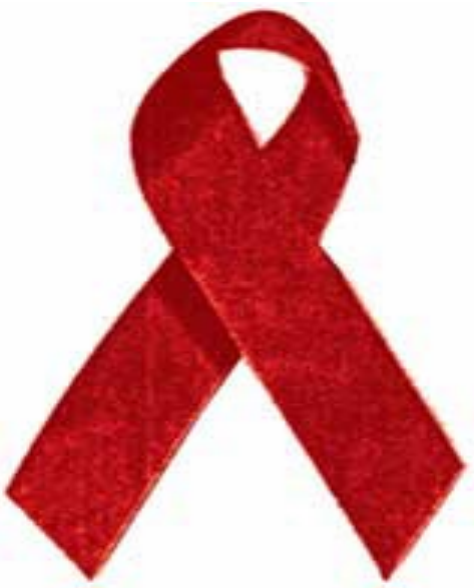
WORLD RESPONSES

To

HIV/AIDS

PANDEMIC



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PREFACE

The global epidemic is one the greatest challenges facing our generation and will continue to challenge us for many decades to come. This virus, HIV, has caused a disease, AIDS, which has killed millions of people and which looks likely to kill millions more. AIDS crisis continue to deepen in Africa, while new epidemics are growing with alarming speed in Asia and Eastern Europe. There is no region in the world that this virus has not been touched.

Secretary General of the United Nation, Kofi A Annan, in one of his speeches mentioned that: - "The most important lesson we have learned so far is that we can make a difference: we can prevent new infections, and we can improve

the quality of care and treatment for people living with HIV." There are few countries in the world that have reduced the percentage of infected people, but still in other countries the spread of HIV is rapidly increasing.

The latest statistics on the world of HIV and AIDS published by UNAIDS and WHO in November 2005, shows that the estimated number of living with HIV/AIDS is of a total of 40.3 millions. In 2005 more than three million people lost their life because of AIDS related diseases, despite recent improvements in access to antiretroviral treatment.

Everywhere around the world, the governments, governmental organizations, non-governmental organizations, policy makers, for the past 20 years are trying to bring

a better and an easier life for all the people around the world. However, there are few things that cannot be explained and cannot be reached. Few things are left and will be enigmatic, and one of them is seems to be even HIV/AIDS, because until now no one know how it came and until now, no one know how to cure it. Prevention is possible, but has HIV/AIDS been prevented so far?

Let us try to make a difference in this world, by brining happy and healthy life to all the people and say STOP to AIDS, now and forever.

I wish you a pleasant reading and please contribute to prevent this deadly virus.

Ediola Pashollari
Editor

INFORMATION ABOUT HIV/AIDS

HIV virus has been sweeping the world for the past two decades. AIDS appeared in distant and various areas of the Earth during the second half of the 20th century. It is a new infection disease which is causing a world wide problem and HIV/AIDS has become the fourth-largest cause of death worldwide. Since the first clinical evidence of acquired immunodeficiency syndrome has reported, more than 60 million people have been infected with the virus.

For more than two decades AIDS has become one of the most devastating diseases humankind has ever faced. When AIDS first emerged, no-one could have predicted how the epidemic would spread across the world and

how many lives would have changed. Now that we know from the bitter experience that AIDS is caused by the virus of HIV and that it can devastate families, communities and whole continents.

No one knows until now from where this virus started. However, it is certain that it is not man made. HIV may have been presented for some times in isolated groups before the AIDS epidemic started. The movement of people from countryside to the towns and international travel might have caused the rapid spread of HIV. HIV has become the first truly "international epidemic", by easily crossing international borders and oceans.

"HIV and AIDS are having a devastating effect on young people. In many countries in the developing world, up to two-thirds of all new

infections are among people aged 15-24. Overall it is estimated that half the global HIV infections have been in people less than 25 years - with 60% of infections of females occurring by the age of 20.

Thus the hopes and lives of a generation, the breadwinners, providers and parents of the future, are in jeopardy. Many of the most talented and industrious citizens, who could build a better world and shape the destinies of the countries they live in, face tragically early death as a result of HIV infection." World Health Organization Report 1995.

WHAT IS HIV/AIDS?

AIDS is the name for a combination of illnesses caused by a virus that can break down the body's immune system and lead to fatal infections and some forms of cancers. The word AIDS stands for- **Acquired** (something you get rather than are born with); **Immune** (the system which defends the body from diseases); **Deficiency** (becomes weakened by a virus); **Syndrome** (the body shows a variety of symptoms).

The immune system is a group of cells and organs that protect your body by fighting viruses and infections. A damaged immune system in not only more vulnerable to HIV, but also to the attacks of other infections and it will not always have the strength to fight off things

that would not have bothered it before. The capabilities and possibilities of the immune system are neither infallible nor infinite. AIDS is the maximum state of deterioration that the human immune system can reach. If the pathogenic process of AIDS is not stopped, eventually it will kill the person.

AIDS is caused by the HIV virus. HIV itself is a virus. Viruses infect the cells of living organisms and replicate within those cells. HIV stands for **Human Immunodeficiency Virus**. A person with HIV may develop particular rare illnesses or cancers because their immune system is weakened. When this happens, the person is said to have **AIDS.** When HIV enters the body, it damages the immune system that normally protects us from infection. When HIV attacks our immune system, it starts to destroy our white cells.

The virus usually attacks a special type of immune system cell known as a CD4 lymphocyte. The most important damage it causes is to certain white blood cells known as CD4 cells or T-helper cells. These cells are found in the lymph nodes as well as circulating round the body.

Each cell infected by HIV becomes a biological time-bomb traveling in the bloodstream. Millions of those cells just waiting to explode when the virus touches the cells. People infected with HIV may look and feel well for a number of years before any symptom of AIDS develop. The average time is five to ten years; it is based on peoples having a reasonable diet. Once a person has become infected, he or she remains infected for life.

The infected people are called as “seropositive” or “HIV positive”. There is no any way to tell just by looking if someone has been infected by HIV, but a blood test can detect infection from about three months after the virus first entered the body.

WHAT HAPPEN WHEN SOMEONE HAS HIV/AIDS?

Most people who become infected with HIV do not notice that they have been infected. A few weeks after infection, the body's immune system reacts to the virus by producing antibodies. Some people with HIV have a short 'seroconversion' illness at the time these antibodies are created. The likely symptoms are the normal response to many other infections, and may include a sore throat, a fever or a rash.

Asymptomatic infection

The infected person may have no further outward signs or symptoms for many months or years. This is called asymptomatic infection. Some people with asymptomatic infection have swollen lymph nodes, but this is not a sign of

immune system damage. Nor are colds or flu: people with HIV do not get colds more often than other people. People who have HIV and feel completely well may have signs of immune damage detectable in laboratory tests on their blood.

Voluntary HIV counseling and testing plays a key part in HIV related prevention and care. The provision of Voluntary HIV counseling and testing has become easier, cheaper and more effective as a result of availability of rapid HIV testing. Nutrition is an essential part of any HIV treatment care package. Nutritional care and support includes many components, especially when a person is asymptomatic, it must include an adequate quantity and quality of food.

Symptomatic infection

In time, immune damage may become more severe, though the increasing use of combination therapy may result in more people with HIV remaining well for longer. We do not know whether every person with HIV will eventually become ill.

People with symptomatic HIV disease there are likely to have reductions in food intake, nutrient malabsorption or even metabolic alterations. People with advanced HIV infection are vulnerable to infections or malignancies that are called 'opportunistic infections' because they take advantage of the opportunity offered by a weakened immune system.

HIV/AIDS and malnutrition are interrelated. In Africa AIDS was initially known as 'slim disease' because of the wasting syndrome typically experienced by people with the disease. From the researches is suggested that malnutrition increases the risk of progression of HIV infection and it may increase the risk of HIV transmission from mother to baby. At the same time, weight loss is often the event that begins a vicious circle of increased fatigue and decreased physical activity, including the inability to prepare and consume food and reduced work productivity.

AIDS diagnosis

AIDS itself does not have symptoms and there is no test for AIDS. The doctor will look for the specific illness causing the person's symptoms. If they are caused by one of the AIDS-defining illnesses, and if the patient has HIV, then he or

she is said to have AIDS. Examples of illnesses which will result in an AIDS diagnosis, if HIV is present:

- pneumocistis carinii pneumonia (PCP), a rare form of pneumonia common in people with HIV
- cytomegalovirus (CMV), a member of the herpes family which can cause blindness and serious gastrointestinal, brain and lung problems in people with HIV

Someone with AIDS is likely to enjoy periods of comparatively good health between bouts of serious illness. Some people have lived for several years with an AIDS diagnosis. The infected person may remain well or may suffer from swollen lymph glands, weight loss, sweating, diarrhea and many other minor infections.

The person may suffer from all or some of the symptoms. However, all those symptoms are common in many other diseases. At the present, there is no cure for the AIDS and no vaccine to combat the virus but is can be prevented. However, public education is one of the main ways which teaches people how to avoid infection and will help to prevent its spread.

WAYS IN WHICH A PERSON CAN BE INFECTED WITH HIV/AIDS

In order for a person to become infected, a sufficient amount of HIV must enter their bloodstream. This sufficient amount is the amount of HIV found in some, but not all, of the body fluids of someone with HIV or AIDS. HIV is found in the blood and the sexual fluids of an infected person and in the breast milk of an infected woman.

HIV transmission occurs when sufficient of these fluids gets inside someone else's body. If HIV is present in body fluids, it still cannot enter another person's body easily. There are a limited number of routes:

- directly into the bloodstream; for example, via a puncture caused by injection equipment
- via an organ transplant or blood transfusion
- through the 'interior' skin (mucus membrane) of the rectum, vagina, cervix and urethra.
- very rarely, through the eyes, mouth or throat

The exchange of the virus from an HIV positive to an uninfected person can happen from man to woman, woman to man or man to man or mother to unborn or newborn child.

Unprotected Sexual intercourse

HIV is passed from one person to another through the sexual contact where there is penetration and semen or vaginal fluids are

exchanged. During the sexual contact, HIV enters a person's blood stream through the vagina, penis or anus. Sexual intercourse without a condom is risky. Oral sex carries a lower risk, but if one partner has bleeding gums or an open cut in their mouth, the virus can be passed.

There have been about 20 cases world-wide where someone has become infected by giving oral sex to a man with HIV. Where this has happened, it was probably because infected semen was able to pass through a cut or abrasion in the other partner's mouth or throat. Using a condom with water-based lubricant, or a femidom, during vaginal or anal penetrative sex will prevent transmission of HIV and many other sexually transmitted diseases

Infected blood

HIV is passed from one person to another through infected blood or blood products. It can be passed on by sharing needles and syringes or by using needles and syringes that are not well sterilized. Can be passed through the infected blood left on instruments that are used in activities which draw blood, such as; circumcision, tattooing, ear piercing, etc.

The virus can be passed from one person to another even where the donated blood is not screened for HIV. One in ten infections in the UK was acquired through sharing drug injecting equipment with someone with HIV. But sharing injecting equipment is not less risky than having sex with someone who has HIV.

Mother to child

The HIV positive mother can pass on the virus to her unborn child either before or during pregnancy, labour and delivery, or breastfeeding. The risk of passing HIV through breastfeeding is very small, 10-20 percent, because the breast milk has many substances in it that protect on infant's health. Worldwide, approximately 1,800 HIV-infected infants are born each day, primarily from their mothers before or during birth, after birth as a result of breast-feeding.

Injecting drugs

People who use illegal injected drugs are also vulnerable to HIV infection. A tiny amount of blood can transmit HIV and can be injected directly into the bloodstream with the drug. People that share the needles and the syringes

as well can transmit the HIV. People who inject drugs can avoid transmitting HIV, either to themselves or to others, if they use a new set of injecting equipment every time or sterilize equipment between users.

Infected blood products

In the past, many people have been infected with HIV by the use of blood transfusion and blood products which were contaminated with the virus, such as in hospitals, piercing shops, etc. If the products used during a blood transfusion were not sterilized nicely, this can bring a risk of HIV transmission to the not infected person. Factor 8 is a product of donated blood used in the treatment of hemophilia. Before it was known that donated blood might contain HIV, thousands of men and boys with hemophilia became infected.

In what cases HIV cannot be spread

HIV cannot be spread by insects or animal bites, caring for someone with AIDS, shaking hands, sharing belongings or crockery or cutleries , toilet seats, touching and hugging, or even kissing. HIV cannot pass through intact external skin. It cannot pass through the air like cold germs.

However, there is no limitation to HIV/AIDS spread, anyone, female or male, young or old, from any country or any region can acquire HIV. Since 1986, Non-Governmental Organizations (NGOs) such as World Health Organization, League of Red Cross and Red Crescent Societies has been working with its National Societies to inform and educate about HIV and AIDS.

However, in many countries for many years health care workers have been infected with HIV as a result of their work. The main cause of infection in occupational settings is exposure to HIV-infected blood via a percutaneous injury, such as needles, instruments, bites which break the skin, etc.

PREVENTIVE MEASURES

"We have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail" was said by Nelson Mandela. The only real weapons we have against viruses are natural ones: antibodies which can also destroy bacteria. These are Y-shaped. The mouth of the antibody is shaped exactly to fit over part of a germ.

Thousands of them lock onto a germ so that the tails bristle like a hedgehog. Sometimes that is enough to burst bacteria or to stop viruses from being able to touch a cell. Special white cells in the body stick on to these bristles and eat up the germ. These white cells are those that you find in pus, cleaning up an infected wound.

The trouble with antibodies is that the body takes three days to produce the right antibody for the right virus. During this critical three-day period, the body is totally unprotected. Yet only an hour or two after viruses enter the bloodstream they have completely disappeared. You can hunt through the entire body cell by cell, with the best electron-firing microscope, and find nothing.

People often react with prejudice and denial to things they do not understand. These reactions to HIV and AIDS hinder HIV prevention programmes, and they make life more difficult for people living with HIV and AIDS. Every one of us can make a difference to the AIDS epidemic by fighting prejudice, challenging denial and increasing understanding.

Education

There are two main reasons that AIDS education is needed; firstly, help to reduce stigma and discrimination experienced by HIV positive people; and secondly, it helps to prevent new infections form accruing. Adequate AIDS education can help to prevent new infections from occurring.

By teaching the people who are not infected with HIV what activities are risky will empower them to protect themselves. Education can also prevent new infections by teaching HIV positive people how they can lead their sex life without passing the virus on to anyone else.

Education is a major component of AIDS prevention. The first step in enabling people to

protect themselves from HIV infection is giving them the information they need to be aware of the risk and know how to prevent transmission from occurring.

In 1987, President Reagan advocated a modest federal role in AIDS education in United States of America by saying that "as long as they teach that one of the answer to it is abstinence- if you say it's not how do you do it, but that you don't do it".

HIV positive people are a group who are sometimes overlooked by AIDS education planners, but they can benefit greatly from effective education strategies. Aids education with HIV positive people aim to help them cope with the knowledge that they are HIV positive; inform them about the nature of HIV

and AIDS; enable them to have a safe and active sex life, if they wish to; ensure that the infection is not passed on by any other means; enable them to lead full and healthy life; and empower them to confront discrimination where it occurs.

ABC Approach

ABC approach was firstly used in Uganda and it means-firstly, encouraging sexual **A**bstinence until marriage; secondly, advising those who are sexually active to **B**e faithful to a single partner or to reduce their number of partners; and finally, especially if you have more than one partner, always use a **C**ondom. This approach really helped in Uganda.

Mother to child transmission

If the correct antiretroviral medication is administered, the chances that HIV infected from a mother who is HIV positive to her child during pregnancy can be reduced to 2 percent or less. It has been recommended that an "opt out" approach to the testing of pregnant women is used.

In which a woman is told that a HIV test is to be one of a number of pre-natal tests, but that she may choose to opt out and refuse to be tested. However, if she does refuse to be tested she might be considered to be putting the health of her unborn baby at risk and her competence as a mother might be called into question.

Condoms

Most countries have experienced criticism that it has substituted "abstinence until marriage" programs for science-based HIV prevention strategies that included correct and consistent condom use.

Information giving instruction on how to use a condom, on condom effectiveness and evidence that condom education does not encourage young people been shown even on different websites, hospitals, and other educational areas. Nowadays there are condoms that can be used by male and condoms that can be used by female.

Needles

HIV transmission among drug users has always been a serious issue in all over the

world. Injecting drug users have always been a risk-group for HIV transmission due to the ease with which HIV can be passed when injecting equipment is shared. Many countries have 'drug paraphernalia' laws which make it a crime to possess or distribute needles or syringes.

In relation to transmission through the sharing of needles, syringes, and other equipment, the following options help to prevent the spread of HIV:- firstly, by stopping injecting drug use; secondly, using sterile needles, syringes and other equipment every time; thirdly, not sharing injecting equipment; and lastly, cleaning the equipment between use.

Advanced HIV Prevention

In 2001, the Centre for Disease Control and Prevention set a goal to half the number of people infected with HIV each year in America, from 40,000 to 20,000, but it did not succeed. In April 2003, the Centre for Disease Control and Prevention announced a major change in its approach to HIV prevention. The new initiative would be called Advancing HIV Prevention: New Strategies for a Changing Epidemic- or AHP for short.

The Advancing HIV Prevention initiative has four main strategies:

- make voluntary HIV testing a routine part of medical care, so that tests are offered to all patients in clinics where there is a high rate of HIV and to all those at high risk everywhere.

This includes dental clinics and emergency rooms.

- implement new models for testing people for HIV outside medical settings, such as in bars, bathhouses, homeless shelters and prisons.

- prevent new infections by working with people diagnosed with HIV and their partners. This includes incorporating prevention into medical care and stepping-up partner notification programme.

- further decrease the rate of HIV transmission from mother to child, mainly through opt-out testing for the mother and routine testing of any baby whose mother was not screen.

Advanced HIV prevention intends to integrate HIV prevention into the medical care of people living with HIV, which means the focus of prevention efforts is moving away from state

and local health departments and community-based organizations, and towards individual clinicians and hospitals.

HIV Partner Counseling and Referral Services

In 2002, from the statistics shows that between 8 to 39 percent of the HIV positive people went on to test positive themselves. Contacting and testing HIV positive people's partner through the HIV Partner Counseling and Referral Services has therefore been identified as a good way to increase the proportion of people aware of their status in the USA.

The main basic principle is to encourage recently diagnosed individuals to disclose the names and contact details of all previous partner; both those who may have infected

them and those they may have infected. The strengthening of Partner Counseling and Referral Services as a way of tackling the HIV epidemic is however controversial.

CURATIVE MEASURES

Still there is no cure for AIDS. However, there is Antiretroviral (ARV) AIDS medication can help by extending the healthy life of someone living with HIV, and which help to slow the progression from HIV to AIDS, and which can keep some people healthy for many years. In some cases, the antiretroviral medication seems to stop working after a number of years but in other cases people can recover from AIDS and live with HIV for a very long time.

Research studies show that the most effective way to attack HIV is with a combination of anti-HIV drugs. Combination therapy is a huge advance in the treatment of HIV, and many people have done very well on it. Combination therapy is not easy to take (the various drugs

have to be taken at different times according to a strict timetable), and there are side effects.

However, it does not work for everyone, and where it does work we do not know how long that will last. Sometimes the drugs stop working because people develop resistance to them. Research is continuing all the time to make combination therapies more effective and easier to take.

Antiretroviral Drugs

Antiretroviral drugs are medications for the treatment of infection by retroviruses, primarily HIV. Different classes of antiretroviral drugs act at different stages of the HIV life cycle. Combination of several (typically three or four) antiretroviral drugs is

known as *Highly Active Anti-Retroviral Therapy* (*HAART*).

Ziduvodine

The first great breakthrough in the prevention of Mother to Child Transmission came in November 1994. After a clinical trail lasting more than two and a half years, a team of scientists reported that pregnant women who received a course of the antiretroviral drug zidovudine had a two-thirds lower risk of transmitting HIV than those who took placebo.

For the first time there was real hope that drugs could save children from HIV infection, but they still required many doses of drugs to be taken over many weeks. Therefore, scientists began investigating less intensive,

lower cost options that could be used for preventing the mother to child transmission.

Single Dose Nevirapine

One of the simplest of all drug regimes was tested in the HIVNET 012 trail, in Uganda on 1997-1999. This study found that a single dose of nevirapine given to the mother at the onset of labour and to the baby after the delivery roughly halved the rate of HIV transmission. The single dose nevirapine is relatively cheap and easy to administer. Since 2000, many thousands of babies in resource-poor countries have benefited from this intervention.

HIVNET 012 Controversies

On December 2004 a news story appeared alleging that side effects from singe dose nevirapine during the HIVNET 012 study had

been covered up. After evaluating extensive material from a variety of sources and reviewing primary sources documents from Uganda, the committee on April 2005, found that the original report on the HIVNET 012 study was "sound, presented in a balanced manner and be relied upon for scientific and policy-making purposes". The safety and effectiveness of single dose nevirapine has been confirmed by many other clinical trails.

Combination Drug Treatments

The most effective prevention of mother to child transmission treatments involves a combination of drugs. Pregnant woman with advanced HIV disease should ideally receive combined therapy for their own health, as well as to prevent mother to child transmission.

Preventing Malaria

In countries such as sub-Saharan Africa, Central and South America and Asia, the endemic of Malaria still exists. HIV positive women are more likely to be infected with malaria than HIV negative women. A woman who is infected with both HIV and malaria has a higher risk of passing HIV to her baby. The anti-malaria drug has a high role of preventing the mother to child transmission. The safest drug to be taken during the pregnancy to prevent malaria is sulfadoxine-pyrimethamine (SP).

Caesarean Sections

Caesarean section is an operation to deliver a baby through its mother's abdominal wall. The caesarean section is done to protect the baby from direct contact with her blood and other

bodily fluids. If the mother has been taking antiretroviral therapy, then a caesarean section will often not be recommended because the risk of HIV transmission will already be very low.

Prevention and treatment of Opportunistic Infections

The world's most common opportunistic diseases and infection includes; bacterial disease such as tuberculosis, mycobacterium avium complex disease, bacterial pneumonia and speticaemia; protozoal diseases such as pheumocystis carinii pneumonia, toxoplasmosis, isopsoriasis, microsporidiosis, cryptosporidiosis and leishmaniasis; fungal diseases such as candidiasis, cryptococcosis and penicilliosis; viral diseases such as those caused by cytomegalovirus, herpes simplex

and herpes zoster virus; HIV-associated malignancies such as Kaposi sarcoma, lymphoma and squamous cell carcinoma.

However, if the treatment and care is provided to the so called 'opportunistic infections' and HIV-associated diseases it can; firstly, reduce the suffering of people living with HIV/AIDS and improve their quality of life and the quality of life for their families; secondly, allow people with HIV/AIDS to continue as contributing members of their families and communities for as long as possible; and lastly, prevent the further spread of tuberculosis and other transmittable opportunistic infections.

Treatment and care consists of a number of different elements including voluntary counseling and testing, food and nutrition, support for the prevention of onward

transmission of HIV, following up counseling, protection from stigma and discrimination, spiritual support, the provision of antiretroviral, treatment of STIs, management of nutritional effects, prevention and treatment of opportunistic infections, traditional treatment, palliative care, preparing for death, family and orphan support. However, each and every HIV positive people have different needs according to the stage of the infection that they have.

World Health Organization recommends that before anyone starts treatment in a resource-limited setting, a basic clinical assessment should be carried out, which includes; documentation of past medical history, identification of current and past HIV related illness, identification of other medical conditions that might influence the timing and

choice of ART and current symptoms and physical signs of other medical condition such as pregnancy or TB.

LIVING WITH HIV/AIDS

Even though there are now more effective anti-HIV treatments, living with the knowledge of a serious and potentially life-threatening infection is likely to be stressful and difficult. Someone with HIV may remain in good physical health for several years but misunderstanding and fear about HIV and AIDS is still widespread in society. People living with the virus may encounter hostility or rejection even from friends and family and some people have lost jobs and homes due to their employers' or landlords' attitudes, and children with HIV have been banned from schools.

Many people with HIV make changes in their lives to help them cope with their diagnosis.

Some choose to work at keeping fit and healthy with good food and exercise; others may read up about HIV and become their own experts in drug treatments or complementary therapies. Some people with HIV have said that focusing on living and enjoying life to the full has helped them to cope with living with HIV.

Antiretroviral AIDS medication is now being distributed to low income, high prevalence countries, but it is taking a long time to actually reach the people who need it. UNAIDS and WHO estimated that 6,500,000 people in developing and transitional countries were in need of antiretroviral drug treatment and only 970,000 people had been receiving treatment in June 2005. In Sub-Saharan Africa, more than 500,000 people were receiving

treatment, whereas, 4,700,000 still needing to be treated.

In Latin America and the Caribbean only 290,000 people received treatment and 465,000 needed to be treated. As per East, South and South-East Asia 155,000 people received treatment and 1,100,000 needed to be treated. Europe and Central Asia, an estimated number of 20,000 people were being treated and more than 160,000 needed to be treated. In North Africa and the Middle East, 4,000 people were being treated and 75,000 people needed to be treated.

LAW ENFORCEMENT

AIDS and Human Rights

Nelson Mandela once said "AIDS in no longer just a disease it is a human right issue". Human Rights Act and the European Convention on Human Rights, aim to ensure that everybody's rights are properly respected. With the applicability of international law to HIV/AIDS, governments are publicly accountable for their actions toward people in the context of HIV/AIDS.

Given the reality of violations that continue to occur, it is useful to consider the specific human rights responsibilities of governments. Governments are responsible for not violating rights directly, as well as for ensuring the

conditions that enable people to realize their rights as fully as possible.

It is understood that, for every human right, governments have responsibilities at three levels:

- *Respecting the right* means that states cannot violate the right directly. This means that the right to education is violated if children are barred from attending school on the basis of their HIV status.
- *Protecting the right* means a state has to prevent violations of rights by nonstate actors and offer some sort of redress that people know about and have access to if a violation does occur. A state has to ensure, for example, that religious groups are not successful when they try to stop

adolescents from accessing reproductive health education.

- *Fulfilling the right* means states have to take all appropriate measures-legislative, administrative, budgetary, judicial, and otherwise-toward fulfilling the right. If a state fails to provide essential HIV/AIDS prevention education in enough languages and media to be accessible to everyone in the population, this in and of itself could be understood to be a violation of the right to education.

Using human rights concepts, one can examine the extent to which governments are progressively respecting, protecting, and fulfilling their obligations for all rights-civil, political, economic, social, and cultural-and how these government actions influence

patterns of infection and concomitant responses.

AIDS and Discrimination

On July 2002, Ex-President, of United States of America, Bill Clinton said that: '…the most important thing is people shouldn't be ashamed to acknowledge they're HIV-positive, because they ought to be able to get the medicine they need, they ought to be able to get the treatment they need-and every country should have laws absolutely banning any discrimination and access to education, healthcare or jobs for anybody who's HIV-positive. It shouldn't be a badge of shame!"

Discrimination on the ground of HIV status it is not just hurtful; it is against the law. Discrimination has spread rapidly, fuelling anxiety and prejudice against the groups most

affected, as well as those living with HIV or AIDS. Laws that insist on the compulsory notification of HIV/AIDS cases, and the restriction of a person's right to anonymity and confidentiality, as well as the right to movement of those infected, have been justified on the grounds that the disease forms a public health risk.

Discrimination has made it easy for people to blame others without protecting themselves. Human rights policy regarding the AIDS and infected people that has been send to every government in the world will help to prevent discrimination for human beings and HIV/AIDS infected people.

WORLD WIDE STATISTICS OF HIV/AIDS

More than 25 million people around the world have died of AIDS-related diseases. In 2005, around 3.1 million men, women, and children have lost their lives. Nearly twice the number of the people that have died until now - 40.3 million- are now living with HIV, and most likely to die over the next decade or so. Statistics giving numbers of people living with AIDS can sometimes make confusing reading because different countries and agencies have different definitions of what AIDS actually is.

In Europe as AIDS diagnosis must be based on the diagnosis of an AIDS-related illness, whereas, in USA it may be based on a low CD4 cell count, which whoever has low CD4 will go

on and develop AIDS-related disease. Estimates of the number living with HIV are usually based on the estimated HIV prevalence and total population size, but minimum estimates may be derived from the case report.

In the most recent UNAIDS / WHO estimates shows that, in 2005 alone, 4.9 million people were newly infected with HIV where 3.2 million are located in Sub-Saharan only. An estimated 700,000 children aged 14 or younger became infected in 2005. More than half of the people that acquire HIV become infected before they turn up 25 and die before their 35th birthday, this is one of the reasons that even the AIDS orphans keep increasing.

This epidemic has left behind 15 million AIDS orphans in 2003, and number still keeps

increasing. The majority of the HIV infected people live in developing countries, it is estimated that 1.2 million people are living with HIV in North America and 720,000 in Western and Central Europe. In those countries, AIDS took 30,000 lives in 2005 only. The overwhelming majority of people with HIV, some 95 percent of the global total, live in the developing world.

AFRICA

AIDS kills some 6,000 people each day in Africa - more than wars, famines and floods. Millions of children are orphans and many more live with HIV or AIDS. In some of the poorest countries in the world, the impact of the virus has been most severe. At the end of 2003, there were 10 countries in Africa where more than one-tenth of the adult population aged 15-49 was infected with HIV.

In six countries, all in the southern cone of the continent, at least one adult in five is living with the virus. Rates of HIV infection are still increasing in many countries in sub-Saharan Africa and an estimated 3.2 million people in this region were infected in 2005. This shows

that there are now an estimated 25.8 million people living with HIV/AIDS.

In Botswana, 37.3 percent of the adults are now infected with HIV and 38.5 percent of pregnant women were found to be HIV positive. More than half of the pregnant women in their mid to late twenties test positive. In South Africa, 21.5 percent of the population is infected. With a total of over 5 million infected people, South Africa has the largest number of people living with HIV/AIDS in the world. In 2004 The South African Department of Health Study estimates that 29.5 percent of pregnant women were living with HIV. An unreleased report by South Africa's Medical Research Council mentioned that AIDS 'kills one in three'.

In Cote D'Ivoire is already among the 15 worst affected countries. Nigeria has over 5 percent of adults have HIV. Namibia is one of the top 5 most HIV/AIDS affected countries in the World. 210,000 people were newly infected and 16,000 people died due to the HIV virus. Namibia has a HIV prevalence of 19.7 percent among pregnant woman. 108,470 people were AIDS orphans. In 2003, the HIV prevalence rate among adults in Kenya and Tanzania exceeded 6 percent.

The far worst-affected area in the world is in Sub-Saharan Africa, even though this region has almost 10 percent of the world population, 25.8 million HIV positive people are living in this area. There are countries that have less than 1 percent in Mauritania to almost 40 percent in Botswana and Swaziland. Unlike

women in other region in the world, African women are considerably more likely, at least 1.2 times, to be infected with HIV than men.

Responses to the HIV/AIDS Pandemic in Ghana

Preventive Measures

The median prevalence of HIV infection in Ghana for 2004 was 3.1%. A lot of effort is being put in to control the epidemic bearing in mind the following modes of HIV transmission in Ghana.

- Heterosexual Contact, 80%
- Mother to Child Transmission (MTCT) 15%
- Others, such as contaminated blood products and sharps 5%

1. Educational Campaigns

- Massive educational campaigns to increase awareness of AIDS and how HIV

transmission is prevented have been ongoing.

- These campaigns have been very successful with survey reports indicating that awareness about HIV/AIDS among Ghanaians is very high >97%
- Knowledge of HIV/AIDS however has not always translated in behavior change as high risk sexual behaviors are still prevalent. This can be attributed to multiple factors such as poverty, low perception of individual risk and unequal power dynamics within relationships.

2. Interventions to Promote Behavior Change

- Multiple programs have been launched to promote behavior change by encouraging abstinence, fidelity to one partner, increase

in condom use, delay in the onset of sexual activity, reduction in the number of sexual partners and the diagnosis and treatment of sexual transmitted infections.

- Quite a number of these programs are directed at the youth

3. Increasing Availability and Accessibility of Voluntary Counseling and Testing (VCT)

Having access to VCT services is important for both prevention and care. Those who go in for VCT have a thorough discussion about HIV transmission and prevention, get tested for HIV and receive posttest counseling.

- Counseling enables those who test negative receive information that will equip them to avoid becoming infected.

- Those who test positive can be directed to care and support services including treatment as well as take steps to avoid infecting others.
- There are currently about 90 accredited VCT/PMTCT sites spread across the country.

4. Prevention of Mother to Child Transmission (PMTCT)

PMTCT services in Ghana involve multiple strategies to prevent the transmission of HIV from a mother to her baby. These include:

- Decreasing vulnerability of prospective mothers to HIV through measures specified above;
- Contraceptive services to avoid unwanted pregnancies in HIV positive women;

- Promoting safer delivery and infant feeding practices that decrease the risk of MTCT
  Providing ongoing support and care to mothers, infants and their children affected by HIV
- Provision of antiretroviral therapy to HIV positive pregnant women to prevent mother to child transmission of HIV.

5. Blood Safety

Steps are being taken to ensure the safety of blood and blood products and the decrease transmission of HIV in the following ways:

- Recruitment of non paid voluntary blood donors at low risk HIV;
- Screening all donated blood for HIV and other common diseases
- Judicious and appropriate use of blood products

I. Curative Measures

Medical are available for People living with HIV/AIDS (PLWHA) consists of:

- General health care and nutritional counseling and
- Clinical care which include treatment for opportunistic infections and provision Antirational treatment (HAART). HAART has been available in Ghana since 2003.
    - There are at least 7 public and private sites in the country providing treatment with plans to scale up to at least 10 new public sites nationwide by the end of 2005
    - There are also partnerships with private health institutions to start providing ART very soon.

II. Law enforcement

A number of legislation and policies related to HIV/AIDS are in place:

- The Ghana AIDS Commission was set up by law in 2000 to coordinate all HIV/AIDS related activities;
- The National HIV/AIDS/STI Policy and the National Strategic Framework on HIV/AIDS defines the Roles of Various ministries, departments and Agencies in the HIV/AIDS campaign. A key element of the National HIV/AIDS/STI policy is ensuring that human rights of all Ghanaians including PLWHA are guaranteed;
- Multiple policies and guidelines on training, treatment, care and support have been formulated.

III. Rehabilitation

- There are many PLHWA associations that provide support for members and form cooperatives to engage in income generating ventures with funds principally from the global fund to fight AIDS, TB.
- At the district level, home-based care is being actively promoted to enable PLHWA derive care and support from both formal and informal caregivers. Faith based organizations lead in this aspect
- Communities are also being mobilized to provide programs and various types of support to orphans and vulnerable children affected by HIV/AIDS
- At local Government level 1 % of the District Assemblies Common Fund is solely

dedicated for funding HIV/AIDS related activities and care

iv. Other Initiatives

- There are a lot of collaborations with Non Governmental Organizations, International donors and agencies and other partners. This ensures efficiency in the planning and implementations of strategies and programs directed at HIV
- Ongoing research, monitoring and evaluation inform frameworks and strategies geared towards HIV/AIDS activities
- High risk groups are being targeted with research and interventions that look at their behaviors and how to prevent and reduce

those factors that facilitate HIV transmission.

The above is a completed questionnaire regarding Ghana's response to the HIV/AIDS pandemic and was provided by High Commission of Ghana in Kuala Lumpur.

Responses to the HIV/AIDS Pandemic in Namibia

Detailed Information on HIV/AIDS

HIV/AIDS is a heavy burden on Namibia. It is one of the top most HIV/AIDS affected countries in the world. There is therefore no question about the urgent need to accelerate actions to reduce prevalence, expand care and support and extend access to treatment. The impact of HIV/AIDS on life expectancy shows a major reduction, from 60 years in 1991 to 42 years in 2002. Of 44,250 HIV tests done in 2001, 38% were HIV positive. In the same year, 7750 people were discharged from hospitals with an AIDS diagnosis, showing that large numbers of patients do not reach the hospitals. Studies indicate that awareness levels about

HIV/AIDS in the general population are above 80%, but that only 74% of schooling youth in the north and 54% in the South could correctly answer key questions about HIV/AIDS and that only 8.9% of women aged 15-49 reported consistent use of condoms in 2000.

The bleak scenario outlined above does not include the wide impacts already felt on the economic, productive and social fabrics of the nation which are equally extensive. To address the wide range of impact areas while focusing on the most critical gaps that can turn the tide 8 key objectives have been defined for the country proposal. These areas were identified in a gap analysis and priority-setting exercise, which was conducted as part of Namibia's preparation for the Global Fund Application. These gaps are:

- Despite the relatively high awareness about HIV/AIDS, the challenge is to establish and enhance information and communication channels at community level, targeted at specific groups, which will result actual behaviour change.
- Low condom purchasing and use as well as limited distribution channels, with a need to define culture and target specific promotion approaches.
- An extremely limited VCT service capacity with no direct linkage from VCT centers to other entry points for care and support. This gap needs to be addressed urgently because all the other strategies rely on the quality of counseling, testing and referral mechanisms.

- The pilot PMTCT-plus project in 2 of 35 public hospitals needs to be urgently because from its current aim of treating 250 women. The treatment of mother and father with HAART is extremely important and needs yet to be started.
- Case management of PLWHAs is still limited, HIV-TB co-infection needs a programmatic approach, which has not yet been developed in Namibia.
- The home based care programme has been hampered by a lack of funds to procure adequate numbers of home based care kits in support of the NGOs and volunteers working with PLWHAs
- Only a few industries and private sector companies have recently started workplace programmes for HIV/AIDS, some of them planning on providing HARRT to their

workers. However only 7500 workers, out of a national workforce of 338,000, are reached and the programmes need urgent expansion.

- Care and support for orphans and vulnerable children needs to extend from efforts at developing the framework for action to actually reach family and community levels. Efforts of some NGOs and regions in developing local support mechanisms supports by UNICEF and USAID will need to be scaled up to respond the rising needs.

These are the striking gaps in Namibia's current response to the epidemic. This application to the global fund seeks to address these shortcomings both related to geographical coverage and quality and builds

on the existing network of national partners in all sectors.

Thus, the goal of the HIV/AIDS Component is to reduce the prevalence of HIV infection and HIV/AIDS morbidity and mortality, with the subsequently mitigated social and economic impact of the HIV/AIDS Epidemic in Namibia. The 8 objectives, based on the above 8 critical gap areas are designed to reach this overall goal.

Expected results, implementation of activities and partners involved

The specific expected results of the CCP for the HIV/AIDS component are defined above. This CCP is to be implemented by a strong mix of both government sectors, the private sector,

NGOs (including umbrella organizations and faith based organizations), community and AIDS service groups and with a strong involvement of PLWHAs at planning and implementation. A brief introduction to each implementing partner, an executive summary of their proposal, and a detailed budget are attached as annexure E. The overall working structures for each specific objective are defined below:

- With more community specific and based IEC, focus will be on behaviour change among specific target groups with greater demand generated for new service and mobilization of community leaders. This programme is implemented under the umbrella of the MIB under the existing multisectoral "Take Control" Task Force.

There are 9 NGOs and 3 ministries whose proposals will be implemented in the broad area of IEC.

- Condom availability and use will be increased, especially for the younger age groups to complement existing efforts in promoting life skills (My Future is My Choise) and adolescent friendly health services. Two ministries and 7 NGOs are involved in the implementation of this objective and will be coordinated by the existing multisectoral Standing Committee on Condom Procurement and Distribution.
- NGOs will increase access to static and mobile VCT services, and the MoHSS will increase capacity and quality of VCT in antenatal clinics to all 35 hospitals by year 4. A total of 4 NGOs will cooperate with MOHSS VCT centers are covered in the

PMTCT-plus proposal, whereby lay and professional counselors are to be trained by specialized NGO with contracting done through the MOHSS for all councellors.

- A comprehensive PMTCT-plus programme will be rolled out to all 35 hospitals by year 4 and will reach all pregnant women coming for ante natal care (71 percent of pregnant women) and offer them VCT. In 5 years time, 50,000 HIV positive pregnant women will be offered ARV treatment to prevent vertical transmission of HIV and about 25,000 parents will receive HAART. This programme is implemented under the MoHSS umbrella. The proposal draws on existing collaboration in hospitals with Catholic Health Services and Lutheran Hospitals, NIP and various departments of the MoHSS (training and Pharmaceuticals)

- Simultaneously, the quality of care for PLWAs will have improved in all hospitals, following the same roll-out scheme as the PMTCT-plus programme. The Links with the TB control programme will be stronger and about 18,500 TB patients and other severely immuno-compromised AIDS patients will receive HAART. This programme is also implemented by MOHSS using the existing partnership structure as in the PMTCT-plus.
- To ensure a better continuum of care, the links with HBC providers will have been strengthened and about 6000 community members will be trained in home based care. Sufficient supplies of kits will be made available through the HBC district teams in all 34 districts by year 4. The HBC programme is mainly implemented by 8

NGOs. The MoHSS is responsible for providing the HBC kits and for establishing and overseeing the national reporting system.

- Through the workplace programme, 75 workplaces will have adopted and implemented the national code on HIV/AIDS in employment by year 4 and about 35,000 workers will be reached with IEC, condoms and better care and support. The National Chamber of Commerce and Industry will coordinate this programme implemented by 7 NGOs who have an established, strong track record in this field.
- The OVC programme will reach 150,000 orphans by year 5 through community self help groups. Psychosocial and material support will be provided for those in greatest need complementing the social

welfare support schemes. This programme is coordinated by the MWACW and implemented by the MBESC and by 6 NGOs using faith-based institutional networks and traditional leaders.

Monitoring and information systems will be strengthened by year 2 ensuring that the monitoring of the targets ad indicators will be timely and reliable.

Detailed description of the component for its full-life cycle

In the process of bringing together all the existing and potential partners in combating HIV/AIDS in the country to prepare the CCP, the partnerships have been strengthened and formalized. There is an enormous commitment

of all the 32 groups involved to maintain the spirit of close collaboration and momentum for implementation.

A comprehensive programme can now be implemented in a work plan that is geared at strengthening each effort. Special care has been taken that in the IEC programme all the needs for social mobilization, creation of demand for services and information and communication needs of special target groups have been incorporated. The VCT, PMTCT plus and case management groups have developed a roll-out plan that is complementing each others' efforts and input requirements. The roll-out is planned in such a way that the current pilot PMTCT-plus programmed will first implement the HAART component, followed by the hospitals with the largest coverage (in numbers

and HIV prevalence) with the remainder of the 35 hospitals included in the last 2 years. The training of health staff and counselors is phased in such a way that training and capacity development precede implementation. The comprehensive medical care activities will be strengthened simultaneously with PMTCT plus programme and the HAART component to be implemented 6 months later, so that lessons can be drawn before the activates start. The HBC activities are planned through existing NGO efforts. Linkages between these programmes are made at the district level. The OVC community-based efforts will be closely linked to HBC interventions. The condom promotion and workplace programmes will also be linked to the overall IEC coordination activities as well as with other interventions

such as VCT, OVC care and access to treatment.

The Regional AIDS Coordination Mechanisms (RACOCs) will ensure that all the partners working in the same region follow the plans, strengthen the collaboration and assist the partners in implementing their monitoring and evaluation plans according to schedule. The comprehensive programme will be monitored through a variety of mechanisms. NGOs and other partners will provide periodic progress reports on process indicators and expenditures. National information systems will collect quarterly data at the process/output level and annual and mid term reviews will be provide information on improving the implementation at the operational levels. NaCCaTum will report on the progress made at the

outcome/coverage level, expenditure and overall impact, using a combination of surveys as described in section VII of this CCP.

Goal and Expected Impact

The Goal of the HIV/AIDS Component is to reduce the prevalence of HIV infection and HIV/AIDS morbidity and mortality, with the subsequently mitigated social and economic impact of the HIV/AIDS Epidemic in Namibia.

If all aspects of this comprehensive CCP for HIV/AIDS are implemented according to the plan as anticipated, the HIV prevalence in the younger age groups should be reduced by at least 5 percent. It is expected that treatment of a total of 43,000 PLWHAs through the public sector and an unknown number through the

private sector, will significantly reduce the impact of the disease. With The reduction of the transmission of HIV from mother to child, the disease burden will further be considerably reduced. Orphans and vulnerable children will be able to attend school, get the necessary support to sustain their lives and have at least a better option to lead a life with better aspects for their future.

By creating a better continuum of care and there by increasing the possibilities for adults to live longer, it is expected that the socio-economic affects of HIV/AIDS will be reduced. The related impacts on poverty will be alleviated and the relatively scarce trained cadres of Namibians upholding the economy will be able to work longer than before. In the long run the life expectancy of the population

will increase again, but this effect will not likely be evidenced in the immediate lifecycle of this programme.

By reaching the entire Namibian population with educational, behavioral change and social mobilization campaigns it is expected that the society as a whole will become AIDS competent, meaning that everybody understands how HIV can be prevented, that everybody is able to effectively deal with HIV/AIDS in their individual lives and that communities are able to cope with the effects of HIV/AIDS in their own community.

Stigma related HIV/AIDS will be reduced, through a combination of efforts. This include active promotion of 'coming out' of PLWHAs as part of this proposal, as well as the

enhanced awareness of all relevant human rights. PLWHAs now receiving HAART will, on the other hand, no longer show visibly those they have AIDS. The introduction of HAART large Scale will therefore change the face of the epidemic in Namibia, and once people realize that AIDS is not necessarily a death sentence, stigma levels will decline.

Objectives and expected outcomes

There are 8 objectives in the HIV/AIDS component:

1: To improve knowledge and attitudes, and change behaviour related to HIV/AIDS, through targeted interventions and improved coordination

2: To increase proportion of sexually active women aged 15-49 consistently using

condoms (male or female) during sexual intercourse (from 8.9% in 2000 to 50% by 2007)

3: To increase access to, availability of and use of voluntary counseling and testing service (VCT)

4: To reduce the transmission of HIV from pregnant women to their children and improve the quality of life for the parents and children infected with HIV and AIDS, through establishment of a nationwide comprehensive PMTCT + programme in 35 hospitals.

5: To increase access for people living with HIV/AIDS to comprehensive medical and Palliative care through a nationwide network of 35 hospitals in partnership with the PMTCT programme

6: To improve and expand home- and community-based care, support groups and other support services for people living with and affected by HIV/AIDS

7: To establish and expand HIV/AIDS workplace prevention and care programme in public and private sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS

8: To build and strengthen the institutional, community and family capacity to provide comprehensive care and a supportive environment for orphans and vulnerable children (OVC) in all regions

"Thus far Namibia has implemented various preventive and curative measures in dealing with AIDS/HIV pandemic through out the

country. Besides, many Namibian Non-Governmental Organizations (NGOs) for instance churches (Roman Catholic Aids Action), Gospel Outreach Aids Programme (GOCAP) and community based organizations (Sister Namibia) are gaining momentum in the fight against AIDS/HIV pandemic." The above mentioned information and issues regarding the responses to the HIV/AIDS Pandemic in Namibia, were provided by the High Commission of Namibia, in Kuala Lumpur.

Uganda, as well, is on of the few African countries where HIV prevalence rates have declined and it is seen as a rare example of success in a continent facing a severe AIDS crisis. Policies of Uganda are credited with having brought the HIV prevalence rate down

from around 15 percent in the early 1990s to 5 percent in 2001.

By the end of 2003, the virus was decreased to 4.1 percent. These results were achieved by a well-timed implementation and a successful public education campaign. Gradually, other countries in Africa and around the world are starting to realize that they must take decisive action if they are to avert a major AIDS crisis.

The number of HIV infections has fallen in parts in parts of sub-Saharan Africa, but they still are increasing globally from 39.4 million in 2004 to 40.3 million in 2005. From the UN reports it can be seen that adult infection rates in Kenya fell from a peak of ten percent in the late 1990s to seven percent in 2003.

In Zimbabwe, the rate of infection among pregnant women fell from 26 percent to 21 percent between 2003 and 2004. However, still have a huge number of people living with HIV and still have newly infected people each year.

ASIA & AUSTRALIA

The diversity of the AIDS epidemic is even greater in Asia. As we know, half of the population of the world lives in Asia, even small differences in the infection rates can mean huge increases in the absolute number of people infected. Around 1.1 million Asians acquired HIV in 2005, bringing the number living with HIV to an estimated 8.3 million. A further 520,000 people are estimated to have died of AIDS in 2005.

In the most Asian countries, the epidemic is centered among particular high-risk groups, particularly men who have sex with men, injecting drug users, sex workers and their partners. The first AIDS case in India was detected in 1986, and 2003, 5.1 million is the

estimated number of infected people. India and China have low HIV rates at the moment. In China an estimated 6.6 million people are HIV positive and 4 million in India.

In Thailand the estimated number of people living with HIV/AIDS by the end of 2003 is 570,000, and estimated number of AIDS deaths is 58,000. In China, on 2003, estimated number of people living with HIV/AIDS was 840,000 people, from where 30,000 people were the number of deaths.

By the end of 2003, in Cambodia, 170,000 was the estimated number of people living with HIV/AIDS, and an estimated number of 15,000 died because of AIDS. The total of HIV/AIDS reported on June 2004 in Malaysia was 60,621 cases. 93.6 percent of the infected people with

HIV were between 20 and 49 years old. An estimated 14,840 people were living with HIV in Australia at the end of 2004.

Responses to the HIV/AIDS Pandemic in India

National AIDS Control Programme in India

The First AIDS case in India was detected in 1986, since then HIV infection has been reported from all states and Union territories of the country. It is estimated that there are about 5.1 million HIV infections in our country as in year 2003 with sexual transmission as major mode of transmission. However, transmission through other routes like, use if infected syringes and needles by IDUs, through infected blood and blood products and from mother to child, do occur, 102733 AIDS cases have been reported to National AIDS control organization till 28th February 2005

Realizing the gravity of epidemiological situation of HIV infection prevailing in the country, the government of India launched a national AIDS control Programme in 1987. A comprehensive five year project was launched in 1992. Learning with the experience of Phase-I, there was a paradigm shift in present Phase II of the project addressing larger issues in prevention and control of HIV/AIDS in the country. The second phase of the National AIDS control Program (NACP-II) was formulated by government of India with the two key objectives: (I) to reduce the spread of HIV infection in India and (II) strengthen India's capacity to respond to HIV/AIDS on a long term basis. The total outlay for second phase of the national AIDS control Programme (NACP-II) is Rs. 2064.65 crore.

Preventive Measures

Priority targeted intervention for populations at high risk

One of the most important components of the NACP-II is the targeted intervention (TI) project that aim to interrupt HIV transmission among highly vulnerable populations. Certain populations are at greater risk of acquiring and risky behavior and insufficient capacity or power to decide to protect themselves. Such population groups broadly include sex workers and clients, injecting drug users, men who have sex with men, migrant workers and street children. This component of the project aims to reduce the spread of HIV in groups at high risk by identifying target populations and ensures provision of counseling, condom promotion and treatment of sexually

transmitted infections etc. This component would be delivered largely through non-government organizations, community based organizations and the public sector. 965 targeted intervention projects are being implemented for population at a greater risk as mentioned above, which are poor or marginalized and are also more vulnerable for HIV transmission.

Preventive Interventions for the general population

The main activities would be: (a) IEC and awareness campaigns; (b) provide voluntary testing and counseling; (c) reduction of transmission by blood transfusion; and (d) occupational exposure.

Under IEC activities, multimedia campaigns are being taken up. Special communication packages are developed for vulnerable groups like sex workers, IDUs, Truckers and Street children etc. Focused radio programmes are broadcasted on a regular basis, to provide information about prevention and control of HIV/AIDS. Field publicity units and song and drama division had taken extensive campaigns in rural areas. Over 400 universities had covered over 3.5 million students under "University Talks AIDS" programmes. AIDS hotlines with 1097 toll free numbers have been established in major cities in the country.

To ensure safety of Blood and Blood products, mandatory screening of all blood units is being done for HIV, Hepatitis – C, Syphilis and Malaria. 10 model blood banks will be set up

this year. Focused activities are being taken up to promote "Voluntary Blood Donation" in the country. There are 1854 licensed blood banks in the country.

In order to provide access for HIV testing facilities, to those who volunteer to know their HIV status, it has been decided to establish minimum of one VCTV (Voluntary Counseling and Testing Centers) in each district of the country. The HIV testing in these centers is done with pre and post test counseling after obtaining informed consent from the individual.

Red Ribbon Express (RRE) Campaign

To reach rural mass in particular NACO is planning Red Ribbon Express (which is a massive youth rural communication campaign)

using the large network of Indian Railways and the Nehry Yuva Kendra and National Service Scheme network of youth in small towns and rural areas of the country. The trains are simultaneously start from four corners of India including North, South, East and West and halt at selected halt points for awareness building and prevention education on HIV.

The reach of the campaign – one awareness campaign will reach approximately fourteen crore fifty lakh people.

- Baseline: a national baseline has been conducted by the Nehru Yuva Kendra Sangathan. The implementing partners for Red Ribbon Express (RRE) around the 110 halt points of the train to find out knowledge and information or

communication needs. The data is being analyzed.

- During the environment building phase – that will start July 2005 – focus group discussions and in depth interviews will be conducted with youth of various socio-economic groups and from various communities across India. This will feed the national awareness campaign around the Red Ribbon Express.
- The campaign will have events and performances at villages and small towns around the halt points – random exit interviews will be conducted after each event and performance in order to assess immediate gain.
- Process documentation is an integral component of the RRE. This will be done through video documentation, photo

documentation and collation of interview and FGD based (qualitative) data from the field.

- Monitoring and evaluation formats are being designed by NYK, NACO and its Partners for RRE. The Monitoring will be done by the NYK field personnel as well as an external agency.

School AIDS Education Programme

This Programme is implemented by Department of Education in collaboration and support by National AIDS Control Organization. The programme focuses on: (a) raising awareness levels about HIV (b) equip young people with the skills to resist peer pressure to participate in risky behavior and (c) helping develop safe and responsible lifestyles like abstinence. Essentially the programme

provides a life-skills approach towards prevention of HIV/AIDS infection. The program has the inbuilt component on advocacy at state, District and school level for greater ownership and sustainability in the long run. Teachers and peer educators are trained by the pool of trained resource people at the sate and district level to conduct the programme among the students. A training tool kit has been finalized which includes Facilitators Handbook, Teachers Workbook, Flip Chart and A book let on Frequently asked questions along with the revised Guidelines for facilitating Education Department in training & advocacy efforts at the sate, district and school level. The program and this training tool kit is based on a special module "Learning for Life" developed by NACO being widely used in school AIDS Education Program.

During 2004-2005 60000 schools were covered at the national level.

Rehabilitation

Low cost Care for people living with HIV/AIDS

Under this component activities would provide financial assistance for home based and community based care, including increasing the availability of cost effective interventions for common opportunistic infections. Necessary funds have been provided to all medical colleges and large hospitals in the country to ensure availability of drugs for management of opportunistic infections in HIV/AIDS patients.

60 Community care centers have been established in high prevalent States to provide palliative care to terminally ill AIDS patients, in these states.

Curative Measures

36 medical college and district level hospitals have been identified to start anti-retro-viral therapy by establishing ART clinics in these hospitals. 25 such centers are providing ARV treatment to AIDS cases coming to these hospitals and having defined inclusion criterion.

Institutional Strengthening

This component aims to strengthen effectiveness and technical managerial and

financial sustainability at National, State and Municipal levels. The state AIDS Control Societies have been established as autonomous bodies in all States/UT/Municipal Corporations of Mumbai, Chennai and Ahmedabad. Necessary staff gas been provided to these societies to ensure enhancement of technical and managerial capacity of these societies for the implementation of the programme.

HIV Sentinel Surveillance through 670 sentinel sites, AIDS case surveillance by adopting case definition in Indian context and development of information system, STD surveillance for reporting on both etiological and syndromic approach and behavioral surveillance through an outside agency are key activities to monitor the progression of HIV/AIDS epidemic in the

country. Development of indigenous vaccine and Operational Research are the main activities under research priorities of the programme.

Inter-sectoral collaboration

This component would promote collaborations amongst the public, private and voluntary sectors. The activities would be coordinated with other programmes within the Ministry of health and Family Welfare and other central ministries and departments. Collaboration would focused on; (I) Learning from the innovative HIV/AIDS programmes that exists in the sectors and (II) sharing in the working of generating awareness, advocacy at delivering interventions.

The present programme is based on sound public health principles and has peculiar features of targeting both high risk as well as general populations, emphasis on voluntary testing instead of mandatory testing, priotising care and support needs with human right concerns and emphasis on prevention programmes. It is possible to reduce the number of new infections to a minimal 3-4 years with large scale intervention programmes.

Law Enforcement

***NACO Policy*:**

Government is review and reforming criminal laws and correctional system to ensure that they are consistent with international human rights obligations and are not misused in the

context of HIV/AIDS or targeted against vulnerable groups. Government in collaboration with and through the community is promoting a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services and support to community groups

Conclusion

HIV infections have become a pandemic in last 20 years. India currently has 5.1 million HIV infected individuals. National AIDS Control programme is presently focusing on up calling of services to improve coverage and to improve the quality of services provided. The

epidemic poses a severe challenge to health care infrastructure. However, a joint coordinated effort by all of us can reduce the rate of spread of this epidemic.

"'National AIDS Control Programme in India', which inter alia provides information countering the problems of the HIV/AIDS pandemic that India is facing." The above mentioned information were forwarded and provided by the High Commission of India in Kuala Lumpur.

Responses to the HIV/AIDS Pandemic in Philippines

Preventive Measures

The 4th AIDS Medium Term Plan (AMTP IV) development by the Philippine National AIDS Council through a comprehensive process of consultation with stakeholders provides for key strategies in prevention, namely:

- Focused HIV/AIDS prevention and control among vulnerable groups engaged in risky behaviour such as people in prostitution, men having sex with men, injecting drug users, youth migrant workers, through an NGO-GO target beneficiary partnership facilitated by behavior change communication, community organization peer education, and

- The integration of HIV/AIDS prevention education in institutions such as workplaces and schools through tri-media to generate awareness and reduce stigma and discrimination against the positive community.

Curative Measures

There are 10,000 estimated cases of HIV in the country, while actual recorded cases are about 2,260 as of April 2005, and of these cases only about a hundred have access to antiretroviral medications (ARVs). The government has allocated 20 million pesos for the procurement of ARVs and drugs for opportunistic infections.

The guidelines and protocols for hospital based, community based, and home-based care have been developed by the Philippine National AIDS Council.

Law Enforcement

Republic-Act 8504, otherwise known as "The Philippine HIV/AIDS Prevention and Control Act 1998" is a landmark legislation that calls for a comprehensive response to HIV/AIDS. The law provides for a balance in upholding the individual rights without prejudice to public safely.

The law mandated the Philippine National AIDS Council to be the central authority advisory to the President on matters concerning HIV/AIDS. The Council is a multi-

sectoral body composed of 17 government agencies and 9 NGOs as well as people living with HIV/AIDS.

A case has yet to be filed seven years after the passage of the law. The enforcement lies with the different regulatory functions and mandates of government member agencies of the Philippine National AIDS Council.

Rehabilitation

The positive community has been the most active partner in the efforts to reinvigorate and mainstream people infected and affected by HIV/AIDS through a holistic approach to care and support.

Other information highlighting the country's response

The Council is in the process of strengthening institutional responses to HIV/AIDS as mandated by law through the creation of the Special Committee on the Operalization of the Fourth Medium Term Plan and the Monitoring and Evaluation Working Committee using Country Responses Information System (CRIS) as a tool to track HIV/AIDS responses. These initiatives are in line with the 'Three Ones' principle of the Joint United Nations Programme on HIV/AIDS.

The above information regarding the responses to the HIV/AIDS Pandemic and its related issues in Philippines, were provided by the Embassy of the Philippines in Kuala Lumpur.

Some Asian countries have responded rapidly to the epidemic with extensive campaigns to educate the public and prevent the spread of HIV and have appeared to show some success. Thailand is one of the countries that have succeeded in preventing the spread of HIV in Asia. The fall was mainly due to increased condom use by men and a reduction in their use of brothels.

However, India has a sharp increase in the estimated number of HIV infections, from a few thousands in the early 1990s to around 5.1 million children and adults living with HIV/AIDS in 2003. With a population of over one billion, the HIV epidemics in India will have a major impact on the overall spread of HIV and the Pacific and indeed worldwide.

China has only recently admitted that the spread of HIV threatens their population and as a result their prevention work is lagging behind the spread of the virus.

Since 1993 few researchers are trying more than 100 types of herbs to combine together are find a cure. Recently those researches have announced that a chemical compound efficacious for treating both HIV and Hepatitis B is being tested on humans. They are planning to have a 6 month clinical trail on 200 healthy volunteers. The researchers said that if the trails are successful, the medicine could be available in the market within two years.

NORTH AFRICA & MIDDLE EAST

HIV prevalence is still at very low levels in most countries, though the trend is upwards. The adult HIV prevalence in North Africa and the Middle East was between 0.1-0.6 percent in 2003. UNAIDS, has estimated that between 21,000 and 310,000 people acquired HIV in 2003, by bringing the number of people living with HIV/AIDS to between 200,000 and 1.4 million.

The notion that this region has sidestepped the global epidemic is not supported by the latest estimates, which indicates that 67,000 people acquired an HIV infection in 2005. The newly infected people in 2005 bring the total number of people living with HIV/AIDS in the Middle

East and North Africa to an estimated 510,000. In 2005, AIDS killed a further 58,000 people.

In Nigeria, heterosexual transmission of the HIV virus is the primary mode of spread and infections appear to be as numerous in rural areas as in the cities. In Sudan 400,000 people are infected with HIV/AIDS. HIV infection appears concentrated among injecting drug users in some countries in the region. Substantial transmission through contaminated injecting equipment has been reported in Bahrain, Libya, and Oman.

Tourists, migrant workers and transport drivers are both transmitters of the disease to locals as well as those who contract the disease from risk groups like female sex workers. Prisoners are often designated as an at-risk

group because of prevalent drug habits, tattoo practices and overall health conditions in the prisons.

Responses to the HIV/AIDS Pandemic in Oman

National AIDS Programme

Response to HIV/AIDS began in Oman in 1987 with the establishment of the National Technical Committee on AIDS (NTCA), including technical people representatives from the MoH as well as the police, Sultan Qaboos University and Armed Forces. In 1990, other committee National Education Committee of AIDS (NECA) was established, to include representatives from ministries of Health, Education and Information and Social Development, in 2002 the committee extended to include the Ministries of Higher Education, Awqaf & Religious Affairs and Sports. In 1990, HIV/AIDS Prevention and Control Section in

the Ministry of Health came into existence as the operational arm for HIV/AIDS Prevention and Control Programme (NAP). By 1996, STD control was integrated into NAP. A committee of National Health Education also exists in MoH. A high committee for blood transfusion overseas the policies and actions taken by the Blood Transfusion Services. Efforts have been conducted to coordinate the response to the epidemic in the form of partnership between organizations (including governmental, United Nations and non-governmental).

The MoH recognizes the problem of controlling HIV/AIDS is due to several factors such as the lack of giving the most priority on controlling the HIV by the responsible authorities, the weakness in health awareness in nature of this disease and its causes and its

ways of prevention or treatment, the weakness in media coverage and shortage in manpower in the field of health education, no immunization or curable treatment for the disease, the weakness of the surveillance system for STDs and the easy ways of transport and travel and increasing internal and external tourist's movement. The MoH also recognizes the implication of the disease on the community and the socio-economic consequences on the country. Hence the MoH developed the current 6th five year plan programmes general objectives includes prevention of HIV and STDs infection in the diminishing the complications and morbidity rate of disease, Reduction of impact of having someone in the family infected with HIV, treatment of STD in its earlier stage and by right ways, to reduce incidence rate among

high risk groups an also aims to early discovery of cased and to urge the private sectors and other governmental health facilities to report all diagnosed HIV/STDs cased. Although budget is located as required from concerned parties according to the plan before commencement there is no separate budget for NAP.

Within the frame work of the MoH planning cycle, the NAP is completing its third five year plan in 2005. The NAP has been identified as one of the priority programmes in the MoH. The NAP is headed by a medical doctor as manager of the program and three staff with poor background on HIV/AIDS problems. The NAP supervised and provides support to the implementation of HIV/AIDS and STDs related activities in the ten regions of the

country. It is also responsible for compiling reports from the regions and producing an annual overview of activities in priority areas. The NAP also ensures the follow-up of recommendations made at regional or international forums on HIV/AIDS that are relevant to the situation in Oman. An annual plan of action is prepared by NAP includes continuity with previous areas of work, but with a greater emphasis on: counseling, health education, media, development of Non Government Organization (NGOs), health care and support to persons living with AIDS (PLWA), in particular access to antiretroviral drugs, as well as working with other sectors. The plan of action itself covers the following areas; surveillance, communication, blood safety, clinical case management and programme management. Every year, a report

is prepared to determine the progress achieved, constraints and a new plan of action is developed.

The MoH has a crosscutting focus in all programmes and departments on ensuring high coverage of services, strengthening primary health care, institutionalizing inter-sectoral work and reinforcing community participation. The same problem solving and planning methods used at the central level are used at the regional and Wilayat levels. The NAP established Regional Committees on AIDS and STI Prevention and Control in all the regions in except one region AL Wousta. The regional committee is under the supervision of the respective Director Generals of Health Service of the Region. The committee is formed by a focal point person, who is a doctor (Health

Officer, Superintendent or Physician), those responsible for different departments and physicians involved in provision of care. The regional committees regularly meet to discuss specific problems and follow up on activities proposed by and with the support of the central level (e.g. training workshops). Members of these communities also assist in awareness activities carried out in schools, youth centers and other settings. In addition they submit annual reports to NAP about all the activities conducted and HIV/AIDS situation in each region during the year.

Within the MoH, regular collaboration exists between such departments as Health Education. School education, the Research Department and the NAP. Outside the Ministry, collaboration exists with the

Ministries of Social Development, Information and Education, Higher Education as well as the armed forces, Sultan Qaboos University and police. However, to increase the coverage, effectiveness and impact of the national response to HIV/AIDS, it is essential to increase the involvement of the non health sectors and the community in a complimentary manner to the MoH. The approach of the NAP is to promote the inclusion of an HIV/AIDS focus in a range of associations and community groups in their areas of interest: media, religious affairs, youths, women, social welfare, etc.

At the community level, the main experience in health aspects has been through the voluntary community support groups (CSG) that assists women in breastfeeding, childhood and family

planning issues. The volunteers of the CSG have expanded to NAP has developed its work with Women's Association and Youth community groups i.e. Scouts and Guides and civil society in general. For example training workshops were conducted for women's associations and youths (Scouts and Guides) in the regions. The recent steps taken to establish non-governmental organizations (NGOs) working in such areas as drug abuse are not encouraging. However, given that NGOs remains a relatively new phenomenon in Omani society, it is likely that it will take a period of time before become involved in the HIV/AIDS field.

At the level of international agencies only two United Nations agencies have offices in the country; WHO and UNICEF. There is also a

limited presence of bilateral agencies or international NGOs. The UN theme group on HIV/AIDS was established in 1996 and is chaired by the WHO with the participation of UNICEF and various departments of the MoH. Both WHO and UNICEF have fairly small offices, with the latter downsizing its presence. In addition to the support from WHO and UNICEF, UNAIDS has provided by these international agents in recent years through international consultants to assist in training and strategy development in the area of behavioral research, health education, counseling, case management and establishment of the Hotline.

Policies and Procedures for HIV/AIDS

By the end of 2004 the NAP published the second edition of manual for the management

of HIV infection and AIDS containing the revised policy and standard procedures for early detection of HIV & AIDS, its treatment, counseling, rehabilitation and referral. The Ministry of Health Policy considers that an integrated and coordinated strategy be used for prevention and treatment of AIDS in all health care facilities. All diagnosed HIV positive cases be registered at the central and regional level. That in each region a focal point be responsible for the HIV/AIDS/STI Prevention and Control programme in addition to his/her regular duties. That in each tertiary hospital one doctor (Infectious disease specialist or Dermatologist or Clinical) is a focal point in the management of the disease. For privacy the HIV/AIDS patient should not be stigmatized (i.e. No sticker in the file or at the patient bed side) or isolated merely because

they are HIV-infected. That anyone who might have had an exposure and the initial results were negative, should take a second test three months after the first test. That the private practitioners/employers should not be informed directly or indirectly about the HIV results of the patient unless the blood is positive in ELISA and confirmed with Western Blot (WB) and should refer the patient to the regional counselors. The counselors will help in counseling patient and their relatives in their own Wilayats with the assistance of the local Wilayat health authorities. All High Risk Groups will be screened for HIV. The HIV screening should be done for ALL blood donors. Patients having diseases associated with HIV infection i.e. Tuberculosis, lymphoma, sarcoma and immunodeficient patients and patients in need for multiple

blood transfusions (e.g. Thalasaemia and Sickle cell disease) are screened for HIV. The concept of standard universal precautions (SUP) are strictly followed and adequate infection control procedure adhered to by all health institutions. The underlying concept of standard universal precautions is that all blood and certain body fluids are assumed to be infectious for HIV. All the children with HIV positive mothers should be screened by ELIZA at 18 months of age or HIV antigen polymerase chain reaction (PCR) at any time. All HIV positive pregnant women should receive antiretroviral prophylaxis. All HIV infected mothers should not breast feed. All HIV infected infants and children should be immunized with all the vaccines of the EPI programmes according to the standardized scheduled. Refer to EPI manual for complete details. Only infants with symptomic HIV

infection should not be given BCG and oral Polio. All HIV infected women of childbearing age should not be given tetanus toxoid as per T.T schedule. The Ministry of Health should continue to encourage its sister organization e.g. Sultan Qaboos University Hospital, the Sultan's Armed Forces, The Royal Oman Police. The Palace Medical Services, Petroleum Development Oman and private sectors to implement these standardized procedures in all their health facilities.

Strategic Interventions

From the late 1980s onwards the strategic focus of the HIV/AIDS response in the Sultanate of Oman evolved from its initial concern with mandatory testing of risk groups towards a broader concern with HIV/AIDS Prevention as

well as care for PLWA. There is now increasing recognition of the need to develop more focused prevention and care strategies targeting vulnerable populations for example, as well as to measure the effectiveness of the strategies already in place. The policy makers have also become more open about HIV/AIDS, recognizing that while prevalence is low the potential for spread exists.

The strategies of HIV/AIDS information, education and communication (IEC) in place have diversified in recent years to go beyond the simple production and distribution of educational materials. The national HIV/AIDS Prevention and Control Programme are achieving its objectives by a number of implementable strategies, which determines

the operational components of the programme. The range of strategies now includes:

- Information, Education and Communication (IEC)
- Case management including clinical treatment support and counseling
- Blood Safety
- Biological and Behaviour Surveillance

Information, Education and Communication (IEC)

A. Peer Education Programme

In 2002 the peer education programme was established. The peer education programme works by conducting workshops to improve awareness among adolescent and youth by health education about HIV/AIDS and STDS.

The peer education activities are intended to be carried out at the central, regional or local level, at present it is functioning in three regions only. In the Wilayats, the peer educators work out of health centers. Although they are a vital resource, most of them remain busy with other activities and have limited time and financial resources. To a great extent, they are somewhat passive actors limiting their actions to the World AIDS DAY (WAD) and other periodic activities.

Peer education is an important tool of health education among youth. The programme proved to be useful in the last 3 years; more than 15 workshops were conducted with 750 participants

B. Mass Media

More than 2030 activities were performed from 2000 till 2003. The activities included: lectures to target groups, Television and Radio Programmes, News paper articles, drama by and for young people, and games. Most of these activities were conducted during the WORLD AIDS DAY (WAD). In 2003 a message from the Minister of Health was read in all school in the WAD. An example of adapted strategies has been the staging of a play depicting a person infected with HIV/AIDS entitled" The man without immunity" that has been conducted in colleges, schools, clubs and other venues since mid 2000 and has incited positive responses from young audiences.

Play of "*The man without immunity*"

Regular efforts are made to use media, in particular national television and radio. The media appears to be successful in addressing diverse social and economic issues that reflect people's daily concerns. Particularly popular are radio shows, such as Al-baath Al Mubashar " direct transmission" and good morning home and TV programme Qahwaht al Sabah" Morning Coffee" that address concerns of the general public were used to broadcast programmes about HIV/AIDS.

Friday prayer speech conducted in all the mosques included the risk behaviours which lead to HIV infection. In addition a number of lectures and workshops were performed for the women's association.

C. Integration of HIV/AIDS and STD into School Curricula

In a social context where there is growing concern with young people's exposure to diverse influences, it is essential to strengthen prevention among them. A new edition of Facts of Life a booklet is under revision, which focuses on a range of health issues including HIV/AIDS, is distributed in secondary schools. In the final year secondary school students are introduced to HIV/AIDS information, the extent of emphasis on this subject varies from one teacher to the next. Among the other activities undertaken for youth are competitions for secondary school students' submitted essays with a sizeable given lectures on the NAP policy and activities. The ministry of Higher Education should consider

introducing HIV/AIDS information in the high institutes and universities curriculum.

D. Health Education Materials

The Department of Health Education and Information, Ministry of Health, has developed and printed different types of targeted materials. 12,000 stickers were printed such as Men have an essential role to play in fighting AIDS, AIDS is a reality so confront it. Practices that do not transmit AIDS, Ways that AIDS is transmitted and Do not discriminate against people with AIDS. 200,000 pamphlets were printed, facts about AIDS (2004) and Hotline Advert: Confidentiality and Safety. 500,000 timetables were printed for schools and colleges. These publications were handed to the Regional Directorate of health services and

School of Health for Distribution. However there is no plan for the distribution of these health education materials.

E. Hotline Centre

The Hotline centre in Muscat was opened in December 2003 and started to receive calls on March 2004. The Centre is providing service to the public through 3 telephone lines. The services to the community include counseling about HIV/AIDS and guiding to the nearest health care service for volunteer testing or medical management.

All the personal working in the hotline centre is volunteers. A staff with experience in psychosocial counseling should be recruited. He should be in charge of the equipment and

responsible for the collection and analysis of the data and has an active role in training new volunteers and submits a monthly report to NAP office.

The Calls are free of charge. In average the centre receives 100 calls per month ranging between 50 – 300 calls per month. In December 2004, there was a big increase in the number of the calls received by the centre, 2000 calls. The working personal think the increase in calls is due to the announcement made in the sms services during AIDS World Day. They also received calls from remote areas in Oman during that month which indicates the need for the service in Oman. The centre needs more advertisement in the mass media so that the public become aware of service.

A report is submitted every month about the total number of calls received and other activates, such as counseling in the community and distribution of health education publication.

Case Management

NAP is one of the essential components of Oman's response to HIV/AIDS. Building on the national strategies of decentralization and integration of services, standard procedures were developed for care and preparing health care workers to deal with PLWA at various levels and in all provinces. There 19 physicians acting as focal points for HIV/AIDS care and management are placed in each secondary and tertiary hospital. Despite substantial efforts in

training, there is limited follow up on the trainees and updating of information.

Oman has developed further its care by adopting a comprehensive approach that integrated psychosocial support and counseling. Standard care procedures for counselors were developed in 1998 and revised in 2004. There are 85 counselors in all the regions, trained in counseling (physicians, nurses and health educators). The Counselors are placed in different health facilities in Oman. The Counseling is performed at pre test, post test, the window period and after an equivocal (ELISA) test result. The main function of the counselors are; to determine whether the behaviour of an individual involves a high risk of HIV infection, to help people understand the risk associated with

their behaviour, to define with them their life-style and self image are linked to this behaviour, to help individuals to change their behaviour, to introduce and sustain the modified behaviour, to make the follow up with persons living with HIV/AIDS (PLWA) as well as their families and communities. Through outreach work, these counselors have become more instrumental in prevention efforts as well. Counselors could also play a more important role in voluntary HIV testing and in "prevention counseling" and not only in the prevention of secondary infection. Given that counselors and treating physicians frequently have patients who have social and economic difficulties associated with their sere status, there is a need for welfare institutions to address the situation of jobs. In the socio-cultural context of Oman, the current

counseling approach places emphasis on social proximity of the counselor to the client. Counselors contribute to reducing the social isolation of those living with HIV/AIDS.

Voluntary testing and counseling started after the hotline was established in Muscat in 2003, and it also provided by the counselors at different health facilities in all the regions. Voluntary testing and counseling needs promotion in the media.

The Ministry of Health has developed a clear policy for the administration of Anti Retroviral (ARV) for HIV AIDS patients and the prevention of maternal to child transmission. In 1999 only 50 patients were provided with the ARV treatment, at present the drugs are available fro all patients needing the treatment.

The treatment is decentralized by the end of 2004. From the 909 HIV/AIDS cases, 185 patients are receiving their treatment regularly at their regional hospitals. The delivery of appropriate care for patients living with AIDS (PLWA) improved since ARV was made accessible to all patients. However, it is not clear from the policy how the PLWA follow up and the home health service visits are executed.

For prevention methods condoms are available at family planning services, STD clinics and more selectively at other health service.

Blood Safety

Blood donors are given a self-administered questionnaire to answer about risk factors.

However, the current donor exclusion system is being reviewed for effectiveness. With the increasing awareness about HIV, it was noted that some of those who are worried about HIV status present to the blood bank to benefit from HIV testing as there are no voluntary testing and counseling services in the Sultanate. More efforts are planned to reinforce the system for voluntary donations through training of trainers in recruitment.

Biological and Behaviour Surveillance

Surveillance as defined by the world Health Assembly, involves systematic data collection, evaluation and interpretation of this data, and the dissemination of results to decision makers. Surveillance allows for better understanding of the spread of disease within a population

including identification of risk factors and determinations. These are utilized in guiding policies and resource mobilization for prevention and disease control. The WHO and other UNAIDS Cosponsors and partners currently recommend what is dubbed Second Generation Surveillance system vary by country and epidemic level. Available data demonstrates that Oman is a low prevalence country and therefore, it is recommended that data collection be concentrated in populations most at risk of becoming newly infected in order to offer early warning of a possible epidemic. Suggested data collection methods include the following:

A. Biological Surveillance

The purpose of sentinel sero-surveillance in defined sub-population is to track HIV

infection in populations accessed through sentinel institutions already drawing testing blood of patients. In Oman, it is a policy to perform HIV test in specific subpopulations, namely STD and TB patients, drug users, expatriates presenting to renew or apply for work permits at government clinics.

There is regular HIV screening of donated blood. Blood banks report HIV positive results including the donor's identification information, to the NAP. No blood transfusion positive HIV/AIDS case in Oman since 1994.

Regular HIV screening of sub-populations is needed to examine certain vulnerable groups who may not present at the sentinel sites mentioned above and is particularly informative in low prevalence settings where

epidemics may develop in those groups. In order to reach those groups cross-sectional sero-surveys are recommended. In Oman, no HIV sero-surveys have been conducted with risk groups. There is a strong need to develop and strengthen outreach programs to risk sub-populations.

Screening of the general population is intended to counteract the selection bias associated with sentinel surveillance. Such screening is currently not being conducted in Oman and, given the low prevalence, it is not recommended to perform HIV household surveys.

B. ***Behavioral Surveillance***

This entails the implementation of repeat cross-sectional surveys in the general population and

in sub-populations. A number of knowledge, attitude, behaviour and practice (KABP) studies have been conducted in Oman in 1995, another on 2001 for school students. However, those studies have not been repeatedly conducted on comparable populations to allow for observation of trends over time.

C. STD and TB Surveillance

Unfortunately there is currently no STD surveillance system that can offer additional information relevant to HIV/AIDS surveillance.

While case management and treatment has improved over the past, case detection is based on TB patients reporting to government health facilities. There is currently no system for integration of HIV and TB surveillance.

V. Outreach programme

The two groups, homosexuals and IDUs are associated with sanctioned behaviour, leading to reluctance to work with them in Oman. Commercial sex work is not well-known in Oman. IDUs are illegal by law and while homosexuality is not explicitly illegal, arrests and incarceration of homosexuals has rendered them a de facto criminalized and therefore harder to reach group. Furthermore, the two groups are driven underground given that the three behaviours are socially condemned and thus highly stigmatized.

HIV/AIDS Published Materials produced from January 2000 – December 2004

Material was collected from 3 sources :

1. HIV peer Educators
2. HIV/AIDS hotline centre
3. Department of Health Education and Information, Ministry of Health

List of materials produced from Jan 2000 – Dec 2004

1. ***Stickers***
    - Men have an essential role to play in fighting AIDS
    - AIDS is a reality so confront it
    - Practices that do not transmit AIDS
    - Ways that AIDS is transmitted

- Do not discriminate against people with AIDS

2. ***Pamphlets***
   - Facts about AIDS (2002)
   - Facts about AIDS (2004)
   - Hotline Advert : Confidentiality and Safety

3. ***Timetable for schools and colleges***

Includes information about the methods of transmission and directs audience to a phone number for further information (including hotline no.)

4. ***Posters***

AIDS is a fact; face it

How AIDS spreads

Men make a difference in changing the course of the epidemic

How AIDS is not spread

I care….. do you? (UNAIDS)

We care …… do you? (UNAIDS)

The decision is yours … so use your head (UNAIDS and WHO)

5. ***Youth Manual on Reproductive Health (CD and Handbook)***

This manual has a chapter on HIV and AIDS. It includes detailed information on the transmission and prevention of HIV and AIDS, the role of the immune system in the body and the destruction caused to it by HIV and AIDS, a discussion on people living with AIDS, the role of youth, religion and morality, AIDS and other STI's and the illegality of extra-marital

relationships and the use of drugs. The manual also includes extensive information about other reproductive health issues and was produced as a training manual for peer educators.

The report showing the experience of the Sultanate of Oman in responding to the HIV/AIDS pandemic was provided by the Embassy of Sultanate of Oman in Kuala Lumpur.

Response to the HIV/AIDS Pandemic in the United Arab Emirates

Preventive Measures taken by the United Arab Emirates against the HIV/AIDS

- All blood donors are subject to laboratory analysis, among them are that donors should be free the virus of AIDS.
- Importation of blood or any medicine which contents consist of blood and its derivatives are forbidden unless approved by the Ministry of Health. The amount of blood is subject to laboratory analysis so as to ensure that it is free from AIDS. In addition, a Certificate of Origin is required in order to prove that the blood is free from virus of AIDS.

- It is not allowed to transfer any tissue or biological cells or import them from abroad without making the required medical checks in order to ensure that the donors are free from the virus of AIDS.
- Limit the use if blood or any medicines which content consist of blood and its derivatives only for emergency cases which need the use of blood.
- Foreigners who come to work in the United Arab Emirates are required to make medical analysis and they should be free from the virus of AIDS. Medical checks are carried out at each renewal of contracts.
- All those groups who are exposed to the virus of AIDS are subject to do medical analysis against the virus of AIDS on regular basis.

- Providing the necessary medicines to those with positive signs of the virus of AIDS. Committees were being set up to implement protocols for that purpose.

Ministry of Health has implemented the preventive program throughout the country by organizing health programs to raise public awareness about the causes of the virus and the means of transmitting it. In addition to that, the Ministry with the collaboration of the Emirates Red Crescent and the UNDP conduct a wide range of Activities concerning the AIDS when celebrating the yearly AIDS Day. Several civil and public sectors participated in those activities.

Moreover, Ministry of Health continues its efforts in improving and modernizing its

program to cope with the regional and national developments. This is done through organizing workshops, forums and conferences with the participation of different specialized scholars in the field, particularly, the regular meetings of the National AIDS Program Directors for the Middle East, and the exceptional session of the UN about AIDS in which the International Declaration to combat the AIDS and the African conference to combat the AIDS were announced. The latest organized by the First Ladies of the African leaders and was organized in Cameroon.

In addition to those efforts, the United Arab Emirates has organized a number of International Medical Conferences concerning the ways of combating the spread of AIDS.

The above measures that were carried out to prevent the spread of AIDS by the Ministry of Health of the United Arab Emirates were provided by the Embassy of the United Arab Emirates in Kuala Lumpur.

Mainly in Middle East the governments and the governmental organization and non-governmental organization are playing a big role in trying to prevent the spread of HIV/AIDS virus. In Oman, the Ministry of Health has developed few policies in the benefit of the HIV positive people and at the same time is trying very hard to prevent the spread of this deadly disease. UNAIDS and non-governmental organizations are organizing few medical conferences, workshops, forums and even national development.

Peter Piot, the executive director of UNAIDS once said that "Most of the AIDS in the Middle East and North Africa is still invisible. Progress is not possible unless AIDS becomes visible, unless stigma is challenged and unless people living with HIV are encouraged to play their part in a community-wide AIDS response. All this requires resolute and courageous leadership at various levels."

Iran has perhaps made the most extensive strides in confronting its HIV/AIDS problem. It has developed a national sentinel surveillance system with 75 sites in juvenile detention centers, prisons and university clinics. Iran's innovative campaign against HIV/AIDS makes HIV-positive drug users visible by including them in outreach

programs. Their participation is intended to avert stigma by showing that people living with HIV/AIDS are constructive members of society who can help others.

EASTERN EUROPE & CENTRAL ASIA

The AIDS epidemic in Eastern Europe and Central Asia is rapidly increasing. Around 1.3 million people are living with HIV/AIDS in Eastern Europe and Central Asia, more than 80 percent of them under the age of 30. By the end of 2004, a cumulative total of 391,075 diagnoses have been reported by the 15 countries of the former Soviet Union.

In 2005, 270,000 people were newly infected with HIV, bringing the total number of people living with the virus to around 1.6 million, compared to 1.2 million in 2003. From the statistics is noted that around 1 million of the HIV infected people are at the age 15-49. In the Baltic States, overall infection numbers remain

low, but HIV spread continues at an alarming pace.

Central Asia is at the crossroad of the main drug-trafficking routes between East and West. The number of people diagnosed HIV has reported growing and most of them are injecting drug users. 75 percent, a cumulative total of 294,601 infected people, of these cases were accounted in Russian Federation only. Between 2002 and 2002 the reported diagnoses were nearly doubled and the same applied for the number of people that death claimed, 62,000 people died because of AIDS, which is nearly twice as many as in 2003.

Worst affected countries are the Russian Federation, Ukraine, Estonia, Latvia and Lithuania. However, HIV continues to be

spread in Belarus, Moldova, and Kazakhstan. An estimated number of 860,000 are living with HIV in the Russian Federation by the end of 2003.

In most of the cases the AIDS is spread through sharing of the needles and syringes among drug users. A cumulative total of 23,321 people are HIV infected in this area. Romania holds the highest number of HIV infected people, 9,151 people, in this area and the lowest is Albania with 148 people.

Responses to the HIV/AIDS Pandemic in Poland

HIV/AIDS epidemiological situation

When the HIV/AIDS epidemic entered into the Polish society it created, similarly to the rest of the world, a totally new situation that required taking new steps such as development of information technologies, effective health promotion and prevention of new infections, development of therapeutic methods, as well as creating civil society organizations which aim at preserving social values.

The first HIV case was discovered in Poland in 1985, and the first aids case in 1986. Since 1985 until 2005 – 9147 HIV infections have been

diagnosed in Poland. Nevertheless, according to the experts, the total estimated number of HIV infections is 20 – 30.000. Over 56% of these of infections are among the injecting drug users. In recent years, there has been an increase in the number of infections through heterosexual contacts and growth in the number of infected women. The fight against the epidemic includes not only issues related to HIV/AIDS but also those regarding some of the sexually transmitted infections.

Epidemiological data shows a relatively stable epidemiological situation in Poland, contrary to other countries of Central and Eastern Europe. Yet, according to UNGASS, if we take in the consideration the rapidly growing number of new HIV infections in the countries of central and eastern Europe, there exist a

potential risk of a sudden spread of epidemic in the region which could also have a direct impact on the situation in Poland.

Many years of experience in fighting against HIV/AIDS epidemic have shown that promotion and protection of human rights, including reproductive rights, are the basic element of HIV prevention and reduction of the negative influence of the HIV/AIDS epidemic on social life.

National policy for HIV/AIDS

A gradual progress in developing a comprehensive national strategy to fight the HIV AIDS epidemic in the last few years manifests basically in:

- Creation of a special agenda of the Ministry of Health: the National AIDS Centre, which is responsible for guaranteeing adequate implementation of the national policy regarding the fight against the HIV/AIDS epidemic;
- National Policy instructions on a governmental level, by adopting the national program for HIV Prevention and care for people living with HIV/AIDS by the Government.
- Creation of an all-over Poland network of specialist centers carrying out the ARV treatment.
- Continuous increase of funds allocated from the state budget for ARV treatment.
- Collaboration of the governmental sector with the civil society organizations active in the field of fighting against the HIV/AIDS

epidemic, through substantial and financial support.

- Engagement of local authorities in the implementation of the national strategy of the fight against the HIV/AIDS epidemic, through substantial and financial support.
- Engagement of local authorities in the implementation of the national strategy of the fighting against the HIV/AIDS epidemic, appointment of voivodship coordinators, responsible for the introduction of the HIV/AIDS National Program on the local level;

The National Program for HIV Prevention and Care for People Living with HIV/AIDS for the period 2004 – 2006, adopted by the Council of Ministries, contains the most important priorities of the national strategy as far as the

fight against the HIV/AIDS epidemic is concerned. Some of the Program's objectives are:

- To improve the existing HIV prevention system;
- To educate the society, to protect and promote human rights; to strengthen women's role;
- To ensure an integrated care system for people living with HIV/AIDS.

The Programme of HIV/AIDS Prevention, Care for people living with HIV/AIDS presenting the state's policy on HIV/AIDS is compatible with:

- The protocol of World Health Organization on HIV/AIDS
- The declaration of Commitment on HIV/AIDS adopted by the UN General

Assembly Special Session on HIV/AIDS on 27 June 2001

- The United Nations Millennium Declaration of 8 September 2000
- The Baltic Sea Declaration on HIV/AIDS Prevention
- The National Health Programme
- The Dublin Declaration

Every few years the Polish Parliament (Sejm) adopts a resolution which calls upon the government to adopt a national program and report on progress in its implementation every year. Among many activities of the parliament, it is worth to mention the sessions of the Sejm and Senate Committee on Health and Subcommittee on Public Health on the problem of HIV/AIDS Epidemic.

The Minister of Health-through National AIDS Center – plays the main role in creating the national policy in terms of HIV/AIDS on the governmental level. The national strategy as far as HIV/AIDS is concerned is stable and independent from changes of the government. The Stabilization is ensured by the provisions from of the above mentioned National Program for HIV Prevention and Care for People living with HIV/AIDS. The first Program embodied years 1996 – 1999, the second 1999 – 2003. AT present the national strategy for the period 2004 – 2006 is being implemented.

National Policy

The National Program for HIV Prevention and Care for People Living with HIV/AIDS for the period 2004 – 2006 is a strategic document

which defines national policy in terms of HIV/AIDS. This Program complies the principle of inviolability of rights of the individual, related to the protection and respect of the Polish strategy. At the foundations of the polish strategy there are the guidelines of the international organizations such as; WHO, UNAIDS, EU.

A significant advantage of the National Program for HIV Prevention and care for people living with HIV/AIDS is its multi sectoral character and multi level structure of activities. A partnership of organizations dedicated to the prevention activities guarantee their better effectiveness and wider reach. The main objective of an appointment of the Voivodship coordinators is to guarantee a better assessment of the needs of the society on

a local level and intensification of the activities aimed at reducing the spread of the virus through promotion of collaboration between local authorities and NGOs

Another element of the national policy is to provide an adequate social care system. It enables to overcome difficult situations for individuals as well as for their families. The types of support differ considerably and include: financial support, services in the place of residence and in social care institutions, help in providing shelter, meals etc. HIV infected and AIDS sick people who have found themselves in a difficult situation benefit from different forms of social care on the same conditions as other citizens.

***Two main objectives of the National Program*:**

1: Limiting the spread of HIV infections in Poland

- Education of the society, with a special emphasis on the youth
- Prevention of infections in groups of a higher risk of contracting HIV
- HIV testing
- Monitoring of blood and blood products safety standards
- Prevention of diseases which lead to HIV infection

2: Improvement of the quality and accessibility of care for people living with HIV/AIDS:

- Introduction of unified standards of care for people living with HIV/AIDS and their continuous update;

- Training of medical personnel, social workers and therapists in HIV/AIDS issues
- Every entity implementing the National Program is obliged to monitor and appreciate their activities, as well as to report every year to the Ministry of Health.

The analysis done in the year 2004 by TNS OBOB shows that the most important achievement in the implementation of the National Program for HIV Prevention and Care for People Living with HIV/AIDS for period 1999 – 2003 are:

In terms of epidemiological situation:

- Stabilization of the epidemiological situation related to HIV infections and

AIDS cases, despite quickly spreading epidemic in the countries behind the eastern border of Poland.

- An important decrease of vertical HIV infections among children born by seropositive mothers
- Elimination of HIV infections related to professional exposure by introducing a wide prophylaxis with the use of ARV drugs.
- Improvement of diagnosis of HIV infections in the general society.

In reference to people living with HIV or suffering from AIDS:

- Decrease of mortality caused by AIDS
- Continuous improvement of the quality of life of people living with HIV and affected by this

In terms of HIV prevention and prophylaxis:

- Continuous increase of accessibility of voluntary, anonymous and free of charge HIV tests, with the adoption of standards that guarantee a high quality of service in this matter, with an emphasis of pre and post test counseling.
- Increase of the number of people who make conscious decisions of taking a HIV test and counseling.
- A modern sexual education which includes, i.e. information about STIs preventions, especially HIV/AIDS
- Increase of the number of certified educators in the HIV/AIDS field, specialized in working with certain environments such as schools or penitentiary centers.

- Improvement of the effectiveness of multimedia HIV/AIDS prevention campaigns, what results in a continuous increase of the level of knowledge of the problem and decrease of stigmatization of discrimination of people affected by HIV/AIDS.
- Continuation of harm reduction programs addressed to drug users

Prevention activities aimed at reducing the spread of HIV/AIDS epidemic are addressed especially to sexually active women. The target group is specific because there is a continuous increase of new HIV infections among women. The estimated percentage of HIV infected women is 20% of the total of infections while 80% are men.

It is important to provide modern knowledge regarding HIV prevention to people sexually active and those who prepare themselves to sexual life. Prevention activities addressed to different environments and professional groups have an ever wider range. Trainings organized by the national AIDS center not only contain basic knowledge about HIV/AIDS but also ethical, legal and social context of the epidemic. More and more people participate in these trainings (among others: groups of teachers, religion teachers, policemen, journalists and medical staff; last year occupational medicine specialists also took part in the trainings).

Anonymous and free of charge testing

The first testing centers started to operate in Poland in 1997, offering anonymous,

confidential and free of charge testing, together with pre and post test counseling. In Poland, there is an unbreakable rule that HIV testing is voluntary. Any society's group is not obliged to do an HIV test.

At present, at least one testing point operates in each voivodship. These points receive financial and essential support from the national AIDS centre. From the very beginning of their operating, the special attention is paid to the quality of offered services. The staff at the testing points has gained experience from similar centers abroad. All patients are offered professional pre and post test counseling. The system guarantees the quality of service, ensures full respect of human rights and meets international standards. In case of an HIV test being positive, a counselor informs the patient

about the legal and moral aspects of the disease. We are still working on the increase in testing availability, for example by enlargement of the number of testing centers.

Harm reduction programmes and methadone substitution therapy

A growing phenomenon of drug addiction and what comes out of this, namely a growing criminality, becomes a more and more serious problem in Europe and Poland is not an exception. It is estimated that 40 – 80 thousand people take psychoactive substances in Poland. To prevent social and health damages, connected with intravenous drug using, the exchange of needle and syringes exchange programs have been implemented in Poland since 1991. In 1996 needles and syringes exchange programs were legalized. Since 1997

substitution therapy using methadone has been made available. At present, there are 8 such programs which cover about 850 persons. In spite of a steady development of methods and an increase in the number of methadone programmes the need in that field is still not met. This is the reason why in the nearest future we plan to develop more methadone programmes. HIV-infected persons, who are addicted to intravenous drugs, have right to be treated with methadone and they are given the priority. If the patient has been treated with methadone, for at leas six months and is disciplined, co-operates with doctors and complies with medical recommendations he/she may be qualified for antiretroviral treatment, if there is a medical need.

Programmes for commercial sex workers

The National Programme for HIV prevention and care for people living with HIV/AIDS includes activities focusing on people at groups at risk, i.e. commercial sex workers. They are implemented in cooperation with specialized non-governmental organizations. Among those activities we can specify:

- Systematic education about prevention of HIV/AIDS and other STIs, including street working methods
- Media activities: to inform about help and education programs for sex workers; to change social attitudes towards prevention activities in the group of sex workers; preparation and publishing of education and information materials on the subject of safer sex in context of HIV/AIDS and STIs

prophylactics; programs of support for sex workers.

- Informing about safer sex
- Supporting NGO organizations that offer free counseling and advisory service in the area of medical issues, psychological problems, social problems, popularizing street work among sex workers, prevention programmes for hard to read populations.

Sexually transmitted infections

The tasks of the National Health Programme include sexually transmitted infections issues. The program includes activities aiming at evaluation of STIs epidemiological situation as well as evaluation of morbidity indicators in order to implement prevention methods and improvement of epidemiological surveillance. Education of the society and use of various

health and education activities are important issues in the fight against sexually transmitted infections.

Treatment and care offered for people living with HIV/AIDS

People living with HIV/AIDS have an access to a free of charge, specialist treatment since 1996. Poland gives the seropositive patients the possibility of benefiting from all the range of the latest ARV medicines and specialist diagnostic methods. At present about 2300 people are on ARV treatment, including 77 children. All the patients who comply with the medical criteria are included in the treatment. According to the WHO data, the ARV treatment accessibility indicator remains in Poland on the average European level and

amounts to 77%. Every type of ARV medicines used in the world is available in Poland. Professional medical care includes also education of patients in order to get the best results in adjusting them to the therapeutic instructions. None of the social groups is discriminated against in terms of the access to the ARV treatment. Also freedom deprived, people who are not insured or homeless do receive free of charge ARV treatment.

HIV prevention system and the AIDS treatment are financed from the state budget. The resources for this purpose are assigned mainly by the Ministry of Health. In 2005 the Minister of Health has allocated 80 million PLN (almost 27 million USD) for the antiretroviral therapy. It should be stressed that part of the outlay comes from the budgets

of Ministry of Education and Sports, Ministry of Justice, Ministry of National Defence as well as from local authorities. Nevertheless, the volume of financial resources is much lower in comparison with the resources that come for this purpose from the budget of Ministry of Health.

As it has already been mentioned, the reproductive health determines the welfare in the physical, psychological and social aspect and does not only mean lack of diseases as far as the reproductive system, its functions and processes are concerned. That is why reproductive health also means that people can lead a satisfactory and safe sexual life, having the freedom of choice of having children; when, how many and if they want to have

them at all. HIV-infected people enjoy the same rights.

In Poland an HIV infected woman has the same right to become a mother as any other woman, as HIV-infected women are taken into a special medical care. The standard procedure is HPV screening tests and prophylactic examinations for cervical cancer. In Poland, women living with HIV have HPV screening tests.

A big success in rising the reproductive health standards in our country is a decline of the vertical transmission rate, which among women taken into prophylactic procedures in less than 1%. The vertical transmission prophylaxis has been carried out in Poland since 1994. During a one-year period about 120

HIV-infected pregnant women and their newborn children receive ARV treatment. An annual financial cost of this project is bout 1.3 million USD.

In the case when HIV-infected woman has consciously decided to become a mother, the mother and Child institute provides her with a specialist care during the pregnancy. A standard procedure is to provide her with ARV treatment as a vertical transmission prophylaxis. Ever more couples with different serological statuses, who want to have children, have the possibility to take part in a pilot program of artificial insemination by the purified spermatoza method. It enables a healthy woman whose partner is seropositive to become a mother. The polish experience in this area gives us an opportunity to share it

with other countries, especially in Eastern Europe, where the range of the problem is much bigger. Having qualified human resources and access to the latest diagnostic and treatment methods, we want to declare our willingness to help in organizing similar systems in the countries which need it.

Collaboration with the non-governmental sector

Poland is a country which has many years tradition of cooperation between governmental and non governmental organizations. Since the beginning of the epidemic, the government of Poland has undertaken actions aiming at providing the society with the information about HIV/AIDS as well as supporting persons infected by the epidemic. The

government also supports – by means of grants – the preventive activities undertaken by NGOs. The activities supported by the state budget might be divided into the following groups:

- Education of different social and professional groups in the field of HIV/AIDS prevention
- Actions for people living with HIV/AIDS
- Actions for people at high risk of infection
- Events organization (celebration of World AIDS Day, conferences, competitions, exhibitions, performances, etc)
- Information activities (help-lines, internet, publications)
- Anonymous testing points

The National AIDS Centre provides professional counseling and consulting for

non-governmental organizations in the field of HIV/AIDS prevention. It offers help and support for people living with HIV/AIDS by providing them with prevention and education in that field. Special attention is paid to education, harm reduction, social and psychological support, programs for youths, women living with HIV/AIDS and their children. Since the first non-governmental organization called "Solodarni Wobec AIDS plus" was set up (1989) a systematic growth in the number of associations and foundations operating in the field of HIV/AIDS issues has been observed. Their work and involvement are well established within the Polish policy on fighting HIV/AIDS epidemic. Many of these organizations have been implementing local and international programmes in cooperation with EU, UNDP, WHO, Soros Foundation and

others. Their work is highly appreciated at the international level and is very positively assessed by our society. Non-governmental organizations in cooperation with governmental institutions work to improve the level of social awareness, fight against discrimination and fight for with involvement of Polish experts – to other countries in need, particularly Eastern European Ones. Polish non-governmental organizations and Polish express their willingness to share their experience with colleagues from those countries. Poland holds the view that only close and effective international collaboration and partnership at national and international level guarantee of a successful fight with the HIV/AIDS epidemic, stigma and lack of respect of human rights and human dignity.

The above informations regarding the responses to HIV/AIDS Pandemic in Poland were provided by the Embassy of the Republic Poland of the Kuala Lumpur.

Eastern Europe and Central Asia seem to be in real danger, the way the virus has been spreading for the past few years. As of 2004 only 11% of those requiring treatment in this region were receiving it. The Russian government announced in 2005 that it would make AIDS a priority and pledged to spend at least 20 times more on treatment and prevention in 2006 than it spent in 2005.

Although Russian law guarantees people treatment, fewer than 6,500 (7%) of the 94,000 needing treatment were receiving it in June 2005. The number of new HIV cases being reported in Russia is falling however, with

88,577 new cases reported in 2001, 52,349 new cases in 2002 and 39,699 cases in 2003. This reduction could be due to fewer people being tested, or it could be that HIV prevalence rates have reached saturation point amongst injecting drug users.

One reason for the low treatment figures is that in the regions of Ukraine and Russia injecting drug users are believed to be untreatable and are often denied ARVs. Only in Moldova and Romania are most people in need of treatment believed to be receiving it.

In Central Asia a prevention project has been launched which will train medical workers and other people, and it is thought this and other treatment and prevention programmes could make a real difference in the area. European countries pledged to ensure universal access to

treatment and care by 2005 across the whole of Europe and Central Asia and aimed to make sure 80% of "high-risk" people have access to prevention services by 2010.

WESTERN & CENTRAL EUROPE

In the Western Europe, the heterosexual contact is the most frequent cause of newly diagnosed infections since 1999. A cumulative total of 219,374 HIV infections had been reported in 21 countries. 56 percent of those infected people have acquired HIV through heterosexual contact. According to the WHO and UNAIDS statistics, 51 percent of infection originated from the country itself and 36 percent were acquired in Sub-Saharan Africa.

In 2004, the highest rates of AIDS diagnoses were reported by Portugal, Spain, Switzerland and Italy. Since the beginning of the epidemic more than 50,000 people had reported in each country, Spain, France and Italy. An estimated 68,556 adults were living with HIV in United

Kingdom at the end of 2005, where 34 percent were not aware of their infection. At least 7,275 were newly diagnosed of HIV, and a total of 74,977 were reported by the end of September 2005.

There have been 21,732 diagnoses of AIDS, and at least 13,282 of these people have died. Seven out of every 10 men with HIV in the UK were infected through sexual intercourse with another man. In the UK, northern Europe and parts of the United States, the most serious impact of the virus has been felt by the gay community. A large number of gay and bisexual men in the UK are still being infected every year.

In Germany 0.6 per 100.000 populations are infected with AIDS, which is lower compare to

United Kingdom with 1.4 or France 2.3 or Spain 4.3, shown in the report statistics in 2004. Central Europe has been relatively spared by the epidemic, with the incidence of both AIDS case and newly diagnosed HIV infection remaining low.

Responses to the HIV/AIDS Pandemic in Finland

HIV/AIDS Pandemic in Finland

The Finnish HIV/AIDS problem was relatively minor until the late 1990s. At the present moment the annual incidence of infections in the population is on the same level as in the other Scandinavian countries and e.g. Germany. The nature of the epidemic has however changed rapidly in recent years with HIV epidemic that started among drug users.

The group of HIV Experts, a working group consisting of member of NGO, health care, social care and research organizations, assists the Finnish Ministry of Health and Social Affairs to formulate and implement policy on HIV/AIDS. Major influences on the Finnish

HIV policy development have been the Council of Europe policy recommendation of the Committee of Ministers of the Council of Europe on ethical issues surrounding HIV. Furthermore the work of the work of the joint United Nations Programme on HIV/AIDS (UNAIDS) and the WHO has also influenced the formulation of Finnish HIV policy.

The National Strategy identifies the priorities for tackling HIV-AIDS in Finland and corresponds to the National AIDS policy, which meshes with the United Nations' UNAIDS programme. The strategy focuses on activities for HIV prevention, care and support and covers such issues as the position of people with the disease, the monitoring of the disease, education about HIV-AIDS,

international cooperation and the role of legislation.

Preventive Measures

Finland has a general policy to promote information, education and communication (IEC) on HIV/AIDS. This has been the cornerstone of the Finnish HIV/AIDS policy form the beginning of the epidemic. Finland also stresses multisectoral action to compact HIV/AIDS including health, educations, media and civil society. The Ministry of International Affair and the prison authorities are also included. The HIV Expert Group appointed by the ministry of Social Affairs and Health to promote the national coordination of HIV/AIDS work has drafted a proposal for a national HIV/AIDS policy for 2002-2006. the

expert group consist of representatives of different ministries, expert institutions, municipalities, specialized medical care, NGO's and HIV-infected persons.

The work group has divided its proposal into following areas:

- The prevention of new infections is the cornerstone of preventive measures
- The effectiveness of treatment and support measures in an integral part of prevention
- It is essential to support the full social empowerment of persons who have been infected and to reduce their vulnerability
- HIV tests and epidemiological follow up systems generate information to be used in the planning of future measures
- International cooperation is a prerequisite for conquering HIV epidemic

- The education of professional staff must be expanded and the level of competence must be maintained
- Legislative reform may become necessary as the HIV situation changes
- Management of the situation calls for improved coordination and a multidisciplinary approach
- In the proposal key objectives have been defined for each area, the attainment of which would indicate that HIV prevention has been successful. The programme does not include any concrete action proposals as such; the idea is for the actors to plan and implement them on the basis of the objectives that have now been defined.

Finland has a policy that promotes IBC and other health interventions for groups with high

and increasing rates of HIV infection. The priority groups and their specific problematic areas defined by the group of HIV Experts are listed as:

- IV drug users; lack of health advice centers;
- The general population: principle of anonymity difficult to follow in small towns;
- Adolescents: sexual education provided in schools is not always adequate;
- Prisoners: often problems with substance abuse;
- Migrants: problems with health care access due to lack of health insurance;
- Sex Workers: little knowledge of sexual health and reluctance to seek health care services;

- Health Care Professionals: institutions training professionals do not necessarily contain HIV information.

National AIDS Council is an official expert working group based at the Ministry of Health, including participants from other sectors, civil society and the PLWA's (Self-Help Groups). The council coordinates and directs the strategic work and the implementation of national strategy for HIV/AIDS

Finland has a policy promoting reproductive and sexual health education for young people. Health education is from the year 2003 onwards a compulsory subject at primary and secondary school including from 13 years of age, sexual health and prevention of STD's

including HIV/AIDS as well as social relations and principles of non-discrimination.

Finland has a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society. The HIV/AIDS working group at the Ministry of Health does this partially, but the Civil Society Organizations are independent and may have their own strategies. Generally, the co-operation is very good with strong traditions.

Since 1998, HIV test is offered to all pregnant women through well-mother check ups. Audiovisual treatment is given free of charge to those who test positive, according to the international accepted guidelines. Expand access, including among vulnerable groups, to

essential preventive commodities is also provided for IDU's (clean needles and syringes, condoms, HIV and hepatitis tests, H3 vaccines) and Sex Workers (condoms, test, vaccines, treatment of STD's)

Curative Measures

Finland has a comprehensive national health service which is organized on a municipal level. All permanent residents of Finland and Finnish citizens are guaranteed the right to health care. Treatment and medicines are free of charge and there is also special support tailored individually to all patients. All patients both ARV and opportunist infections medicines are free of charge for the patients, paid by the municipality.

Law enforcement

Finland has laws and regulations that protect against discrimination people living with HIV/AIDS and groups of people identified as being especially vulnerable to HIV/AIDS. These crones from different laws, including also the rights to treatment without discrimination. The Constitution stipulates that all people are equal towards the law and nobody shall be discriminated among others by sex, state of health or other reason connected to the person. Other laws also regulate this principle and Finland has also ratified many international instruments which prohibit discrimination.

Among the laws relevant to HIV infection are the Decree and Act on Communicable Diseases

(1986; amended 1997) which sets the guidelines for disease notification, contact tracing, and partner notification. The act on the status and Rights of Patients (1992) ensures that each patient is informed of his/her health status, the purpose and meaning of treatment, treatment options and their impact. The Decree on Client Payments for Social and Health Care (1996) states that the examination and treatment including medication of an HIV positive person is free of charge.

Rehabilitation

In Finland, HIV/AIDS care and support covers all patient groups. Finnish AIDS Council (founded in 1986) has five AIDS Support Centers located throughout Finland. The purpose of the Finnish AIDS Council is to

advocate for the rights of people living with HIV/AIDS and those affected by HIV/AIDS. Its support centers provide counseling, drop in centers, anonymous testing and other psycho social services.

Finnish Red Cross is an NGO that features an AIDS programme that provides support, work supervision and advice at Plus Point centers in five locations throughout Finland. The aim of the programme is to prevent the spread of HIV/AIDS through information and support. A hotline is open to callers as well as anonymous testing counseling. The Finnish Red Cross actively works with health care providers to provide multicultural further training and offers health promotion material in several languages.

Body Positive Association (founded in 1989) is an advocacy group for those living with and affected by HIV/AIDS. Body Positive works to prevent discrimination against people living with HIV/AIDS and to promote their well being.

The above information on the issues related on HIV/AIDS pandemic in Finland, were provided by the Embassy of Finland in Kuala Lumpur.

Response to the HIV/AIDS Pandemic in France

The basic principle of the response to the HIV/AIDS Pandemic is the promotion of the respect of individual rights of those living with HIV

Preventive Measures

General principles of prevention regarding the modes of HIV/AIDS transmission.

Sexual transmission

National Campaigns using all type of medium put the emphasis on the existence of HIV; the use of condoms; the encouragement of tests; the promotion of tolerance towards HIV positive persons.

The campaigns are aimed both at the general public and at certain categories of persons (heterosexual, homosexuals, and persons originating from sub-saharian Africa).

Documents are adapted to different practices or cultures, and a number of them are in other languages (Chinese, Russian, Turkish,…)

Transmission by blood

- *Transfusion risks*: blood donors have to answer a detailed questionnaire in order to evaluate their risky practices (sexual relations with multiple partners, intravenous drug usage) and in these cases not to proceed with the donation. The Blood sample is systematically tested for

HIV (with the use of polymerase chain reaction) or hepatitis presence

- *Intravenous drug usage*: prevention of risk during drug injection relies on access to sterile material and products of substitution. Therefore in pharmacies, there is access to a government-subsidized injection kit (steribox). The kit contains two 1ml syringes ; two alcohol imbibed pads; two flasks of water ; two stericup ; a condom ; a very thorough user manual

Another method used to reduce the use by drug addicts of intravenous drugs is to provide them with products of substitution:

- Methadone has to be prescribed by physicians authorized to do so and can only be delivered to patients with a medical records

- Burprenorphine is another product commercialized in France under the name of Subutex. Less Potent than Methadone, it can be obtained by any general practioner without any restriction.

In jail, detainees are given bleach in order to clean their materials. No sterile syringes are provided since they are not allowed to consume drugs. Detainees have access to products of substitution.

- Field Interventions

Information regarding modes of transmission of HIV and mode of prevention are also spread by the interventions which allow direct relations with the public. They are organized

by associations and adapted to the different categories of concerned populations

Association of prostitutes distributes condoms and gels, information brochures and ensures the exchange of syringes.

Association of drug addicts ensures the distribution of syringes, condoms and information brochures. Automatic vending machines of Steribox are located in various public places. The associations are responsible for keeping them supplied.

Interventions are also made in schools by associations fighting against AIDS who are licenced to do so by the government. They take place essentially in High school.

Curative Measures

In France, access to medical care and treatment is free of charge. HIV infection is ranked as a long term infection and treatment is therefore fully paid by the social security.

HIV positive persons are taken care of by different categories of professionals who work in collaboration (infectologists, hepatologists, endocrinologist, psychiatrists…). Social workers and psychologist also contribute to providing help to patients.

Regional coordinating services are going to be set up (COREVIH) to improve treatment of patients when they are not residents in hospitals.

AIDS medical experts meet up regularly to formulate recommendations in order to compare how patients are being treated (<<Delafraissy>> reports), so that treatments are being homogenized throughout the country.

The quality of the relations between patients and their doctors is regarded as essential.

Law Enforcement

Response to the HIV/AIDS pandemic is regarded as a fight against exclusion and discrimination of HIV positive persons as well as a fight to guarantee their rights in society. Legislation on the rights of workers, stipulates the prohibition to sanction or dismiss workers

on the basis of their health problems or handicaps.

Only two articles of the Public Health Law deal specifically with HIV and AIDS.

L3121-1 defines that it is the State's responsibility to fight against the HIV/AIDS pandemic.

L3121-2 sets up anonymous tests and consultations throughout France

Several decrees authorize the sale of syringes and the distribution by associations, but also allow the state to provide some help to deliver material intended to prevent HIV transmission (notably Steribox). Advertising for the sale of condoms has also been authorized.

Rehabilitation

Social Welfare

HIV positive persons can benefit from different types of state financial aids:

- 'Handicapped adult benefit' for those without an income and that are unable to have an occupation because of their handicap
- Aid at home for those who need assistance on a daily basis

HIV positive persons are also taken care of by social services in hospitals and associations to help them cope with the illness.

Rights of the HIV positive persons

HIV positive persons are likely to lose their jobs or simply get a diminution of their

income. Several associations try to prevent this by spreading information on HIV in companies in order to prevent stigmatization and discrimination.

It is possible to obtain a reduction of the number of work hours per week without taking the risk of being dismissed.

Any other information highlighting the initiatives being undertaken by France in this respect

Compulsory HIV screening does not exist in France. France dedicates much importance to the fact that HIV screening is voluntary and to the respect of confidentiality.

Therefore, centers have been set up where tests are free and respect the anonymity of the subjects. Whatever the results are, counseling must be provided with the test before and after the results.

Government Operators

Prevention policy is decided at state level by the health Ministry. Survey of the pandemic relies on anonymous declaration of infection of HIV. A special institute is charged with dealing with the input. Data obtained from hospitals on patients and treatment is stored in a database and allows evaluations and comparisons of different treatment and cases (French Hospital Database on HIV AIDS or FHDH)

The national AIDS Research Agency has been set up in the perspective for the government to support research on the HIV/AIDS pandemic. The National AIDS council (CNS) regroups HIV specialists and representatives of civil society. Its mission it to help the government with AIDS and society issues.

Associations

The role of associations is of prime importance in the national response to the HIV/AIDS pandemic. Their number is increasing and they are financed by the state, local governments or have their own resources. These associations have gained great expertise on treatments and procedures allowing patients to get social welfare, and thus help them with the

administrative procedures they need to go through.

The above elements of information, regarding the responses of the HIV/AIDS Pandemic in France, were provided by the French Embassy in Kuala Lumpur.

Responses of the HIV/AIDS Pandemic in United Kingdom

Comparison of national responses to the HIV/AIDS Pandemic

1. How does the UK prevent transmission of HIV?

The Department of Health (DH) targets its health promotion campaigns on high risk groups such as gay men, drug users, sex workers and African communities. The DH has a number of contracts in place for health promotion work which specifically target those most at risk from HIV and other sexually transmitted diseases. For example, the Terrence Higgins Trust, an NGO which supports gay people, undertakes targeted HIV/AIDS health promotion for gay men in

England, through the community based CHAPS programme. The Department has also funded health promotion work for African communities including a testing campaign, an African AIDS helpline, a health Africa radio show, a website, printed information resources HIV transmission amongst injecting drug users. Further action to prevent blood borne transmission of HIV is included in the Infectious Disease Strategy 'Getting ahead of the curve'

2. What is being done to provide medical treatment to HIV + persons?

The government allocates substantial funds toward the cost of HIV and AIDS related treatment and care.

3. Is there legislation regulating the response to the HIV pandemic and how is it enforced?

A number of laws in the UK seek to prevent discrimination against people living with HIV such as Disability Discrimination Act 1995 and the Human Rights Act 1998. The National AIDS Trust has reviewed legislation relevant to the response to HIV/AIDS.

4. How are the HIV + persons rehabilitated and incorporated into the society?

The Department of Health has a sexual Health and HIV strategy aims to tackle the stigma and discrimination associated with HIV/AIDS by supporting the roll-out of the National AIDS Trust's campaign to counter HIV/AIDS prejudice and through improved cross-Government working. The government also

works closely with a number of organizations which provide the necessary support to HIV/AIDS affected persons.

The above data, on the responses to HIV/AIDS pandemic for UK, were provided by the British High Commission in Kuala Lumpur.

In Western Europe, the majority of those in need of antiretroviral treatment are able to receive it. As a result, people living with HIV in this region are surviving longer than infected people elsewhere. Some countries and communities have initiated aggressive HIV prevention efforts, particularly among high risk such as injecting drug users, but in many places the political cost of implementing needle-exchange has been considered to high to be started or maintained.

After several years of decline since the introduction and widespread use of combination antiretroviral treatment, AIDS incidence seems to be reaching a plateau in many countries. France is a very present on the international scene and assumes a role of leader in the mobilization of the international community to fight the HIV/AIDS pandemic.

Last year, France has greatly increased pledges to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The apparent drop from an estimated 8,800 cases in 2003 is probably largely due to incomplete reporting from France. AIDS statistics have been as geographically varied in the West of Europe as e whole. The number of cases among injecting drug users has been falling since 1998 in most

countries but there has been a sharp rise in the number of cases reported in the UK.

LATIN AMERICA & CARIBBEAN

An estimated 2.1 million people are now living in Latin America and the Caribbean, including the estimated 230,000 that contracted HIV in 2005 and around 90,000 people died of AIDS in the same period. In the most affected countries of the Caribbean, the spread of HIV infection is driven by unprotected sex between heterosexual intercourses with commercial sex.

In some countries, they have the worse epidemics than any other country in the world. As in many other countries, the main modes of transmission are through early sexual debut, unprotected sex with multiple partners and the use of unclean drug-injecting equipment. Haiti is the worst affected nation in the region. 5.6 percent of the adults were living with HIV by

the end of 2003. An estimated number of 200,000 children had lost one or both of their parents.

Suriname and Guyana had adult HIV prevalence rates of 1.7 and 2.5 percent by the end of 2003. A study published in 2005 found that in Trinidad and Tobago, HIV infected levels are six times higher among 15-19 year old females than among males of the same age. In Jamaica were estimated national adult HIV prevalence edged past 3 percent in 2003.

The Caribbean is the second-most affected region in the world with adult prevalence rates. In several countries in this region, HIV/AIDS has become the leading causes of death. Around 1.8 million people were living with HIV in Latin America by the end of 2005.

During the same year, 66,000 people died of AIDS and 200,000 people were newly infected. The virus is mostly spread due to unsafe sex and injecting drug use.

In 2002, UNAIDS highlighted that, HIV infection among prisoners is like a hidden dimension of the epidemic in this area. Brazil had an adult HIV prevalence rate of 1 percent in 2004. At the same time, it shows that 36 percent of 15-24 year-olds had had sex before their 15th birthday, and only 62 percent of them knew how HIV was transmitted. In few Brazilian cities, more than 60 percent of drug users are HIV positive.

In Argentina the virus was mostly spread through people males that injecting drugs and men who had sex with men. By the end of

2003, the estimated HIV and AIDS prevalence for women is 24,000 and 120, is the number of adults. In Honduras, Guatemala and Belize virus is mainly spread through unprotected sex. In Central America countries, such as Mexico the percentage of infected people is below 1 percent. The estimated number of infected adults in this country is 160,000 in 2003. By the end of 2003, 5,000 people died in Mexico because of AIDS. In countries such as El Salvador, Nicaragua and Panama, the virus has been spread through men who have sex with men.

In few countries in Latin America, such as Argentina, Brazil, and Mexico are attempting to provided antiretroviral therapy to all those who need it. The number of Brazilians an antiretroviral therapy has continued to

increase and reached approximately 170,000 in September 2005. Coverage of antiretroviral treatment is high in Argentina, Chile, Cuba, Mexico, Uruguay and Venezuela, although the terms under which it is provided are not as favourable as those in Brazil.

The governments of the above mentioned countries have invested and encouraged local pharmaceutical manufacturers to produce generic copies of expensive patented medicines, so that they will be able to distribute drugs to a much greater proportion of their population that they would otherwise be able to help.

Bahamas, Barbados, Bermuda, the Dominican Republic and Haiti are the countries in the Caribbean where the HIV prevalence has

fallen. Epidemic in Cuba remains by far the smallest in the Caribbean but the treatment is being achieved in Cuba. The prevention of mother to child transmission programme remains highly effective in Cuba. Coverage is relatively high in the Bahamas and Barbados, access to treatment is poor.

One third of the people in Trinidad and Tobago are receiving antiretroviral treatment in September 2005 and 12 percent of the population was receiving antiretroviral treatment in Haiti. In poorer countries of Central America and the Andean region of South America, progress has been slower.

USA & CANADA

This region is considered as high-income countries, where HIV historically has been concentrated among injecting drug users and gay man. On 1981 AIDS first case in United States was identifies as a disease. In developed countries, many people feel that they are aware of what is risky and what it is not.

At the UNAIDS report, an estimated number of 950,000 people living with HIV by the end of 2003 and 405,926 people living with AIDS. AIDS in United States has killed over half a million. In the United States, more than a quarter of people diagnosed with HIV in 2004 were female.

At the end of 2005 there were an estimated 58,929 people in Canada living with HIV reported at Centre for Infectious Disease Prevention and Control. At least 13,502 people have died of AIDS. From the reported data, it shows that a number of 2,800 and 5,200 new HIV infections occur each year.

Male hold the highest percentage of infected people compare to female. Drug use injecting and men who had sex with men are the main spreading way of the virus in Canada. In the period of 1985-99, the men who have sex with men category accounted 65 percent of all HIV diagnoses. This proportion dropped to 36 percent in 2001, but rose again to 44 percent in 2004.

Responses to the HIV/AIDS Pandemic in Canada

Since the early days of the HIV/AIDS epidemic when little was known about the disease, Canada's response to HIV/AIDS has grown in both scope and complexity. Today, government, non-governments and community organizations, researchers, health professionals and people living with and vulnerable to HIV/AIDS are engaged in addressing the disease and the conditions that sustain the epidemic. Communities have developed an array of programs and services designed to raise public awareness, prevent the spread of HIV, reduce discrimination and prolong life for people with HIV.

Canada has acknowledged that HIV/AIDS must be addressed not only from a biological point of view but also from social, economic, and human rights perspectives, taking into account the root causes, determinants of health (such as housing, disability, social justice and employment) and other dimensions of the epidemic. Indeed, a key component of the Federal Initiative to Address HIV/AIDS in Canada is to address HIV/AIDS legal, ethical and human rights issues and to protect and advance the human rights of people living with or affected by HIV/AIDS.

In January 2005 the government of Canada released a new Federal Initiative to Address HIV/AIDS. The goals of the Initiative are to: prevent transmission of new infections; slow disease progression and improve quality of

life; reduce the social and economic impact of HIV/AIDS; and contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease. The public health Agency of Canada will lead is leading this renewed Federal Initiative to Address HIV/AIDS in Canada by working with other federal government departments and agencies, provincial and territorial bodies, researchers, health care professionals, and people living with and vulnerable to HIV/AIDS.

Canada is also playing a leading role in the global response to HIV/AIDS including providing significant development assistance through numerous multilateral and bilateral channels as well as through effective civil society organizations. In the February 2005 Budget a $140 million contribution to the

global fund to fight AIDS, TB and Malaria was part of Canada's efforts towards meeting our global commitments. In May of last year Prime Minister Martin announced a 2 year $100 million contribution to the World Health Organization in support of their initiative to provide treatment to 3 million AIDS sufferers by the end of 2005. This contribution makes Canada the single largest donor to this important initiative. These commitments are in addition to Canada's ongoing funding for HIV/AIDS through the Canadian International Development Agency which includes a recent announcement of $105 million to various initiatives targeting women and young girls infected or affected by HIV/AIDS and a $50 million contribution through the Canada Fund for Africa towards the development of an AIDS Vaccine.

The Jean Chretien Pledge to Africa Act, formerly known as Bill C-9, is ground breaking legislation that makes Canada the first country to pass legislation implementing the August 30, 2003 World Trade Organization decision on intellectual property and access to medicines. The Act, passed into law in May of last year, allows for Canadian pharmaceutical manufacturers to produce more affordable generic versions of patented medicines for export to countries facing public health problems such as HIV/AIDS, TB, Malaria and other epidemics. The overall objective of Canada's legislation is to facilitate access to more affordable medications for those in need in developing regions of the world.

The above details, on responses to HIV/AIDS Pandemic in Canada, were provided by the

High Commission of Canada in Kuala Lumpur.

Canada is playing a strategic leadership role internationally. Canada is chairing the governing body of the Joint United Nations Programme on HIV/AIDS (UNAIDS) from 2004 to 2005. UNAIDS, the main advocate for global action on the HIV/AIDS pandemic, plays a coordinating role in bringing together the efforts and resources of all sectors and partners—from government to civil society and the private sector—in the fight against HIV/AIDS.

Canada is assuming a seat on the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria and by hosting the XVI International AIDS conference in Toronto in 2006. Canada is

the first country in the world to implement the August 30, 2003, decision of the World Trade Organization to make less expensive versions of patented medicines available to developing countries facing public health problems.

Life for a person who is HIV positive maybe less harsh in USA than in many countries, but still there are peoples even in there that cannot effort to take treatment. In spite of the prevention methods used in America, the rate of new HIV infection in recent years has been increasing. HIV is a humanitarian and economical issue and the cost of the AIDS in the economy of America is an incredible one and is one which might be reduced by an increased investment in HIV prevention.

America is a huge and developed country, and many people feel that they are aware of what is risky and what is not, but the statistics shows differently. The number of infected people keeps increasing even though America is trying to help and educated other less developed countries.

NGOs RESPONSES TO HIV/AIDS PANDEMIC

Non-Governmental organisations have made significant contribution in the health sector by their innovative genius in the areas of health, family welfare and in arresting the spread of communicable diseases such as HIV/AIDS.

Since the mid 1980s till now, there has been a considerable increase in the number and range of NGOs involved in responding to the multiple challenges presented by HIV/AIDS: NGOs undertaking HIV/AIDS work; NGOs integrating HIV/AIDS-specific interventions within other health programming, such as sexual and reproductive health and child and maternal health programmes; and NGOs mainstreaming HIV/AIDS within

development, human rights and humanitarian programming.

NGOs objectives

The general objective of the policy is to prevent the epidemic from spreading further and to reduce the impact of the epidemic not only upon the infected persons but upon the health and socio-economic status of the general population at all levels.

1. Preparation, printing and dissemination of educational or awareness material (Print, Audio & Video) on HIV/AIDS, Sex Education and Family Life Education amongst the identified communities or groups.
2. Conduction of training programmes on HIV/AIDS and Family Life Education for

School and College Students, Communities and other identified groups.

3. Co-ordination and interactions with various NGOs working in the area of HIV/AIDS and Family Life Education and providing them necessary technical inputs for their functioning.
4. Provide educational & counseling services in the areas of HIV/AIDS, Sex Education and Family Life Education.
5. Conduction of AIR/ T.V. Programmes in English/Hindi on HIV/AIDS, Sex Education, Family Life and Sexual Problems.

NGOs Goal

The main goal of the HIV/AIDS Components to reduce the prevalence of HIV infection and HIV/AIDS morbidity and mortality, with the

subsequently mitigated social and economic impact of the HIV/AIDS Epidemic in all over the world. In 2001 Heads of State and Government Representatives of 189 nations gathered at the first-ever Special Session of the United Nations General Assembly on HIV/AIDS.

They unanimously adopted the Declaration of Commitment on HIV/AIDS, acknowledging that the AIDS epidemic constitutes a "global emergency and one of the most formidable challenges to human life and dignity." The Declaration of Commitment covers ten priorities, from prevention to treatment to funding. It was designed as a blueprint to meet the Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS by 2015.

WORLD AIDS DAY

December 1st is the World AIDS Day, and was chosen because the first case of AIDS was diagnosed on this day in 1981. World AIDS Day is dedicated to increase awareness, education and fighting prejudice of the global AIDS epidemic caused by the spread of HIV infection.

The World AIDS Day has been established in 1988 by the World Health Organisation, and is originated at the World Summit of Ministries of Health on Programmes for AIDS Prevention. UNAIDS has been organizing the World AIDS Day for many years and is the one that have chosen the theme after consultation with other organizations.

The past World AIDS Day themes have been as follow:

- 1988 – Communication
- 1989 – Youth
- 1990 – Women & AIDS
- 1991 – Sharing the Challenge
- 1992 – Community Commitment
- 1993 – Act
- 1994 – AIDS & the Family
- 1995–Shared Rights, Shared Responsibilities
- 1996 – One World, One Hope
- 1997 – Children Living in a World with AIDS
- 1998 – Force for Change: World AIDS Campaign with Young People
- 1999 – Listen, Learn, Live: World AIDS Campaign with Children & Young People
- 2000 – AIDS: Men make a difference
- 2001 – I care. Do you?

- 2002 – Stigma & Discrimination
- 2003 – Stigma & Discrimination
- 2004 – Women, Girls, HIV and AIDS
- 2005 – Stop AIDS. Keep the Promise.

The red ribbon is an international symbol of AIDS awareness that is worn by people all year around and particularly around World AIDS Day to demonstrate care and concern about HIV and AIDS. The activities, programmes, conferences, forums, education, information and services, which are done during the World AIDS Day, have helped the governments and the policy makers to take action on HIV and AIDS in the fields of leadership, prevention, care and support, treatment, reducing vulnerability and human rights.

189 members of UN in June 2001 have signed the UNGASS Declaration of Commitment and they committed to themselves to take action on HIV and AIDS. Will the HIV/AIDS pandemic disappear until 2015 or let hope there will not be newly infected people anymore in this world.

THE FUTURE

At the present rate of increase, it is estimated that by 2010 there will be 45 million new HIV infections globally. Future projections of the HIV/AIDS epidemic cannot be made with any precision because whatever happens next will depend on what action is taken by the people in each country or continent.

In some scenarios, governments and societies mount a very vigorous and wide-ranging responses which recognizes AIDS as much more than just a health issue, which is a good thing because help in decreasing the HIV prevalence.

Things that are needed to turn the tide in national and international level:

- People need to challenge the myths and misconceptions about human sexuality that translate into dangerous sexual practices.
- Work and legislation is needed to reduce prejudice felt by HIV positive people around the world and the discrimination that prevents people from "coming out" as being HIV positive.
- HIV prevention initiatives need to be increased, people across the world need to be made aware of the dangers, the risks, and the ways they can protect themselves.
- Condom promotion and supply needs to be increased, and the appropriate sexual health education needs to be provided to young people before they reach an age where they become sexually active.
- Medication and support needs to be provided to people who are already HIV

positive, so that they can live longer and more productive lives, support their families, and avoid transmitting the virus onwards.

- Support and care needs to be provided for those children who have already been orphaned by AIDS, so that they can grow up safely, without experiencing poverty, exploitation, and themselves falling prey to HIV.

Hoping, that every country will follow the example of Uganda and in the future try to decrease the spread of HIV/AIDS all around the world. The best future of this disease will be to cheat death. The best future of human beings is to eliminate this disease.

CONCLUSION

South African President Nelson Mandela to the 13th International Aids Conference in Durban said that 'Aids is clearly a disaster, effectively wiping out the development gains of the past decades, and sabotaging the future.' Experts had anticipated that, more than 20 years after it began, the spread of the disease would begin to slow by now. But the opposite has happen; this disease is just spreading everywhere each and every day.

As the statistics shows that every 13 minutes someone is infected with HIV. But with more than one third of the population infected with the HIV virus in some African countries, the latest figure shows that the epidemic has not reached such a peak and is continuing its

deadly course. This disease tends to take one life every 34 minutes and this life is not more than 25 years old. This disease should be called the "death of youth" or "death of future".

Our only other hope lies in a drug that could destroy viruses in the body. Until now we have none that is effective for this disease. For many years we have searched in vain for a single drug that would work well against a virus without killing the person who takes it. When such a drug appears it will almost certainly cure any kind of virus that exists, including HIV.

The problem with HIV virus is that there is no vaccine that we can take in order to prevent it. However, our researchers are not giving up; they are still searching and hoping for a

miracle to come. We will undoubtedly find such a drug one day but it is a long, long way off.

Poverty is one of the main ways that spread HIV/AIDS even further. Since the poverty and HIV/AIDS are related development concerns, the developed countries, non-governmental organization are supporting continuously other countries each year. One of the main supporters is the Global Fund and its major partners, which include President Bush's Emergency Plan for AIDS Relief (PEPFAR), the World Health Organization (WHO) and The Joint United Nations Programme on HIV/AIDS (UNAIDS). Money is disbursed to the front lines of the epidemics to be used by governments, nonprofits and communities.

All governments around the world, non-governmental organizations, AIDS national councils, researchers groups and other institutions, with their help and support, each day they try to make a difference in peoples lives and this is one of the reasons that Earth still is alive, and willing to fight any kind of enemies till the last breath.

Feel terribly bad to say that million of people have died and in the future other people will die as well. For every disease, with difficulties but we have found the medication, vaccine and cure, for sure the same thing will happen even for HIV/AIDS will be done or will die trying…

ABOUT THE AUTHOR

The Hon. Datuk Seri Mohammed Ali Rustam is the president of the World Assembly of Youth. He is the president of the 4B Youth Movement and also the chairman of the World Youth Foundation and World Youth Institute. He is formed president of the Malaysian Youth council and Melaka State Youth Council. In 2002, he has been awarded the National Youth Award for his outstanding achievements. He has been supported and assisted youth in all sectors and all parts of the world. He is the author of the book 'Youth and Globalization: Perspective', which was published in 2004 by the World Assembly of Youth. He was awarded an honorary Doctorate degree in Management (Youth Development) from the Malaysian National Technical University.

ABOUT THE EDITOR

Ediola Pashollari has been a volunteer of the World Assembly of Youth since 1999 and currently is working as the deputy secretary general of the World Assembly of Youth Secretariat in Melaka, Malaysia. She is an Albanian national, which has been living in Malaysia since early 1999s. She had supported and assisted in various local and international youth organizations. She also, had participated in various youth activities, programmes and international festivals. Ediola, in July 2004, was graduated as LLB (Hons.) in Northumbria University in Newcastle, United Kingdom. She likes to write about solving youth issues and problems. Each day, with her contribution, she is trying to make the future of youth in all over the world, a better day then yesterday.

The **Hon. Datuk Seri Hj. Mohd Ali bin Mohd Rustam** authors as insightful publication that brings up the world statistics of the most dangerous monster that the world has been facing for the past 2 decades.

World Responses to HIV/AIDS Pandemic is a very important way to educate every human being on HIV/AIDS Pandemic. No matter how they look like, where they come from or the age they have, everyone must read this book because it provides a general education on what we have learned from HIV/AIDS and how is still HIV/AIDS teaching us.

HIV/AIDS is the most powerful enemy that human beings have faced till now, we learned and we fought, but so far we have not won and not defeated either. Datuk Seri Ali Rustam, through this book is demonstrating what had happen and what we can do to stop this from taking more lives out of our hearts.

World Responses to HIV/AIDS Pandemic will updated, educate and inspire any reader towards participating on preventing the most dangerous death claming virus and making the world a happier place to live in.