

 **Irish Aid**  
Department of Foreign Affairs  
An Roinn Gnóthaí Eachtracha



# The Challenge of HIV and AIDS

Irish Aid's Response 2001-2006





Vilanculos, Mozambique,  
December 2004

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# FOREWORD

In June 2001, addressing the UN General Assembly Special Session on HIV/AIDS (UNGASS), I joined the international call for a dramatic increase in funding for the fight against HIV/AIDS worldwide. I committed Ireland to showing leadership on this issue, financially and in our approach to the HIV/AIDS challenge.

At the UNGASS, I committed to increasing Ireland's annual spending on the fight against HIV/AIDS to €30 million. We have significantly exceeded that target. Over the period 2001-2006 Irish Aid's HIV/AIDS expenditure will total over €250 million.

This money has gone to help strengthen health systems in the poorest countries that have been most affected by the disease. Interventions to prevent the spread of HIV have also been financed. It has supported the care of orphans and children made vulnerable by AIDS. It has financed research into an AIDS vaccine and it has helped increase the supply of life saving medicines to those most in need.

Five years on, it is time to review progress in implementing the commitments made by Ireland and by the other 188 countries which signed the Declaration of Commitment on HIV/AIDS.

Ireland's record is a positive one and one of which the Irish people can be proud.

This report sets out that record. It details the dramatic increases in funding over the last five years and it

shows what we have achieved with those extra resources. Irish taxpayers have made a real difference to the lives of many thousands of people.

The statistics you will find in this report about the impact of the disease are staggering, but with adequate resources and real leadership, progress is possible.

In September 2005, I announced that Ireland will, in 2012, reach the UN target of spending 0.7% of GNP on official development assistance.

Reaching the target will involve enormous spending increases. The total aid budget this year (2006) is €734 million. This means that the Government is spending more than €170 for every man, woman and child in Ireland to help the world's poorest and most vulnerable people.

In 1997, when I took office, the aid budget was just €157 million. The progress we have made is remarkable by any standards. That rate of growth is set to continue as we make further progress towards the UN target.

As the programme expands, we will maintain our clear focus on the fight against HIV/AIDS. The need to tackle the disease in developing countries is now greater than it was back in 2001. We will continue to call for action and to lead by example.



A handwritten signature in black ink, which appears to read 'Bertie Ahern'. The signature is fluid and cursive.

**Mr. Bertie Ahern T.D.**  
Taoiseach

# INTRODUCTION



Five years ago world leaders gathered in New York to agree a global response to the global threat presented by HIV/AIDS.

This year, 2006, leaders will meet again in New York to review progress in the commitments made and to set the direction for future concerted action.

It is timely to take stock of Irish Aid's response to this global challenge.

This report highlights the scale of the problems associated with HIV and AIDS in developing countries. It also shows what Irish Aid is doing, with taxpayer's money, to help address those problems.

It details the approach that Irish Aid has adopted in its international, regional, national and community response. It illustrates the wide range of partners Irish Aid works with in responding to the challenge of HIV and AIDS.

It demonstrates some of the results of our work and points to the key challenges that need to be addressed in the future.

Since its recognition over 20 years ago HIV and AIDS has spread to all countries in the world and is fast becoming the leading cause of death from an infectious disease. Over 8000 people die from AIDS every day. The vast majority of these people are poor and live in poor countries.

HIV and AIDS is a key priority of Ireland's overseas development programme and along with other communicable diseases will remain so for Irish Aid's rapidly expanding programme.

The Taoiseach, Bertie Ahern T.D., has committed the Government to doubling our budget for these diseases to €100 million per year.

We will build on existing partnerships at international and regional level and will look to increase support to our bilateral country partners as they provide increased access to HIV prevention, treatment and care services.

As the fight against HIV gains momentum, we must prioritise the needs of women and children.

Worldwide, the risk of infection for women and young girls continues to increase. I will ensure that all programmes we support explicitly address the gender dimensions of HIV and AIDS and in particular look to strengthen women's position in protecting themselves and men's role in HIV prevention.

Children are another major concern. Millions have lost their mothers and fathers to the disease. Many are cared for by relatives or elderly grandparents while others are often fending for themselves in an unfavourable environment.

The Government will increase its support for children affected by AIDS and in particular ensure that adequate social protection policies and measures are put in place to protect children who have lost parents or guardians to AIDS.

The Government will ensure that up to 20% of the additional resources available for HIV and other communicable diseases will be allocated to interventions that will benefit children.

HIV continues to outstrip any efforts to contain it. We need to take a long term perspective and while investing in programmes to provide care and support to those currently living with the disease we also need to invest in the development of new preventive technologies – vaccines and microbicides – which offer the only long term solution to stop the spread of the virus.

HIV and AIDS continues to be one of the greatest obstacles to reducing poverty and to attaining the Millennium Development Goals.

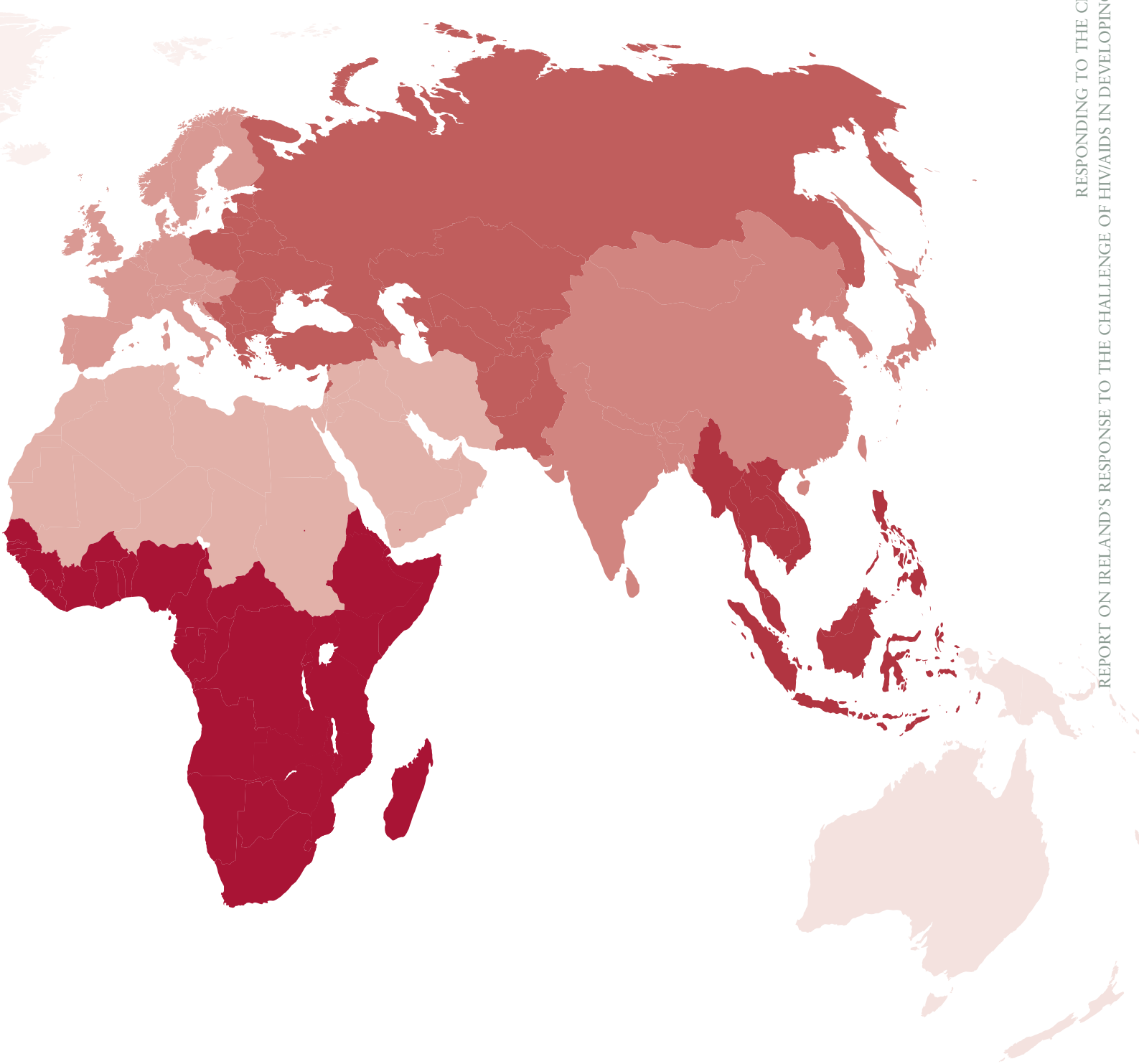
The Government remains fully committed to contributing to the global response to HIV and AIDS.

Ireland has shown political leadership and commitment to address the global response to HIV and AIDS. We will continue to do so.

**Conor Lenihan T.D.**  
**Minister of State**

# GLOBAL ESTIMATES FOR ADULTS AND CHILDREN 2005





# GLOBAL SUMMARY OF THE AIDS EPIDEMIC

## DECEMBER 2005

<b>Number of people living with HIV in 2005</b>	<b>Total 40.3 million (36.7–45.3 million)</b> Adults 38.0 million (34.5–42.6 million) Women 17.5 million (16.2–19.3 million) Children under 15 years 2.3 million (2.1–2.8 million)
<b>People newly infected with HIV in 2005</b>	<b>Total 4.9 million (4.3–6.6 million)</b>  Adults 4.2 million (3.6–5.8 million) Children under 15 years 700 000 (630 000–820 000)
<b>AIDS deaths in 2005</b>	<b>Total 3.1 million (2.8–3.6 million)</b> Adults 2.6 million (2.3–2.9 million) Children under 15 years 570 000 (510 000–670 000)

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

Source: UNAIDS 2005



# 1 HIV/AIDS

- A Global Emergency
- Impact on Development



# HIV/AIDS – A GLOBAL EMERGENCY

As the world enters the third decade of the AIDS pandemic, dozens of countries are already in the grip of serious HIV and AIDS epidemics and many more are on the brink.

More than 3 million lives were lost to AIDS in 2005 and almost 5 million people acquired HIV in the same year. This brings to more than 40 million the number of people in the world living with the virus. Over the next decade, without effective treatment and care, they will join the ranks of those more than 20 million people who have already died of AIDS.

**Sub-Saharan Africa** is by far the worst affected region. AIDS is now the leading cause of death in this region. Over 3 million new infections occurred there in 2005, while the

epidemic claimed the lives of over 2 million adults and children in the same year. Women outnumber men among people living with the disease. Women and girls make up almost 57% of those living with HIV in this region and 11 million children in this region have lost one or both parents to AIDS (UNAIDS, 2004).

The **Asia and Pacific** region faces the potential for a serious exacerbation of HIV and AIDS. Infection rates are rising in heavily populated countries such as China and India, and this area currently has more people living with HIV and AIDS (over 8 million) than any other region except sub-Saharan Africa.

**Eastern Europe and Central Asia** is the region where HIV and AIDS is

growing the fastest. This region now has over 1.5 million people living with the virus – an almost twenty fold increase in less than 10 years. Intravenous drug use is the main mode of transmission, although sexual transmission is increasing.

Figures produced by the National Disease Surveillance Centre in **Ireland** in 2003 indicated that newly diagnosed HIV infection rates continue to rise. The total cumulative number of HIV infections in Ireland at the end of June 2005 was 3,912. HIV transmission is mainly through heterosexual sex but an increase in intravenous drug use has also contributed to the increase in new infections.



# IMPACT OF HIV ON DEVELOPMENT

The impact of HIV and AIDS is devastating. It primarily affects adults in their productive years (18-45 years). Its effects are not only felt at individual, family and community levels but also have a profound effect on the social and economic development of countries.



## IMPACT ON CHILDREN

One of the most troubling consequences of the HIV/AIDS epidemic is its impact on children.

Over 11 million children under the age of 15 in Africa alone have lost one or both parents to AIDS.

By 2010, this figure is expected to jump to 18 million. Each year, 640,000 children under 15 years of age are infected with HIV.

Without early diagnosis of mothers and children, the prevention of mother to child transmission, the administration of currently available simple antibiotics to prevent pneumonia, and the provision of HIV treatment, all of those HIV positive children will die, half of them before their second birthday.

## IMPACT ON THE ELDERLY

Most children orphaned due to AIDS live with relatives. Very many of these are elderly grandparents. In 5 villages in Mozambique, 774 older people were found to be caring for 2,187 orphans, most of them under the age of 10.

This is overburdening the already stretched coping strategies of the extended family network and has implications for the socialisation of children and the continuation of their care.

HIV presents a major challenge to developing countries, especially in Africa. Its impact is rapidly reversing the development gains achieved over many decades. Life expectancy has been set back by over 10 years and gains in relation to education and literacy have been seriously undermined.

In Swaziland, for example, school enrolment is reported to have fallen by 36% as a result of AIDS, with girls being the most affected.

The impact of HIV and AIDS is most severely felt by the poorest and most vulnerable especially women, children and the elderly. Young women in particular are at risk. In 2005, 17.5 million women were living with HIV – one million more than in 2003. The epidemic's impact on women in sub-Saharan Africa remains disproportionately high. Notwithstanding the devastating human cost, most of the women who die are at the prime of their productive life, depriving families and communities of food producers, teachers and carers.

### IMPACT ON HEALTH SYSTEMS

Health care systems in many countries are overwhelmed by the growing number of people suffering from HIV related diseases and AIDS. Studies have indicated that health care costs in the most affected countries may increase 10-fold over the coming years as a result of the impact of HIV. An estimated 5.5 million people in low and middle income countries are considered to be in need of anti-retroviral therapy. Currently only 1.3 million people are receiving these medicines. There are approximately 660,000 children under the age of 15 in need of antiretroviral treatment and less than 5 percent of them are receiving it.

### IMPACT ON EDUCATION

Education has been called the social vaccine for HIV.

It has a critical role to play in fighting the epidemic because of its capacity to reach very large numbers of young people with life-saving information and skills. HIV and AIDS overburdens social systems and hinders educational development. As the epidemic gathers pace it poses increasing risks to education, stopping children from attending school, teachers from teaching and schools from functioning.

### IMPACT ON AGRICULTURAL PRODUCTION

The epidemic also hinders agricultural production as families cope with the loss of labour by substituting less labour intensive crops with often less nutritious crops. There may be no available adult to grow subsistence food or to buy seeds. The current food crisis in Southern Africa demonstrates how vulnerable many countries are to shocks that disrupt food production and consumption. The prevalence rates of HIV are alarmingly high in those countries most affected by food shortages and range from 14.2% in Malawi to 38.8% in Swaziland.



## 2 THE INTERNATIONAL RESPONSE

Mobilising commitment and leadership



# THE INTERNATIONAL RESPONSE

## Mobilising commitment and leadership

Throughout the developing world the HIV epidemic continues to escalate. For many years the global community completely underestimated the extent and implications of the HIV and AIDS pandemic. The number of people infected with the HIV virus has surpassed initial projections and as the evidence mounted, it became clear that concerted intensified global action was required.

The Millennium Development Goals and the United Nations Declaration of Commitment on HIV and AIDS have given new political momentum to the fight against AIDS. With that political commitment has come much needed additional financial resources to address HIV and AIDS.

The 2001 United Nations General Assembly Special Session on HIV and AIDS was a landmark in the global response to the pandemic. The Declaration from that meeting, signed by 189 countries including Ireland, forms the framework for the international response, setting time bound targets to tackle all aspects of HIV.

The first substantive review of progress takes place this year (2006). Each country has reported to the United Nations on progress made in honoring the pledges included in the United Nations Declaration. The United Nations Secretary General has received these reports and prepared a consolidated overall progress report, summarizing the global response to the challenge.

### MILLENNIUM DEVELOPMENT GOALS (MDGS)

The Millennium Development Goals represent a partnership between developed and developing countries determined as the Millennium Declaration states *'to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty'*.

- Goal 1:** Eradicate Extreme Poverty and Hunger
- Goal 2:** Achieve Universal Primary Education
- Goal 3:** Promote Gender Equality and Empower Women
- Goal 4:** Reduce Child Mortality
- Goal 5:** Improve Maternal Mortality
- Goal 6: Combat HIV/AIDS, Malaria and other diseases**
- Goal 7:** Ensure Environmental Sustainability
- Goal 8:** Develop a Global Partnership for Development

### THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON HIV AND AIDS, JUNE 2001

#### Key components of the UNGASS Declaration of Commitment on HIV/AIDS:

- Political leadership
- Prevention, treatment, care and support
- Human rights
- Children orphaned by HIV and AIDS
- Alleviating the social and economic impact of HIV and AIDS
- HIV and AIDS in regions affected by conflict and disaster
- The need for a large scaling up of resources required to fight the pandemic

Other critical initiatives have emerged in support of an expanded response to HIV and AIDS. The World Health Organisation in cooperation with UNAIDS launched the '3 by 5' strategy with the objective of helping low and middle income countries provide HIV treatment to 3 million people living with HIV by the end of 2005. Although this target has not been fully achieved, considerable progress has been made. From a baseline of approximately 400,000 people receiving anti-retroviral therapy in low and middle-income countries at the end of 2003, more than 1.3 million people were receiving treatment by the end of 2005.

In addition, the G8 Gleneagles Summit in 2005 spearheaded the Universal

Access agenda which aims to come as close as possible to the goal of Universal Access to HIV prevention, treatment and care by 2010.

Additional funding, while not meeting total estimated need, is being made available by bilateral donor agencies, private foundations such as the Gates and Rockefeller Foundations, the private sector and through new mechanisms. These new mechanisms include the Global Fund to Fight AIDS, TB and Malaria (GFATM), the World Bank Multi Annual AIDS Programme (MAP), the Clinton Foundation HIV and AIDS Initiative and the US Presidential Emergency Fund for AIDS Relief (PEPFAR).

UNAIDS is leading the effort to define the resource needs for HIV prevention, treatment and care, and to ensure adequate financing from public and private sources. The latest UNAIDS estimates of the costs of a comprehensive response to HIV and AIDS suggest that in 2006 almost \$15 billion will be required in low and middle income countries. This will rise to just over \$22 billion in 2008. These figures relate to total HIV and AIDS related spending in low and middle income countries of about \$6 billion in 2004. Significant additional resources will continue to be needed from all sources to meet the requirements of an expanded response to the global HIV pandemic.

### ESTIMATED GLOBAL RESOURCE NEEDS FOR HIV/AIDS IN LOW AND MIDDLE INCOME COUNTRIES 2006-2008 (IN US\$ BILLIONS)

US\$ Billion	2006	2007	2008	Total
Prevention	8.4	10.0	11.4	<b>29.8</b>
Treatment & Care	3.0	4.0	5.3	<b>12.3</b>
Orphans & Vulnerable Children	1.6	2.1	2.7	<b>6.4</b>
Programme Costs	1.5	1.4	1.8	<b>4.7</b>
Human Resources	0.4	0.6	0.9	<b>1.9</b>
<b>Total</b>	<b>14.9</b>	<b>18.1</b>	<b>22.1</b>	<b>55.1</b>

## THE "THREE ONES" PRINCIPLES

UNAIDS has increased its efforts to coordinate country responses to the pandemic. Its recently introduced "Three Ones" Principles aim to ensure that external support to developing countries for HIV and AIDS related activities are delivered coherently in support of a single comprehensive strategy for addressing the pandemic.

The Three Ones principles are:

- **One** agreed AIDS Action Framework that provides the basis for coordinating the work of all partners;
- **One** National AIDS Coordinating Authority, with a broad-based multi-sector mandate;
- **One** agreed country-level Monitoring and Evaluation System.

Building on this UNAIDS led a Global Task Team to improve the coordination of multilateral AIDS initiatives and define a clear division of labour for global players in supporting country led HIV responses.

## CIVIL SOCIETY

Civil society is another critical global player. Through targeted advocacy strategies and campaigns, organising community input at all levels and networking - in particular mobilising people living with HIV - civil society organisations have played a tremendous role in leadership and social mobilisation in response to the global AIDS pandemic. Through their work they have not only ensured that services are delivered to many in need they have also successfully advocated for increasing access to HIV treatment in low income settings and continue to challenge many governments to meet their international commitments.

## WORKING IN PARTNERSHIP WITH THE CLINTON FOUNDATION IN MOZAMBIQUE

In July 2003 the Irish Government signed a framework of cooperation with President Clinton to work together to strengthen the health sector response to HIV and AIDS and to provide access to HIV and AIDS treatment in affected countries. We committed €50 million over five years and Mozambique was identified as the initial country of focus. Through the additional resources mobilised under this partnership Ireland is now the single biggest bilateral donor to the health sector in Mozambique.

Under Government leadership and in partnership with other agencies, Ireland has contributed to Mozambique's achievement in reaching and in some cases exceeding its HIV related service targets. At the end of 2005:

- over 20,000 people were on HIV anti retroviral therapy
- 38 sites are offering anti-retroviral drugs
- 83 health facilities are offering services for the prevention of mother to child transmission and have provided counselling and testing to 75,000 women.
- 158 sites are offering voluntary HIV counselling and testing services with 270,000 people having been counselled
- 35,000 people are receiving home based care through 80 health units or organisations

There are still considerable challenges with less than 10% of those in need of treatment accessing it; only about 50% of mothers testing positive receiving the necessary treatment to prevent transmission to their unborn child and a huge unmet need to treat HIV positive children with less than 3% of those currently accessing treatment being children.





# 3 IRELAND'S RESPONSE



# LEADERSHIP IN ACTION



**“I can assure you that I, as Prime Minister of Ireland, am fully committed to the global fight against this disease”.**  
 An Taoiseach at the UN Special Session on HIV/AIDS in June 2001)

Ireland has made a high level political commitment to the global HIV and AIDS response. Endorsing the HIV-related international development targets of the Millennium Declaration and the United Nations Declaration of Commitment on HIV/AIDS, Ireland has prioritised the fight against HIV as fundamental to poverty and vulnerability reduction. Speaking at the UN General Assembly Special Session in 2001 the Taoiseach, Bertie Ahern, T.D, called for global leadership and an accelerated response to HIV and AIDS. He announced additional funding of €30 million per year for HIV and AIDS.

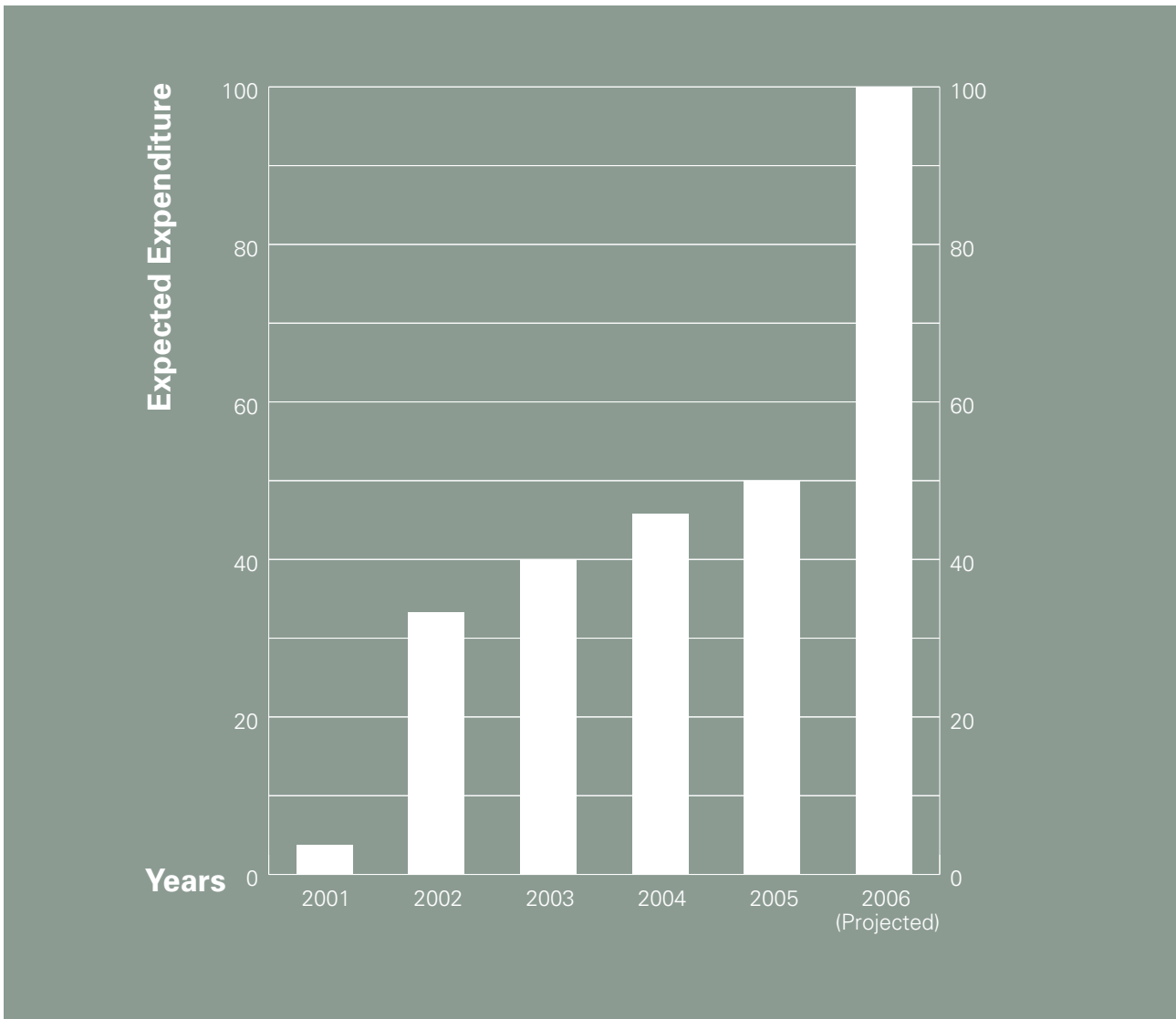
Since then, funding for HIV and AIDS has continued to increase. In September 2005 at the UN Millennium Review Summit, the

Taoiseach announced further funding for HIV and AIDS, and other global communicable diseases. From 2006, €100 million per year will be allocated by Ireland to tackle the major diseases affecting developing countries – HIV, AIDS, Malaria, TB and other preventable diseases. With these additional resources, Ireland will broaden and deepen its engagement with global initiatives and will identify new opportunities for scaling up support to address these diseases at country level.

**‘Today, I recommit Ireland to reaching the UN target of 0.7%. This will be achieved by 2012, three years earlier than the agreed EU target date of 2015. Given current economic projections this will mean a tripling of Ireland’s ODA above current levels. The new money will support new actions. Firstly, next year, Ireland will double its spending on the fight against HIV and AIDS to €100 million. This builds on the commitment I gave here in 2001 to put the battle against HIV/AIDS at the very centre of our programme.’**  
 The Taoiseach at the Millennium Review Meeting at the United Nations General Assembly, 14 September 2005

Over the period 2001-2006 Irish Aid’s HIV/AIDS expenditure will total over €250 million.

**TABLE 1: IRISH AID'S TOTAL EXPENDITURE ON HIV/AIDS 2001-2006 (IN € MILLIONS)**



# IRISH AID'S APPROACH

Irish Aid support the prevention of HIV and AIDS and the reduction of its impact in developing countries. In 2003, Irish Aid supplemented its overall HIV Strategy (2000) with a policy on increasing access to HIV treatment in low-income settings and a policy on addressing HIV in the workplace.

Irish Aid is giving greater prominence to HIV and AIDS throughout the organisation including the reorientation of the programme and staff to be responsive to HIV.

Increased financial support is being directed to international and national efforts to combat the HIV and AIDS epidemic and to promoting greater policy coherence between international and bilateral initiatives. In addition, Irish Aid is supporting specific programmes that have proven to be effective in alleviating the impact of the epidemic.

Ireland has focused its efforts around the actions of leadership, coordination and resources as set out in the United Nations Declaration of Commitment.

Ireland prioritised HIV and AIDS during its Presidency of the European Union in 2004. A Ministerial Conference on HIV/AIDS in Europe 'Breaking the Barriers – Partnership to Fight HIV/AIDS in Europe and Central Asia', held in February 2004, adopted the Dublin Declaration. Building on the UNGASS Declaration of Commitment, the Dublin Declaration focuses regional commitment on leadership, HIV prevention, living with HIV and strategic partnerships. The Declaration calls on the broader Europe to effectively respond to the fastest growing epidemic in its region.

The second high level meeting during Ireland's Presidency 'New Preventive Technologies: Providing new options to stop the spread of HIV and AIDS' focused on new HIV-prevention technologies, including vaccines and female controlled microbicides (see page 19)- essential components of a

## IMPROVING THE WORKPLACE FOR IRISH AID EMPLOYEES

Irish Aid prioritised the development of a HIV and AIDS workplace policy for its employees in programme countries. This policy, published in 2003, is comprehensive and addresses advocacy, education, prevention, testing, care, treatment and support.

As the Irish Government is a significant employer in sub-Saharan Africa with over 200 employees the implementation of its HIV and AIDS workplace policy is an important HIV intervention in itself.

comprehensive global strategy to confront – and ultimately defeat – the worldwide AIDS pandemic. The meeting adopted a paper - 'The Way Forward: Eight European Union Policy Priorities' - which identifies a

number of critical issues that must be addressed in order for the European Union to play a full role in the early delivery of these much needed new preventive technologies.



# EXPANDED SUPPORT TO GLOBAL AND MULTILATERAL PARTNERS

Irish Aid's global response is embedded in advocating for a sustained and resourced response to HIV and AIDS, strengthening leadership at all levels and improving coordination of resources and planning across government departments.

## UNAIDS

The Joint United Nations Programme on HIV/AIDS – UNAIDS – is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV and AIDS and alleviating the impact of the epidemic. It also aims to bring greater coherence to the United Nations response.

Ireland has advocated and supported a stronger response of the United Nations system to HIV and AIDS. It supports specific HIV and AIDS programmes implemented through United Nations agencies such as UNICEF, UNDP and WHO. In recognition of the pivotal role played by UNAIDS, Ireland has increased tenfold its annual contribution over the last five years. Ireland works with UNAIDS both at a global and country level and supports its efforts to bring greater coherence to national HIV responses through support of the Three Ones and the Global Task Team on Improving AIDS Coordination among multilateral agencies.

## GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA

The establishment of the Global Fund to Fight AIDS, TB and Malaria on the initiative of the UN Secretary General, Kofi Annan, has led to an increase in the overall resources available to fight these three diseases. As a partnership between

GLOBAL HIV INITIATIVES SUPPORTED BY IRISH AID 2001-2006	
Programme	Contribution
UNAIDS	€18 million
Global Fund for AIDS, TB and Malaria	€55 million
International AIDS Vaccine Initiative	€17 million
International Partnership for Microbicides	€14 million

governments, civil society, the private sector and affected communities, the fund represents a new approach to international health financing.

Since its establishment the Global Fund has approved a total of US\$4.9 billion to over 350 grants in 131 countries. 55 percent of this total is for Africa, with 57 percent for AIDS related programmes. Although substantial additional resources have been allocated to the Global Fund these are still far short of what is required. The projected needs of the fund are US\$3 billion to the end of 2006.

Ireland has been a strong supporter of the Global Fund since its establishment in 2002. Ireland shares a Board seat with Sweden, the Netherlands, Norway, Denmark and Luxembourg. Ireland has contributed €40 million to the Global Fund to date - €10 million for each of the years 2002, 2003, 2004, 2005 and has pledged an additional €30 million over 2006 – 2007.

Over the first five years it is expected that with Global Fund assistance:

- 62 million people will be reached with HIV voluntary counselling and testing services for HIV prevention
- 1.8 million people are projected to receive anti-retroviral treatment
- More than 1 million orphans will be supported through medical services, education and community care.

All of Irish Aid's programme countries access grant funding for HIV interventions through the Global Fund.

## THE INTERNATIONAL AIDS VACCINE INITIATIVE (IAVI) AND THE INTERNATIONAL PARTNERSHIP FOR MICROBICIDES (IPM)

There is no cure for AIDS. The current challenges to effective HIV prevention make it clear that new prevention options are needed – in particular new tools that will enable women to protect themselves.

Ireland is supporting research to expand the boundaries of what is currently possible.

A safe and effective HIV-preventive vaccine and other preventive technologies, such as microbicides, offer the best hope of preventing the spread of the disease. Increased investment to accelerate the research and development of vaccines and microbicides is urgently

required in order to meet targets of effective marketable candidates by the end of this decade.

Since 2001, Irish Aid has contributed to the International AIDS Vaccine Initiative and the International

Partnership for Microbicides to the tune of €17 million and €14 million respectively, to advance research for these much needed preventive technologies. Irish Aid has further committed €5 million to each organisation through to 2007.



## MICROBICIDES

Microbicides offer the best promise of a prevention tool women can control. A microbicide is a product that could be applied to reduce HIV transmission during unprotected sexual intercourse.

Research in this area is vital.

Currently there are 5 candidate microbicides in large-scale efficacy trials. If one proves to be effective, a microbicide could be available by 2010. It is estimated that even a partially effective microbicide could prevent 2.5 million HIV infections over a period of three years.

# WORKING REGIONALLY

Irish Aid's regional HIV responses aim to address common priorities at a regional level while maximising the effective use of resources, facilitating horizontal learning and ensuring the dissemination of lessons learned, best practice and information within and across countries.

## REGIONAL PROGRAMME FOR SOUTHERN AND EASTERN AFRICA

The countries of Southern and Eastern Africa are among the hardest hit in the world by HIV and AIDS. Southern African countries have the highest infection levels in pregnant women at more than 20% in Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe. Eastern Africa with average HIV prevalence rates at 11.4% (15-49 years old) is second to the Southern African sub-region.

Between 2002-2005, Irish Aid implemented a Regional HIV and AIDS Programme in Southern and Eastern Africa with a total budget of €8 million. In addition to its having such a severe epidemic, this region covers most of Irish Aid's bilateral

REGIONAL HIV PROGRAMMES SUPPORTED BY IRISH AID 2001-2006	
Programme	Contribution
Regional Programme for Southern and Eastern Africa	€12 million
UNICEF Regional HIV and AIDS Programme in Central & Eastern Europe and the Commonwealth of Independent States	€4 million

country programmes, thus creating an opportunity for Irish Aid's regional level engagement to complement and enhance its bilateral engagement.

Aiming to strengthen the regional response to prevent the spread of HIV

and AIDS and reduce its impact on Southern and Eastern Africa, the first phase programme prioritised prevention, mitigation and care, human rights and operations research, as well as strengthening Irish Aid's HIV and AIDS response.

## SOME RESULTS OF THE FIRST PHASE OF IRISH AID'S REGIONAL HIV/AIDS PROGRAMME FOR SOUTHERN AND EASTERN AFRICA

- The **AIDS and Rights Alliance for Southern Africa** (ARASA) hosted a number of regional policy workshops, developed a Code on HIV and Gender, and formed alliances with the Treatment Action Campaign / Pan African Treatment Movement.
- The **International Federation of the Red Cross** helped to establish 84 support groups for people living with HIV. Over 1200 home based care facilitators have been trained and they have reached approximately 23,000 people living with HIV.
- The **African Medical and Research Foundation** (AMREF) established two model HIV health facilities in Kibera, Kenya and Butuntumula, Uganda. A study on adherence to HIV drugs is being conducted and a prevention of mother to child transmission (PMTCT) needs assessment undertaken, which has led to the establishment of a PMTCT task force.
- **Save the Children** (UK) carried out an assessment of programming and related legislation for children affected by AIDS in four countries in the region and facilitated information exchange on innovative approaches to support children, and dialogue on child protection and welfare with government councils.

A mid term review of the programme was carried out in 2004. It documented achievements, challenges and lessons learned during the first phase of implementation. A five year strategy for phase two has just been approved which will see a budget of €23 million being availed for this programme from 2006-2010.

**PARTNERSHIP WITH UNICEF IN CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES**

In recognition of the fast growing HIV and AIDS epidemic in Eastern Europe and the Commonwealth of Independent States, Irish Aid entered into partnership with UNICEF to

address HIV and AIDS prevention and care in this region. Covering 11 countries with €3 million some notable achievements have been reached in a short time frame including:

- In Albania, approximately 19,000 young students have benefited from life skills based education training and youth friendly health services in two centres in Vlora and Tirana are reaching 550 young people per month.
- In Bosnia and Herzegovina, life skills based education was delivered in 236 schools, 440 vulnerable young people were tested for HIV and 19,974 vulnerable young people received

information about HIV counselling and testing.

- In Moldova, life skills based education reached 7,261 children and a total of 15,000 young people used HIV counselling and testing services in 2004.
- In Ukraine, 80 health specialists and 137 AIDS Centre staff members received training for the prevention of mother to child transmission and over 500 children accessed community based day care.

**LIFE SKILLS BASED EDUCATION**

Young people, especially girls and young women, regularly face risks that threaten their health and safety and limit their opportunities for learning. Information alone is not enough to protect them. They need skills that empower them to make the right decisions and negotiate difficult situations. **Life skills based education** combines learning that promotes the acquisition of new knowledge and attitudes as well as the skills to change behaviour. Such skills cover areas ranging from dealing with alcohol, drug use prevention, reproductive health and prevention of HIV.

Source: [www.unicef.org](http://www.unicef.org)





# PARTNERSHIP AT COUNTRY LEVEL

Tackling the AIDS epidemic successfully depends on well managed and well resourced national responses. Through its work in developing countries Irish Aid aims to strengthen government capacity to respond to the disease and to support district and NGO responses at local and community levels.

Currently Irish Aid has offices in Uganda, Tanzania, Ethiopia, Mozambique, Zambia, Sierra Leone, Lesotho and South Africa. The Zambia country office also coordinates implementation of HIV activities in Zimbabwe and in Ghana Ireland works through UNICEF. All of these countries are hugely affected by HIV and AIDS and are struggling to control the spread and impact of the pandemic on their already fragile economic and social base.

All Irish Aid country programmes have HIV strategies and programmes and over the period 2001-2006 increasing volumes of funding have been allocated to country HIV programmes. With the availability of additional resources Irish Aid will identify opportunities within these countries to scale-up access to HIV prevention, treatment and care. Staff capacity is being strengthened at country level in order to provide the support and direction required to respond effectively to the challenge of

HIV. Irish Aid has also developed and implemented a HIV workplace policy in support of the organisation's own staff at country level (see box).

Our support is aligned with national strategic plans to address HIV and national poverty reduction strategies. Engagement and funding at country level supports a range of programmes and interventions that are addressing local institutional capacity constraints; supporting the planning and delivery of essential HIV prevention, treatment and care services; supporting children affected by AIDS; supporting organisations and networks of people living with HIV; upgrading health care facilities and training for health workers in HIV drug administration and management. A range of other initiatives are supported from national to community level.

PROGRAMME	CONTRIBUTION
Uganda	€9.3 m
Ethiopia	€6.7 m
Tanzania	€8.4 m
South Africa	€11 m
Mozambique	€36.7 m
Lesotho	€6.1 m
Zambia	€12.7 m
Zimbabwe	€4 m
Sierra Leone/Liberia	€1 m
Ghana	€3 m



## WORKING WITH COMMUNITIES

The primary impact of HIV is borne by individuals, families and communities. In many cases government services and donor programmes have not been able to direct resources to the people who need them most. Non-governmental and community-based organisations have responded to this gap and are delivering home based care; supporting children affected by HIV and AIDS and delivering HIV treatment and prevention services. They are important partners for Irish Aid.

In addition to Irish Aid support to international and African NGOs and NGO networks through its regional and country programmes, in 2002 Irish Aid initiated the HIV/AIDS

Partnership Scheme (HAPS). This scheme provides multi year grants to Irish based NGOs working internationally. The scheme has a strong focus on partnership; on strengthening institutional capacity to deliver programmes and on incorporating lessons of best practice into programme design and management.

By the end of 2005 over €11 million had been disbursed to eight non-governmental organisations through this programme. The eight organisations are Goal, Concern, Action Aid, Christian Aid, Tearfund, Health and Development Networks, Oxfam and Trocaire.

A recent review of HAPS concluded that the HAPS programme was an innovative and exciting scheme which successfully emphasised HIV programming and mainstreaming. The scheme was seen by most recipients as accelerating the momentum towards a programmatic approach to HIV and provided a basis for strategic responses to



complex issues. It enabled all the recipients to develop clear HIV strategies and workplace policies and provided direct funding for

activities in developing countries for effective HIV prevention, treatment and care programmes.

## MULTI-SECTORAL RESPONSE TO HIV IN ZAMBIA

With an adult HIV prevalence rate of 16% Zambia is one of the most highly affected countries in the world. There are currently up to 920,000 adults and children in Zambia living with HIV and about 250,000 are in need of HIV treatment. Estimates of the numbers of orphans range from 750,000 to 1.2 million, of which 75% are HIV orphans.

Zambia is implementing a multi-sectoral response to addressing HIV and AIDS. Through our HIV and AIDS programme, Irish Aid is focusing on strengthening institutional capacities across government and civil society to achieve a comprehensive response. The programme includes:

- Providing support to strengthen the National AIDS Council, the Provincial and District AIDS Task Forces, all of which have the mandate to coordinate the AIDS response at national and sub national levels. We have contributed to improved coordination and promoting effective leadership for a comprehensive multi-sectoral response.
- Providing support to non-governmental actors to provide services in the areas of care for orphans and vulnerable children, Home Based Care, voluntary counseling and testing and advocacy for anti-retroviral treatment.
- Supporting Government efforts to integrate HIV/AIDS concerns into all areas of government business.
- Supporting national studies and documentation on HIV/AIDS. The support has contributed to increased study, analysis, and documentation of information on HIV/AIDS to build a strong information base for policy decisions in response to HIV/AIDS.



## EDUCATION AS A SOCIAL VACCINE AGAINST HIV IN UGANDA

Education is one of the most powerful and cost effective tools for reaching people with information to promote long term behaviour change. Irish Aid is committed to supporting an effective response to HIV/AIDS through its support to education.

In Uganda Irish Aid is working closely with the Ministry of Education and Sports to mainstream HIV in its work. We fund a staff member to coordinate the HIV strategy, especially as it relates to the training of primary school teachers.

We are working with a primary education reform programme in 5 districts in Western Uganda. We support peer to peer education through the use of Anti-AIDS clubs and drama groups.

We fund the Straight Talk Foundation, which develops local language radio programmes on adolescent and reproductive health, with preventive messages on HIV.

## WOMEN RESPONDING TO THE CHALLENGE OF HIV IN THEIR COMMUNITY - ZAMBIA

In many countries affected by HIV/AIDS, the government systems are not adequate to deal with the scale of the problems the disease presents.

Other organisations, including those representing people most affected by the disease, must help address this deficit.

The Buyantanshi Women's Group in Zambia is one such organisation. The group was established in 1999 by 150 underprivileged women in response to the increasing number of deaths in their community due to AIDS. In particular, they were concerned about their children's education following the death of their spouses.

They secured land from the local Council and with support from local churches have started to build a community school. Priority is given to girls. Irish Aid is supporting this group. With this support the women have been able to:

- Pay for 220 orphans to go to primary school (66% girls) and 150 to secondary school;
- Run a community vegetable garden to feed children at the community school;
- Provide skills training for women in tailoring and 'tie and dye'
- Provide education on HIV and AIDS and medical support to sick women and children
- Provide agricultural inputs to improve family nutritional status
- Provide food to households weakened by HIV and AIDS (elderly and child headed)
- Rehabilitate 60 homes for widows and child headed households
- Provide funeral support to members of the group in dire need



## 4 LEARNING LESSONS



# LEARNING LESSONS

**'Collective experience with HIV and AIDS has evolved to the point where it is now possible to state with confidence that it is technically, politically and financially feasible to contain HIV and AIDS and dramatically reduce its impact'.**

Kofi Annan, United Nations Secretary General, UNGASS, 2001.

Over the last twenty years our responses to HIV have been getting better. Many lessons have been learnt that can stop the spread of HIV. Given the limited resources available to fight the scale of the HIV pandemic it is critical that we adopt a best practice approach in targeting programmes that will have a real impact on the course of the pandemic.

Irish Aid has adopted a best practice approach in its HIV and AIDS response and ensures that its programmes are informed by the evidence of lessons learned.

## LESSONS FROM THE LAST 20 YEARS

### Key Elements Of An Effective Response To HIV And AIDS

- Act early
- Increase political will, government commitment and levels of funding
- Ensure knowledge of the epidemic is based on reliable information
- Ensure HIV/AIDS concerns are mainstreamed across all development programmes, in particular those that target poverty and gender inequalities
- Develop a policy framework to respond that is appropriate for each country
- Support programmes that specifically address women's risk and vulnerability to HIV
- Support the strengthening of local capacity to implement programmes
- Establish structures to implement programmes that are representative of all sectors
- Strengthen coordination among planners and financiers
- Include people living with HIV in programme development and implementation
- Provide support to high risk groups, such as men who have sex with men, commercial sex workers and drug users.
- Support programmes that address the impact of HIV/AIDS on communities
- Develop reliable systems for monitoring and reviewing national responses

# 5 CHALLENGES



# CHALLENGES

HIV/AIDS continues to be one of the biggest obstacles to reducing poverty and to attaining the Millennium Development Goals.

Progress is being made but it is slow. UNAIDS has predicted that by 2025, depending on the response, cumulative deaths from AIDS in sub-Saharan Africa alone could be in the range of 67 to 83 million people.

Among the key challenges to sustaining a comprehensive response are:

- Mobilising adequate financial resources
- Maintaining policy coherence and coordination
- Building institutional capacity and systems
- Continuing to learn and build lessons learned into evolving best practice
- Preventing new infections, in particular among high-risk groups
- Expanding affordable treatment and care to people living with the virus
- Providing resources and services to those indirectly affected by the pandemic
- Addressing gender inequalities that continue to expose women's vulnerability and risk to HIV infection
- Breaking down the stigma associated with the virus and stopping the discrimination of those living with HIV





## 6 CONCLUSION



# CONCLUSION

Since its recognition over 20 years ago HIV and AIDS has spread to all countries in the world. It is fast becoming the leading cause of death from an infectious disease. Driven by poverty, inequality and social exclusion, HIV has been unprecedented in its impact.

The United Nations Declaration of Commitment on HIV and AIDS, adopted in 2001, marked a turning point in the international response to HIV. It provided the first global framework for action required to address the pandemic. As a result, leadership was mobilised worldwide and additional funding targeted at effective interventions to stop the spread of the disease.

This year, 2006 marks the review of progress towards interim targets in the Declaration of Commitment. Undoubtedly, there is progress in a number of key areas, most notably in resource mobilisation, increasing access to treatment and identification of effective HIV prevention strategies.

However, the pandemic continues to outstrip any efforts to contain it with over 5 million new infections per annum. Despite the increase in political will and funding, services are still not reaching many in need and in particular, those most vulnerable to infection and in need of care.

A more unified global approach to tackling the AIDS epidemic is required. Donors need to coordinate their actions to maximise effectiveness and support country leadership.

Ireland is committed to playing its part.

Ireland has adopted a strategic and broad based response to HIV in its development programme. We acknowledge the centrality of fighting HIV to the achievement of the Millennium Development Goals. We have shown leadership and have allocated additional resources at all levels of the response – international, regional, country and community.

**We acknowledge the scale of the challenge. HIV and AIDS will remain a key priority of the programme in the years ahead as a critical component of our overall objective of achieving sustainable and equitable development and poverty reduction.**



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