"Stop AIDS. Keep the Promise."
THE TARGETS

UNGASS DECLARATION OF COMMITMENT (selected 2005 targets)
- Reduce HIV prevalence by **25%** among young people in the most affected countries
- Reduce the number of babies infected through mother-to-child transmission by **20%**
- Ensure at least **90%** of young people (aged 15-24 years) have the information, education, services and life-skills that enable them to reduce their vulnerability to HIV infection

MILLENNIUM DEVELOPMENT GOAL
- To have halted by **2015**, and begun to reverse, the spread of AIDS

WHO/UNAIDS “3 BY 5” STRATEGY
- To provide access to antiretroviral treatment to **3 million** people living with HIV in developing countries by the end of **2005**

THE THEME FOR WORLD AIDS DAY 2005

“STOP AIDS. KEEP THE PROMISE.”
*Can we keep the promise?*
The AIDS epidemic is a health and development catastrophe. Worldwide, 40 million people live with the virus. Last year, another three million people got infected. These infections were needless.

Consider the facts. We know plenty about the disease. We know what works and what doesn’t. So why has the necessary action to prevent the virus from spreading not been taken? Why is the epidemic still growing and not reversing? We need to have real commitments towards a target.

Targets help indicate progress and provide direction. In the last few years, a number of goals were set in response to HIV/AIDS:

- **2000 – Millennium Development Goal** to reverse the HIV/AIDS epidemic
- **2001 – The UNGASS Declaration of Commitment** covering various targets
- **2003 – The “3 by 5” strategy** to scale up antiretroviral drug therapy by 2005

These were extraordinary pledges, but they will be lost if action is not taken to make them real. The World AIDS Day 2005 theme – “Stop AIDS. Keep the promise.” – is an appeal for governments to keep their promises. It is a call for accountability. What was done or not done? The failure to respond can also provide lessons.

It is becoming increasingly clear that with sufficient will and resources, we can turn this epidemic around. It is not inevitable that tens of millions more people get infected, pass the virus to loved ones and then die. Another vision for the future of the pandemic is possible.

What is needed is political will. Few governments have effective interventions to prevent HIV spread through injecting drug use, although it is a major route of HIV transmission in this Region. Often punitive measures are taken, but these may only exacerbate the spread of HIV. We need courage and compassion to protect those most vulnerable.

AIDS, as a disease, is a tragic reflection of the state of affairs on this planet – sharp inequality, marginalized groups, crumbling health systems and policies that protect trade, not life. Tackling the epidemic involves confronting long-standing issues, such as drug use or the disempowerment of women. Yet here is our opportunity for change.

We have a catastrophe unfolding in our hands. We have to act boldly and urgently to change the course of the epidemic. It’s time to turn promises and targets into action and reality.

Dr Shigeru Omi
Regional Director
WHO Western Pacific Regional Office
In June 2001, 20 years after the advent of AIDS, the United Nations General Assembly held its first ever special session on the global AIDS pandemic. In an unprecedented session over a health issue, heads of state adopted a 16-page “Declaration of Commitment”. While it is not legally binding, it sets out a clear framework for action that leaders agreed to uphold. Many UNGASS strategies have a 2005 target for implementation. Thus, this year, it is pertinent to review progress and ask: have promises been kept?

### SUMMARY OF UNGASS TARGETS FOR 2005

#### On prevention
- Reduce HIV prevalence by 25% among young people (aged 15-24) in the most affected countries
- Ensure at least 90% of young people (aged 15-24) have the information, education, services and life-skills that enable them to reduce vulnerability to HIV infection
- Reduce the number of HIV-infected babies by 20% by expanding services to prevent mother-to-child transmission
- Implement prevention and care programmes in the workplace
- Implement prevention programmes for migrants and mobile workers
- Ensure a range of prevention programmes, catering for different cultures and languages, that reduce risky behaviour and expand access to condoms, clean drug injecting equipment, HIV testing and treatment for STI

#### On treatment and care
- Implement comprehensive care strategies to strengthen family and community health care for people infected and affected by HIV/AIDS and also improve supply and referral systems for access to drugs, medical and psychosocial care

#### On rights
- Implement strategies to empower women to control and decide on matters related to their sexuality so they can protect themselves from HIV infection
- Implement strategies to reduce women’s vulnerability to HIV/AIDS by eliminating all forms of discrimination and violence against them

#### On resources
- Increase annual spending on HIV/AIDS to US$7–10 billion in low- and middle-income countries and countries with high rates of infection.
THE STORY SO FAR

Overall, progress has been mixed and uneven. There has been dramatic developments in political commitment, treatment provision, as well as funding, which has jumped 20-fold since 1996. However, there has been little forward movement in prevention and human rights.

The number of people on antiretroviral therapy has increased to 1 million by June 2005, due to the “3 by 5” Initiative. But constraints to expansion persist.

Funding has been bumped up, partly because of the treatment initiative, to more than US$6 billion in 2004. National governments, too, have increased funds. However, a similar expansion of the AIDS response has not always followed. In many countries, the public health sector cannot cope with the mounting demand, crippled by a severe shortage of skilled healthcare workers and supporting infrastructure, such as laboratory and drug networks.

In terms of HIV prevention, the core interventions are still missing in many areas. Globally, fewer than one in five persons has access to basic HIV prevention programmes.

Young people still represent half of all new HIV infections worldwide, although twice as many now receive some HIV/AIDS information.

Epidemics in this Region tend to be concentrated (in risk groups) rather than generalized. Yet basic interventions are lacking for those most at risk – reaching less than 5% of drug users and 16% of sex workers. Political and cultural leaders are often unwilling to deal with issues pertaining to sex and drug use. Needle exchange and methadone programmes rarely make it on the agenda.

The low status of women also fuels the epidemic. Many women lack the knowledge, tools and services to protect themselves. Access to reproductive and sexual health services are woefully inadequate, particularly for young women. Improving such services could decrease HIV infection in children by up to 45% in some countries.

Progress in human rights has also been minimal. Punitive laws against those most at risk are common. Also, not many countries have legislation to prevent discrimination against people with HIV/AIDS. Cambodia stands out in this Region for instituting such laws.

The Declaration offers a plan for a response to the epidemic. And governments endorsed it. It is time to see whether targets have been met. Governments and social and cultural leaders need to be held accountable so we can turn promises into progress.
The Millennium Development Goals (MDGs) are an ambitious agenda to improve the lives of the world’s peoples. In September 2000, in one of the largest gatherings of world leaders, 189 heads of state endorsed the UN Millennium Declaration. The Declaration set out targets for eight goals for 2015.

The goals address key issues needing urgent attention in developing countries – poverty, gender equality, primary education, child and maternal mortality, HIV/AIDS and other diseases and the environment. Although ambitious, they are affordable and feasible. The strength of the MDGs is that they offer a roadmap and yardstick for development.

Health is a top development priority. Three of eight goals and eight of 16 targets relate directly to health. Placing HIV/AIDS as a goal recognizes the gravity of the global pandemic.

**GOAL (NUMBER 6) : Combat HIV/AIDS, malaria and other diseases**

**TARGET : Have halted by 2015, and begun to reverse, the spread of AIDS**

**SUGGESTED INDICATORS:**

**HIV prevalence among pregnant women (aged 15-24 years)**

This indicator measures the spread of the epidemic. About half of all new HIV infections occur among young people. Also, prevalence among pregnant women is a good proxy for the overall rate for the adult population. However, this is only true for generalized epidemics – the situation for only two countries in the Western Pacific Region. For countries with low-level, concentrated epidemics, HIV prevalence among high-risks groups needs to be monitored.

**Condom use rate of the contraceptive prevalence rate**

This indicator measures progress to reverse the spread of the epidemic, given that condoms are the only form of contraception to prevent HIV transmission. This indicator is not the same as condom use prevalence. It is computed by the number of women (aged 15-49) in marital or consensual union using condoms (regardless of use of additional contraceptive methods) divided by total number of women using contraception.

For an indicator for high-risk situations, condom use at last high-risk sex is measured. This is the percentage of young people (aged 15 –24 years) reporting condom use during the last sexual intercourse with a non-regular partner in the last 12 months.

Another indicator to reflect successful HIV prevention is knowledge of HIV/AIDS among young people (aged 15-24 years). Two proxy indicators are knowledge that condoms prevent HIV infection and that healthy-looking people can transmit the virus.

**Ratio of AIDS orphans attending school to non-orphans, aged 10-14 years**

This indicator measures the impact of the epidemic. Children orphaned by AIDS are more likely to drop out of school because of discrimination, distress or poverty.
Progress has been slow in the Western Pacific Region towards meeting the HIV/AIDS MDG. The epidemic continues to grow, not reverse, in many countries, with ample room for expansion. Certain populations such as injecting drug users remain at high risk with few effective programmes directed at them. Punitive approaches to high-risk behaviour have often exacerbated the epidemic.

However, to their advantage, overall adult prevalence is low in most Western Pacific Region countries, at 0.1% or less. Malaysia and Viet Nam have a prevalence of 0.4% in young pregnant women and a concentrated epidemic among injecting drug users (IDUs). HIV prevalence among IDUs in Viet Nam has reached 60%-70%.

The only two countries in the Region with generalized epidemics (defined as more than 1% prevalence among the adult population) are Cambodia and Papua New Guinea, with, respectively, 1.9% and 1.7% prevalence. Cambodia’s epidemic is now reversing (the only country in the Region to have done this) but Papua New Guinea is on an upward swing. In recent years, AIDS has been the leading cause of death in Port Moresby General Hospital. HIV prevalence among pregnant women in this city has also risen steadily, from 0.15% in 1998 to 1.3% in 2004.

For the indicator “condom use rate of contraception prevalence”, the limited data available indicate a low rate (less than 10%) in most countries. In fact, contraception access is lacking in many countries, with half or more of all women not using contraception. In Cambodia, just 18.5% of women (aged 15-49 years) were using modern contraception methods in 2000. Only in China and Viet Nam is contraceptive prevalence above 75%. When contraception access is so poor, how can HIV prevention and condom use be broached? HIV prevention and care need to be provided in the context of improved reproductive health services.

Knowledge in many countries is also poor. Among young women (aged 15-24), only 50% in the Philippines, 60% in Viet Nam and 64% in Cambodia knew that consistent condom use prevents HIV infection. HIV awareness thus needs to be improved.

The number of orphans is still relatively small to measure the third indicator.

Ten years still remain to meet the MDG target. The targets can be met, but bold responses focussed on vulnerable groups are needed. Some countries are taking such action. For example, 10 Chinese provinces have adopted the 100% Condom Use Programme for use in the sex industry. However, little has been done in the Region to address injecting drug use, despite it being a major vector for HIV transmission.
A target for treatment: “3 BY 5”

In December 2003, WHO and UNAIDS launched a groundbreaking strategy to jumpstart access to lifesaving drugs for people with AIDS. The “3 by 5” strategy set out a detailed plan to provide antiretroviral therapy (ART) in developing countries.

The “3 by 5” Initiative aims to get 3 million people on ART by the end of 2005

The initiative will be a step towards providing the ultimate goal of universal access to AIDS treatment for all who need it.

The need for the “3 by 5” Initiative was urgent. While ART is standard therapy in industrialized nations, it is almost a luxury in developing countries. Of the 1 million people who needed immediate ART in the Asia-Pacific Region in 2003, less than 5% of AIDS patients receive the treatment they need. ART is no longer prohibitively expensive, with the cost of drugs now as little as US$1 a day.

The “3 by 5” Initiative offers tools and guidelines to scale up ART. It includes detailed recommendations to help overcome the toughest obstacles such as poor health care infrastructure, manpower shortages, access to drugs and complicated costly drug regimens. It also streamlines ART, narrowing the various combinations of drugs from 35 to four.

A drug supply service, the AIDS Medicines and Diagnostics Service, provides technical assistance on accessing quality medicines and diagnostic tools at the best prices. And simpler tests are recommended to monitor treatment progress.

Expansion of ART has rapidly accelerated in the second half of last year. By June 2005, almost 1 million people globally were receiving ART in developing countries. In just one year, there was a 75% increase in people receiving treatment.

The number of people in Asia on ART has grown rapidly, to 150 000 by June 2005. About one in seven people in need of treatment are now on ART. Thailand now has more than 900 facilities offering ART and an additional 3000 people begin treatment every month.

In the Western Pacific Region, “3 by 5” has helped accelerate efforts to expand ART in Cambodia, China, Papua New Guinea and Viet Nam. In line with WHO targets, there are plans to provide treatment to half of those in need. This involves enormous work – and financing.

In 2003, less than 5% of AIDS patients in the Region receive the treatment they need.
The “3 by 5” strategy has elevated treatment as an issue. And this may be what is needed to advance prevention.

<table>
<thead>
<tr>
<th></th>
<th>Estimated number of people with HIV/AIDS</th>
<th>Estimated HIV/AIDS patients in need</th>
<th>ART “3 by 5” target for end of 2005</th>
<th>People in treatment June 2005</th>
<th>Coverage of patients in need June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>160 000</td>
<td>26 000</td>
<td>10 000-13 000</td>
<td>9000</td>
<td>35%</td>
</tr>
<tr>
<td>China</td>
<td>840 000</td>
<td>80 000-100 000</td>
<td>30 000-50 000</td>
<td>15 000</td>
<td>19%</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>60 000</td>
<td>6000-8000</td>
<td>2000</td>
<td>200</td>
<td>3%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>200 000</td>
<td>25 000-30 000</td>
<td>9000-12 000</td>
<td>300</td>
<td>1%</td>
</tr>
</tbody>
</table>

China is developing a national plan to scale up ART. The disease is gaining a higher political profile. A comprehensive care pilot project, China CARES, was initiated in 2002 to expand ART, voluntary testing and prevention of mother-to-child transmission. By the end of 2004, it was providing 11 000 people with ART. However, the project is constrained by limited human resource and laboratory capacity, among other factors.

In Cambodia, 3% of men and 2% of women now live with HIV/AIDS. The Government has drawn up national guidelines on ART, and is promoting voluntary, confidential counselling and testing centres. By June 2005, around 35% of people in need were on ART. A lack of funds limits further expansion.

In Papua New Guinea, the second country in the Region with a generalized epidemic, a care project was initiated in line with the “3 by 5” Initiative despite considerable constraints. Human resources capacity-building is one of the main challenges.

Until recently in Viet Nam, ART was only available at considerable costs in a few small pilot projects. There was no voluntary counselling. But there is now political commitment towards equity of access and 15 sites were selected for ART services in 2004. The cost of drugs is a major hindrance.

The “3 by 5” strategy has elevated treatment as an issue. Yet, despite the progress, we are still short of the targets. Many obstacles persist, including a lack of funding, technical support and trained health care workers, limited availability of HIV testing and weak medicine management and supply. Global action is also needed to further reduce the costs of drugs and diagnostics.

In the long run, treatment and prevention strategies need to be more synergetic, particularly in HIV testing and counselling, STI treatment and mother-to-child transmission. Reproductive health services also need to incorporate HIV/AIDS interventions.

From an emergency response to a crisis, “3 by 5” has evolved into a movement to provide lifesaving drugs for people with AIDS. The challenge is formidable. Yet the urgency and magnitude of what is at stake today calls for it.
HIV/AIDS: THE FACTS

GENERAL SITUATION

- About 40 million people are living with HIV/AIDS globally.
- More than 20 million people have died of AIDS.
- Women account for nearly half of all people living with the virus worldwide and nearly 30% of all infected people in Asia.
- Nearly five million people got infected with HIV and three million died of AIDS in 2003.
- More than 6000 people contract the virus every day.
- Global spending in 2003 was less than half of what was needed for 2005, and only one quarter of the amount needed for 2007.
- In Africa, 12 million children have lost one or both parents to AIDS.
- Donor funding for HIV/AIDS has increased 20-fold since 1996 to US$6 billion in 2004.
- AIDS is the leading cause of death of adults aged 15 to 49 years worldwide.
- In some countries, average life expectancy has fallen by a decade because of HIV/AIDS.

REGIONAL SITUATION

- About 1.5 million are living with HIV/AIDS in the Western Pacific Region.
- Drug use and sex work are the main driving forces of the epidemic across the Region, yet there are few interventions to address the problem.
- Nearly all countries in the Region have concentrated epidemics among people practising high-risk behaviour. Cambodia and Papua New Guinea are the only two countries with a generalized epidemic (defined as more than 1% prevalence among the adult population).
- The virus has spread to all 31 provinces and autonomous regions of China.
- In recent years, AIDS has been the leading cause of death in Port Moresby General Hospital. HIV prevalence among pregnant women in this city has also risen steadily, from 0.15% in 1998 to 1.3% in 2004.
- Cambodia has the highest national HIV prevalence in Asia, at 2.6% of the general population.
- In 2003 in Cambodia, an estimated 3% of men and 2% of women were living with HIV.
- Estimates indicate that nearly 30% of sex workers in Cambodia were HIV-positive.
- If nothing is done to stem HIV prevention, some 10 million Chinese may be infected by 2010.
- Injecting drug use is the main route of HIV transmission in China, Malaysia and Viet Nam.
- Studies show HIV prevalence among injecting drug users is as high as 80% in parts of Yunnan and Xinjiang, while in Viet Nam, prevalence has reached 60%-70%.
- Data from China’s national HIV surveillance system indicates about 45% of HIV/AIDS cases are from injecting drug use, 31% related to heterosexual transmission and 24% from blood products.
- In Malaysia, three quarters of all reported HIV infections were contracted via injecting drug use.
TREATMENT

- There are five to six million people in developing countries in need of ART, but at the end of 2003, only 400,000 had access to it, WHO estimates.
- By June 2005, the number of people on ART worldwide had soared to 1 million, largely due to the WHO/UNAIDS “3 by 5” campaign.
- The number of people receiving treatment in Asia increased by 50% in the first half of 2005 to 150,000, which covers roughly one in seven of those who need it.
- In affluent countries, HIV/AIDS deaths have declined by 70% due to ART.

WOMEN AND GIRLS

- Half of all new HIV infections occur among young people (aged 15-24 years), yet there are few reproductive and sexual health services available for them.
- Contraception access is lacking in many countries in the Region, with half or more of all women without contraception; only in China and Viet Nam is contraceptive prevalence above 75%.
- In Cambodia, just 18.5% of women (aged 15-49 years) were using modern contraception methods in 2000.
KNOWLEDGE AND SERVICES

- Surveys among young women in 38 countries found extremely low knowledge about how the virus was transmitted.
- Among young women (aged 15-24), only 50% in the Philippines, 60% in Vietnam and 64% in Cambodia knew that consistent condom use prevents HIV infection.
- In Mongolia, only a third of young people had comprehensive knowledge of HIV/AIDS.
- A study in rural China a few years ago found only 12% of the participants knew condoms helped prevent disease.

PREVENTION

- Globally, fewer than one in five persons has access to basic HIV prevention programmes.
- Comprehensive prevention programmes could avert nearly 30 million new HIV infections projected to occur in this decade.
- More than 1 billion condoms are needed for China’s sex industry alone, based on the official estimate of 6 million sex workers.
  - Surveys show 20% of Chinese sex workers have never used a condom.
  - In low- and middle-income countries in 2003, only one in 10 pregnant women was offered services for preventing mother-to-child transmission.
    - A 2003 coverage survey from 70 countries found less than 2% of pregnant women in the Western Pacific had access to services to prevent mother-to-child transmission.
    - Improving access to reproductive and sexual health services could decrease HIV infection in children by 35% to 45% in some countries.
    - Only a small number (less than one in 10) of adults (aged 15-49 years) in developing countries had access to voluntary counseling and testing.
      - In 2003, only about a third of low- and middle-income countries had a fully implemented surveillance system to track the epidemic.
      - Low use of prevention interventions (for example less than 5% among injecting drug users) reveals a critical coverage gap in the response.
One of the most urgent needs in the response to the epidemic is to scale up prevention programmes, particularly to those who need it most. Fishermen and seafarers make up a community that is often neglected. But one intervention in Viet Nam is making waves among this mobile community.

CASTING A SAFETY NET FOR FISHERMEN

For some time, Huynh Cong Huon has been concerned about the spread of HIV/AIDS. In the southern Vietnamese seaport of Bac Cau, where he works as a porter, he has watched many fishermen seek the “services” of local women in the area.

The young fishermen spend weeks away at sea, and when they dock at port for a few hours to unload fish and stock up on supplies, they are often eager for “sexual adventure”.

Last November, a staff member of the Kien Giang provincial health authority asked Huon to participate in a HIV prevention project for fishermen. He agreed without hesitation.

HIV infection is rising in Kien Giang province. Injecting drug use is a major mode of transmission, but the virus is increasingly being spread by sexual activity. HIV prevalence among fishermen was 1.3% in 2004 – far higher than the national prevalence of the adult population of 0.4%.

Huon, 53, is in quite unique position to provide HIV/AIDS messages. As the head of a team of 33 porters who unload fish from boats, he is a leader in his community.

He also has access to the fishermen. Huon begins his working day at 2 a.m. He is there when the boats arrive in the port in the early hours of the morning. And as a head porter, he is the first to step on to the boats when they dock.

Every time Huon boards a boat, he will sit and talk for a while with the crew - usually 20 to 30 young men. He talks not only about the fish that need to be unloaded, but also about the risk of HIV and safe sex. He also hands out condoms and leaflets provided by the province. He has the unique opportunity to reach the crew before they leave the boat to enjoy a few hours of free time on land.

Sometimes his team of porters go and have coffee with the fishermen, and Huon will also use this opportunity to talk about safe sex.

Every day, 60–100 boats come into the port before Huon and his team finish work at 1 p.m. Three other head porters also act as HIV educators. They are paid US$20 a month. Once a month, they meet with district doctors and other people working in HIV prevention.

Married with seven children, Huon has worked for the seaport since it opened in 2003. He is now part of a growing number of initiatives bringing HIV prevention directly to the vulnerable population.

Fishermen in Viet Nam have been recognized as a vulnerable community for HIV/AIDS, but few prevention activities are targeted at them. The Government’s National Strategy for HIV/AIDS, issued in 2004, supports the development of prevention activities among injecting drug users, sex workers and their clients. This project is partly supported by WHO.
World AIDS Day is observed every year on 1 December to draw attention to the pandemic. Activities are held to raise awareness or funds, or to motivate people or leaders to take action.

Here are some possible issues related to targets for 2005:

- Do 90% of young people have the knowledge/services to protect themselves from HIV?
- Has the government increased its spending on AIDS? Is annual HIV/AIDS funding now at least US$ 7 billion in low- and middle-income countries with high HIV rates?
- What kind of treatment and care is available locally? Are hospices and psychosocial care available?
- Are there laws to protect women against violence?
- What is the availability of reproductive and sexual health services?
- Do migrant workers have easy access to information and services for HIV/AIDS?

### PLANNING AN ACTIVITY:

- **Set your objectives:** Decide what you want to achieve.
- **Develop partnerships:** Share expenses and knowledge by jointly organizing an event.
- **Target the audience:** Who do you want to reach? Cater the event/activity to them.
- **Research your subject:** Get your facts right. Focus on the target community or local situation.
- **Plan each step:** Choose a venue, plan the materials needed and estimate the budget. Have deadlines for each step.
- **Invite participation:** Enlist people to come. Consider inviting a celebrity or local leader.
- **Publicize the event:** Get the word out. Notify the media.
Spread the Message…with talks, walks, songs, shows!

**WHAT ACTIVITY?**

Think what would make an impact locally. Be creative! For ideas, consider what has been done before:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red ribbon promotion</td>
<td>Wear ribbons and get others to. Pin ribbons on people at a mall. Give out AIDS information.</td>
</tr>
<tr>
<td>Walk for life</td>
<td>An “AIDS walk-a-thon” can raise money by having walkers sponsored by the community.</td>
</tr>
<tr>
<td>Red ball</td>
<td>Raise money in a charity ball. Add a twist by having a red-only dress code.</td>
</tr>
<tr>
<td>Letter writing campaign</td>
<td>Get people to press local leaders for action.</td>
</tr>
<tr>
<td>Candy and condoms giveaway</td>
<td>Hand out AIDS information and protection sweetly!</td>
</tr>
<tr>
<td>AIDS Ribbon</td>
<td>Draw attention with a huge AIDS ribbon. A 17-foot ribbon was displayed in People’s Park, New York. Hundreds of people came for the unveiling.</td>
</tr>
<tr>
<td>Creative writing competition</td>
<td>Get children to write about the disease. Publish winning entries.</td>
</tr>
<tr>
<td>Theatre, mimes and dances</td>
<td>Theatre, mimes and dances in the street. Bring in performers to draw in crowds.</td>
</tr>
<tr>
<td>Candlelight vigil</td>
<td>Pass a “Light of Hope” and have readings, poems and music. Show photos and share stories afterwards.</td>
</tr>
<tr>
<td>Interfaith prayer service</td>
<td>Make it a multicultural event.</td>
</tr>
<tr>
<td>Fun quiz</td>
<td>Get people to see what they know/don’t know on HIV/AIDS.</td>
</tr>
<tr>
<td>Rally for life</td>
<td>Spread information through a mobile convoy. A motorcycle rally in India included a cargo van with a television and large projector airing AIDS films.</td>
</tr>
<tr>
<td>Art show</td>
<td>Describe emotions endured because of the disease, including fear, rage and mourning, through stories, poetry, film and visual displays.</td>
</tr>
<tr>
<td>Educate to educate</td>
<td>Teens at one American school completed the Red Cross’ HIV/AIDS Education Program to become educators themselves. The learning also involved viewing the film, In Our Own Words.</td>
</tr>
</tbody>
</table>
Governments often cite funding as the limiting factor to scaling up the AIDS response. Yet according to the Asian Development Bank, governments can well-afford to increase spending on the epidemic. In 2003, only US$200 million was available from public and donor funding in the Asia-Pacific region. The peak resource needs of US$ 5 billion annually for the years 2007-2010 amount to just 0.2% of the region’s income for 2001.

Resources need to be used efficiently and appropriately. Nearly all countries in the region have concentrated, rather than generalized, epidemics, yet frequently, money is thrown into campaigns aimed at the general public.

Stop AIDS. Keep the Promise. All member countries of the United Nations agreed to meet the UNGASS and MDG targets. Have these targets been met? What about national targets? Have promises been translated into effective action? Political momentum, now at a new height, and must not be lost. This year, more than any other time, we must do all we can to ensure promises are kept.
WEB RESOURCES:

UN General Assembly on AIDS:
http://www.un.org/ga/aids/coverage/

ICASO on 2005 General Assembly High-level Meeting:

UN MDG homepage:
http://www.undp.org/mdg/news

World Bank MDG 6 data page:
http://ddp-ext.worldbank.org/ext/MDG/gdmis.do

WHO’s “3 by 5” initiative:
http://www.who.int/3by5/en/

ABBREVIATIONS AND DEFINITIONS

HIV – Human immunodeficiency virus
A virus that attacks the immune system, causing AIDS after several years or more.

AIDS – Acquired immune deficiency syndrome
A group of illnesses resulting from an immune system weakened after years of battling HIV.

STI – Sexually transmitted infections

UNAIDS – Joint United Nations Programme for HIV/AIDS

WHO – World Health Organization