro-descendant communities are affected by HIV and AIDS is poorly documented. Moreover, they receive a small share of funding of the national HIV response.
- HIV is only one of many issues challenging the survival of indigenous communities. HIV prevention efforts can be combined with advocacy for political rights, land rights, human rights, education, health care and the preservation of their cultures and languages and an end to discrimination.
- Traditional healers, indigenous workers and peers should be turned into allies in prevention and education efforts.
- Examples from activities with the Mayan ethnic group, the Garifuna in Honduras and African-American women in the US were used.

¹² IAS Track C Daily summary 4 August (Monday)

4.2 Gender

Gender and HIV: Emerging Issues

<http://www.aids2008.org/Pag/PSession.aspx?s=324>

Taking into Account Gender Implications in Addressing the AIDS Epidemic- A Focus on Prevention

<http://www.aids2008.org/Pag/PSession.aspx?s=127>

The 2008 UNGASS review of policies from 67% of countries showed some progress on work towards gender equity in national plans and SWAPs but less in other areas. Budgets are rarely attached to these interventions. A review of post exposure prophylaxis (PEP) guidelines for the survivors of sexual assault in PEPFAR countries found that most policies were gender-neutral in the way they described eligibility. Furthermore, gender sensitive development plans rarely tailor themselves to the needs of women living with HIV. Presentations on violence against sex workers in DRC and inheritance law in Zimbabwe pointed out that human rights abuses against women are taking place despite the existence of a supportive policy environment. The session would have benefited from a speaker on transgender issues and a panel featuring more speakers from developing countries.¹³

Women's Rights Equal Women's Lives: Violence against Women and HIV

<http://www.aids2008.org/Pag/PSession.aspx?s=58>

The process of gender socialization begins prior to a child's birth with parents' attitudes and involvement. The Mama's Club in Uganda has started partnering with a local men's group to involve fathers in the issue. Lydia Mungherera of Mama's Club said: "antenatal services are not set up to include men. Fathers in Uganda may be told to "go and stand under a tree" while their children are being delivered. "We want to make father-friendly reproductive services." Bafana Khumalo of the Sonke Justice Project is one of the few pioneers working with men and boys to promote gender equality and oppose violence against women. Khumalo works with boys on gender awareness and wellness. Khumalo provides alternatives to "dangerous masculinities" through a participatory approach that "aims to help people to take responsibility for their own transformation." There is rich potential for work with children themselves. Children's agency and voices must be central to this effort.

According to Claudia Garcia Moreno of WHO, among the few studies of programs on HIV and violence, "there are a lot of early child programs shown to be effective in developed country settings but we need to think about how they would apply in resource-poor settings." The next step may be integrating a gender perspective into educational and early child interventions addressing violence for children. Given the acknowledged importance of gender inequality in driving the spread of HIV and worsening its impact, it would make sense to strengthen but also move beyond efforts to change values among young people and adults.

¹³ IAS Track E report by Kate Hawkins

Mainstreaming Gender Equality and Sexual and Reproductive Health and Rights (skills building session organised by the IATT on Education)

This interactive workshop, led by members of the UNAIDS Inter-Agency Task Team (IATT) on Education, sought to strengthen participants' skills in mainstreaming gender equality and SRHR in prevention programming. The workshop objectives were to:

- Increase awareness of critical dimensions of gender and SRHR mainstreaming (e.g. addressing gender stereotypes, damaging notions of masculinity and sexuality, gender-based violence, differential access to information and services, and educational needs).
- Identify barriers to mainstreaming gender equality and SRHR.
- Identify suitable strategic entry points and opportunities to overcome these barriers.
- Build knowledge of appropriate interventions throughout the planning and implementation cycle of programmes across a variety of sectors to mainstream these issues, and to further the agenda.

The workshop targeted programme managers and implementers from a range of sectors, including health and education. The IATT Toolkit for HIV and AIDS Mainstreaming for Development Agencies (developed with support from the Netherlands Ministry of Foreign Affairs) was an important resource for this workshop and copies were made available to all participants.

4.3 Human Rights

Citizenship for HIV and AIDS

<http://www.aids2008.org/Pag/PSession.aspx?s=279>

The primary focus of the panel was the incorporation of HIV-positive individuals in public structures and in society at large. The self-acceptance of people with HIV was illustrated by the case studies of the presenters. The first speaker described the link between public health policy and the degree of inclusion felt by HIV-positive individuals, particularly those living in low income neighbourhoods. The legal claims of military men were discussed by the second speaker who studied the case of Mexican military men with HIV that were dismissed from the military for being HIV-positive and categorized as “useless”. The case was taken to the supreme court in Mexico in 2007 and 9 of the 11 people who were dismissed were reinstated to their former positions. This presentation underscored the great need for wide social acceptance of HIV-positive individuals, especially in the realm of the army, military and defense forces. The third speaker reported on a pilot initiative that intended to build an institutional framework for research and advocacy in relation to sexual diversity health and human rights in Latin America.¹⁴

Criminalization: Why, Where and What are the Alternatives?

<http://www.aids2008.org/Pag/PSession.aspx?s=50>

The session discussed the issue of criminalization of HIV transmission, which is being applied in a number of countries and legal jurisdictions to people who transmit or expose others to HIV infection. One argument put forward by policy-makers in some countries is that criminalization will protect those who may be particularly vulnerable to HIV infection (women and girls). There is a general assumption that criminalizing HIV transmission will prevent new infections – an assertion that is not supported by public health evidence. The session stressed that criminalization of HIV transmission will undermine public health efforts and will on the contrary create a situation of fear, whereby people living with or affected by HIV, vulnerable groups including women and girls, MSM, sex workers, and people who use drugs will be more exposed to stigma and discrimination and grave human rights violations. Criminalization of HIV transmission is a bad public health policy and may actually have a negative impact on HIV prevention, treatment, care programmes and by deterring people from getting HIV testing and treatment. It was suggested that countries should refrain from introducing HIV-specific criminal law but rather apply existing criminal law.¹⁵

¹⁴ IAS Leadership report by Nithya Krishnan

¹⁵ IAS Community report by Terje Anderson

HIV and Human Security

<http://www.aids2008.org/Pag/PSession.aspx?s=20>

There has been a certain amount of debate and research about the connections between conflicts, disasters and HIV. These connections are less straight forward than might be supposed and require ongoing research and monitoring. The session was chaired by writer and activist Alex de Waal and included presentations by Mary Robinson, former President of Ireland, Wasai Jacob Nanjakululu from Oxfam and Paul Spiegel from UNHCR. The discussions suggested that:

- Post-conflict situations exacerbate HIV epidemics
- Refugees have lower HIV prevalence than the prevalence found in their host countries
- HIV is causing a human security crisis in hyper-endemic countries
- Many countries in Latin America should be classified as conflict settings; e.g. Mexico is experiencing conflict in Chiapas
- HIV is affecting political participation in highly affected countries because people in their most active ages are dying thus creating general political instability

5. Regional updates

5.1 Latin America and the Caribbean

Regional Session on Latin America

<http://www.aids2008.org/Pag/PSession.aspx?s=63>

The incidence of HIV/AIDS in Latin America is increasing, particularly among children, while MSM and transgender populations have particularly high incidence of HIV and AIDS. Discrimination against gays and transgender individuals remains a key social impediment in the region and hampers the implementation of effective prevention and education strategies. The transgender community has a particularly high incidence of HIV. In several countries studied, their HIV prevalence was above 30%. Discrimination of MSM and transgenders impedes access to prevention. As a result of their heightened vulnerability special efforts should be made to end discrimination against transgender individuals and to improve their access to health services.

There are 1.7 Million PLWH in Latin America, of which:

- 44,000 are children younger than 15 years of age
- 17,000 children on ARVs (56% increase since 2006)
- 390,000 PLWH are on ARVs (45% increase since 2006)
- 63,000 AIDS-related deaths

Political will and financing are the key to an improved response. Governments in the region need to either strengthen their HIV strategies or introduce them. A high number of countries neither have HIV strategies nor national monitoring and evaluation plans. The role of civil society should be strengthened.

The Global Fund is developing new strategies for funding HIV prevention efforts in Latin American countries classified as middle income in order that they may continue to receive the Fund's financial assistance, including focusing more on specific target areas, urging more financing partnerships and funding schemes that see a progressive decrease in the Global Funds contribution and a concomitant increase in the government contribution.

Regional Session on the Caribbean

<http://www.aids2008.org/Pag/PSession.aspx?s=59>

The Caribbean countries have contained HIV prevalence to 1% (range <0.2% to >2%). However, rates are much higher (up to 30% or more) among sex workers and MSM. "Since 1996, there has been dramatic progress in involving PLHIV in national/regional consultations. However, their involvement in policy decisions and budgetary allocations remains limited. Vulnerability and the civil society's structural role must be supported if programming is to advance."

The Pan Caribbean Partnership against HIV and AIDS (PANCAP) is now in its 6th year and has resulted in the development of the Caribbean Regional Strategic Framework (CRSF) for 2007-2012. Regional Ministers of Health and stakeholders have also endorsed the call for a biennial

Regional Forum to address Caribbean-specific challenges. The Pan Caribbean HIV Forum will address legislative barriers, policy gaps and universal access.

5.2 Sub-Saharan Africa

<http://www.aids2008.org/Pag/PSession.aspx?s=62>

This was a potentially critical session as sub-Saharan Africa bears the brunt of the HIV epidemic. Several rapporteur reports noted that the co-chairs provided very little direction into the discussion as they opted to speak more than the presenters. The session did not meet audience expectations.

Speakers acknowledged positive advancements in the African HIV epidemic, and argued that the epidemic was stabilizing at a 'morbid equilibrium', and in some cases declining. Despite successes further attention needs to be placed on vulnerable populations, including women, MSM and IDUs. Prevention approaches were praised, but there was a lack of acknowledgement of the epidemiological processes at work in the apparent 'stabilization' of the epidemic. The importance of circumcision, microbicides and vaccines for averting millions of future infections was noted, but without any further depth.

Speakers voiced concerns about health structures and the need for more integrated systems. It was emphasised that pills are useless in the absence of healthcare workers to dispense them. It is thus essential that Africa develop stronger health structures in addition to its own pharmaceuticals manufacturing in order to reverse its role as a 'captive market' of the West. Speakers noted that effective leadership must initiate action at all levels of society for effective HIV interventions. African leaders were praised for their efforts in rallying resources and support for HIV interventions and for originating the idea of the Global Fund at the Abuja Conference in 2001. However, criticism of the failures of political leadership was absent.¹⁶

5.3 Asia and the Pacific

<http://www.aids2008.org/Pag/PSession.aspx?s=60>

The session was found to be generally disappointing. The Asia and Pacific region is experiencing a rising HIV epidemic. In 2007, there were 5 million people living with HIV, 380,000 new infections, and the same number died from HIV-related causes. The key issues proven to be effective in combating HIV in this region are: strong political commitment, respect of human rights and equality, gender equality, involvement of the business community, expanding of networks of vulnerable groups (IDU and sex workers) and improvement of healthcare services, especially confidential VCT with informed-consent.¹⁷

¹⁶ IAS Leadership report by Rebecca Hodes and Nathan Geffen

¹⁷ IAS Track C report by Wipas Wimonsate

5.4 Middle East and North Africa

<http://www.aids2008.org/Pag/PSession.aspx?s=61>

Out of the 22 countries making up the MENA region, 11 were represented at the conference. According to Oussama Tawil of UNAIDS, “there is no single HIV epidemic in MENA” but rather multiple-co-existing epidemics and that this knowledge ought to shape the region’s response. Surveillance among most at risk populations needs to be improved. There are concerns about the recently recognised increasing prevalence among MSM and sex workers.

The region’s response to HIV and AIDS can be divided into three slightly overlapping categories: comprehensive (Algeria, Djibouti, Morocco, Somalia, Sudan, Iran), adaptive and potentially effective (Jordan, Lebanon, Oman, Tunisia, Yemen), and those limited by “political constraints” (Egypt, Gulf Countries, Libya). One other category includes countries whose response is limited by war or post-war contexts (Iraq, Palestine).¹⁸

5.5 North America

HIV in the United States

<http://www.aids2008.org/Pag/PSession.aspx?s=327>

New results about HIV incidence in the United States headlined a session describing the state of the US epidemic. New CDC data, released three days ago, estimate that 56,300 new HIV infections occurred in the US in 2006. Although the incidence estimate is higher than previous CDC estimates of incidence, the increase is attributed to improved methods of estimating incidence, rather than true increases in new HIV infections. MSM were the only risk subgroup with increasing trends in incidence; in 2006, 53% of new infections were among MSM, and 45% of new infections occurred among blacks.

Data from the school-based US Youth Risk Behavioural Surveillance System (YRBS) suggested that sexual experience decreased and condom use at last sex increased through about 2003, but that from 2003-2007, levelling occurred in these measures. The authors suggested that improvements in sexual health indices for US youth may be levelling off, and called for renewed efforts to delay the sexual debut among youth and increase condom use for those who are sexually active. There was an acknowledgement that the most at risk youth are not in school and have higher rates of at risk behaviours.

The vulnerability of HIV among the homeless and particularly homeless veterans in the United States was highlighted. Using a RCT approach, this study (N=136) found a very high uptake among veterans offered an on-site oral rapid test through emergency shelters. The seroprevalence rate in this study was 1.6%.¹⁹

¹⁸ IAS Leadership report by Richard McKay

¹⁹ IAS Track C Daily summary 6 August (Wednesday)

6. Key conclusions for UNESCO

EDUCATION

- Push harder to secure education's presence in the main conference programme. This may be done by advocating with conference chair people well ahead of future conferences.
- Strongly support follow-up to the ministerial declaration in Latin America and the Caribbean.
- Uphold the commitments made to young people regarding HIV and AIDS.
- Provide technical leadership on school-based care and support by promoting health seeking behaviour through health education, facilitating access to health services (including VCT and SRH) and by supporting children, young people and school staff members who are on anti-retroviral treatment (through counselling and school-feeding programmes).
- Advocate for the creation of comprehensive and integrated family-centred services including the expansion of income transfers to poor families as a means of ensuring inclusion and retention of vulnerable children in school.

SCIENCE

- Advocate the scaling-up of combination prevention strategies tailored to decrease HIV transmission.

CULTURE

- Meaningfully engage indigenous people living with HIV to participate in programmes that directly affect them. These programmes could have as one of their aims to raise the self-esteem of participants in order to counter self-stigmatization.
- Advocate for a deeper understanding of the socio-cultural determinants of HIV risk and vulnerability and how these intersect with gender.

COMMUNICATION AND INFORMATION

- Use the innovations in new digital media (e.g. social networking and mobile phones) as means of distributing UNESCO materials and information related to HIV and AIDS.

CROSS-CUTTING ISSUES

- Provide technical leadership on the **strengthening of structures, laws and policies** that support education, culture and science and which ultimately promote human rights and equitable and universal access to prevention, care, treatment and support.
- Meaningfully engage **young people** in future conferences, meetings and training workshops. Investigate the feasibility of creating a youth fellowship programme building on the example and experiences from UNFPA and UNAIDS.
- Advocate use of the human rights framework as the basis for all HIV programming and maintain the quality and accountability of programmes by honouring the lived experiences of **people living with HIV**. For example, advocate for the ratification of the Convention on the Rights of Persons Living with Disability among UNESCO's Member States.

UNESCO's participation in the International AIDS Conference was well-organised and effective. The bi-annual International AIDS Conference is a good opportunity to network with people from various organizations. Active participation considerably increases UNESCO's visibility on the global stage. UNESCO's support to the Mexico YouthForce and partnership with the Public Relations firm Burson Marsteller contributed to good visibility of UNESCO's work with young people.

The UNESCO delegation was impressed with the quality of the opening plenary presentations. There was a great deal of advocacy and the delegation was surprised by how heavily the rights-based approach was underscored during the conference. Holding the conference in a country where the epidemic is concentrated underscored the need to target efforts at most at-risk populations including men who have sex with men, sex workers and their clients, and injecting drug users.

As in Toronto, the view is that a delegation of approximately 10 people is the right size to ensure good visibility and coverage of all of sessions relevant to UNESCO's Sectors. As a UNAIDS cosponsor, the UNESCO delegation was one of the smallest in size, and any number less than what was sent to Toronto and Mexico City could be viewed as a lack of commitment and engagement by us.

The UNESCO booth was by far the most attractive with a clear and concise message of "Learning for All about AIDS". Over 4,000 copies of the updated version of the UNESCO Library of Materials were available for distribution. CD-Roms continued to be a popular format for distribution. Multi-language CD-Roms were especially useful. There were also several laminated covers of selected UNESCO publications available for consultation. Copies of the UNESCO flyer, indicating UNESCO activities during the event, were available at the booth and were also widely distributed by the delegation.

This year, the Section on HIV and AIDS offered a peer review service for poster presentations and provided two templates for colleagues to choose from when preparing their posters. The poster templates were helpful and resulted in a consistent and professional corporate look for UNESCO.

The next International AIDS Conference will be held in Vienna, Austria, and is expected to be focused on drug use.

7. Contact Information

For more information about select activities please contact the following UNESCO colleagues:

UNESCO Paris

First Meeting of Health & Education Ministers

Mark Richmond
Chris Castle
Mary Guinn Delaney
Christina De Azkarraga
Jenelle Babb

EDUCAIDS

Jeff Buchanan
Leonard Kamugisha

Sex, Relationships, HIV/STI Education

Ekua Yankah

IATT on Education

Justine Sass / Jud Cornell

Culture & Communications Sectors

Ainhoa Jaureguibeitia
Andrew Radolf

Hairdressers Against AIDS

Alexandra Draxler

Mexico YouthForce

Ekua Yankah
Christina De Azkarraga
Mariana Castro

UNESCO Institutes

International Bureau of Education, Geneva

Sandrine Bonnet

*International Institute for Educational
Planning, Paris*

Barbara Tournier

Regional Adviser Latin America and the Caribbean

Mary Guinn Delaney

UNESCO Costa Rica

Andrew Radolf

UNESCO Mexico

Christina De Azkarraga
Mariana Castro

UNESCO Kingston

Jenelle Babb

Regional Adviser sub-Saharan Africa

Arne Willems

UNESCO Harare

Memory Zulu

UNESCO Yaoundé

Albert Mendy

Regional Adviser Asia and the Pacific

Jan Wijngaarden

UNESCO Vietnam

Hans Lambrecht

Regional Adviser Eastern Europe and Central Asia

Friedl Van den Bossche

Annex I: List of posters displayed at the conference

A select number of posters can be downloaded at

http://portal.unesco.org/en/ev.php-URL_ID=44266&URL_DO=DO_TOPIC&URL_SECTION=201.html

| | |
|----------------------------------|---|
| UNESCO Paris | Supporting the educational needs of HIV-positive learners |
| UNESCO Paris | Strengthening the support to and engagement of HIV-positive teachers' networks and groups in East and Southern Africa |
| UNESCO Paris & Harare | Capacity-building in Africa for education sector responses to HIV and AIDS: lessons and continuing needs |
| UNESCO Paris | Supporting comprehensive education sector responses to HIV and AIDS: Lesson learned from global initiatives |
| UNESCO Paris | The Fourth Wave: An assault on women, gender, culture and HIV and AIDS in the 21 st century |
| UNESCO Yaoundé | Mainstreaming HIV and AIDS into primary and secondary education programmes: Experiences from the CEMAC countries in Central Africa |
| UNESCO Bangkok | Overcoming Barriers: Strengthening HIV and AIDS prevention education for young people in Asia |
| UNESCO Bangkok | Meeting the HIV prevention needs of adolescents and young people in Asia – are we failing to prioritize adolescents and young people engaging in high risk behaviors? |
| UNESCO Bangkok | Developing standardised guidelines on knowledge, attitude and skills of peer/outreach workers involved in HIV prevention for MSM in Southeast Asia |
| UNESCO Hanoi | Building partnerships in the education sector response to HIV and AIDS: The Vietnam experience |
| UNESCO Havana | From Words To Deeds. SIDACULT: Network for cultural and arts producers in response to HIV and AIDS in Latin America and Caribbean (not displayed) |
| UNESCO Mexico | Sex, HIV and relationships education in Mexico: Development of government strategy |
| UNESCO Kingston | FRESH perspective on HIV and Education in Guyana: using the integrated school health approach |
| UNESCO Paris & IATT on Education | Coordinating, Harmonising and Aligning the Education Sector's Response to HIV and AIDS: Lessons Learned in Jamaica, Kenya, Thailand and Zambia |
| UNESCO-IBE Geneva | The "Manual for Integrating HIV and AIDS Education in School Curricula": Experiences of integrating HIV and AIDS into national curricula |
| UNESCO-IIEP Paris | Teacher Absences in an HIV and AIDS context: Empirical Evidence from 9 Schools in the Kavango and Caprivi regions, Namibia |
| UNESCO-IIEP Paris | Analyzing the response of Teacher Training Colleges in Ethiopia, Kenya and Zambia to HIV and AIDS |
| UNESCO-IIEP Paris | The impact of HIV and AIDS on higher education institutions in Uganda institutions |
| UNESCO-IIEP Paris | Education sector responses to HIV and AIDS in Burkina Faso and Togo |
| UNESCO-IIEP Paris | Managing educational quality in the context of HIV and AIDS: development of a District-level data collection model in Malawi |