

Reporting Manual on HIV/AIDS



HIV/AIDS Reporting

December 2005



Dear Journalist,

We are pleased to present you with this reporting guide on HIV/AIDS and other public health issues. It has been designed for journalists covering the global epidemic, often on short notice. The Kaiser Family Foundation undertook this project as part of its continuing commitment to combating HIV/AIDS through public education and awareness.

The material covers a broad range of subjects including the science, treatment and prevention of HIV/AIDS. The epidemic is not only a battle against a virus. It can also be a battle about ideas, cultural taboos, stigma and discrimination. For that reason, we have included information about the political and social aspects of the epidemic. For example, we describe language that may, inadvertently, promote discrimination and suggest alternatives. The manual also provides basic information about malaria and tuberculosis. You should view this as a reference guide. A more in-depth source of information on HIV/AIDS can be found at www.kff.org and www.globalhealthreporting.org. You will also find links at www.kaisernetwork.org to animated and graphic materials designed for television and print outlets.

Kaiser has always believed that journalists have a significant role to play in informing the public and public policy officials. This reporting guide, we hope, will contribute to that process.

Sincerely,

A handwritten signature in black ink, appearing to read "Drew Altman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Drew Altman
President and CEO
Kaiser Family Foundation

TABLE OF CONTENTS

Acronyms	1
Timeline	3
Glossary	8
FAQs About HIV/AIDS	18
FAQs About Covering HIV/AIDS	21
Sensitive Language	22
Opportunistic Infections	25
Important Terms in Antiretroviral Therapy	29
FDA-Approved Antiretroviral Therapy	30
Key Figures	34
Country Experiences	44
TB	49
Malaria	51

ACRONYMS

ACRONYM	DESCRIPTION
3 x 5	Three by Five
ABC	Abstinence, Be Faithful, Condom use
ADAP	AIDS Drug Assistance Program(s)
ADC	AIDS Dementia Complex
AIDS	Acquired Immunodeficiency Syndrome
ART, ARV	Antiretroviral Therapy, Antiretroviral(s)
AZT	Zidovudine
U.S. CDC	Centers for Disease Control and Prevention (U.S.)
CNN	Condoms, Needles, Negotiation
DOTS	Directly Observed Treatment or Therapy Short-course
ELISA	Enzyme-Linked Immunosorbent Assay
FDA	Food & Drug Administration (U.S.)
FDC	Fixed Dose Combination
FI	Fusion Inhibitor
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV/AIDS
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IAVI	International AIDS Vaccine Initiative
IDU	Injection Drug User
ISC	International Steering Committee for People with AIDS
LIFE Initiative	Leadership and Investment in Fighting An Epidemic Initiative (U.S.)
MDR-TB	Multi Drug Resistant Tuberculosis
MSM	Men Who Have Sex With Men
MTCT	Mother-to-Child Transmission
NAPWA	National Association of People With HIV/AIDS

ACRONYM	DESCRIPTION
NEP	Needle Exchange Program
NIH	National Institutes of Health (U.S.)
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor
NRTI	Nucleoside Reverse Transcriptase Inhibitor
OGAC	Office of the Global AIDS Coordinator (U.S.)
OI	Opportunistic Infection
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PHI	Primary HIV Infection
PI	Protease Inhibitor
PLWHA	Person or People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RBM	Roll Back Malaria
STD / STI	Sexually Transmitted Disease, Sexually Transmitted Infection
TAC	Treatment Action Campaign (South Africa)
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNICEF	The United Nations Children's Fund
USAID	The United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WTO	World Trade Organization
ZDV	See AZT

TIMELINE

Pre-1981

Early signs. While 1981 is referred to as the beginning of the HIV/AIDS epidemic, several recent reports indicate HIV was present years earlier.

1981

AIDS detected. United States Centers for Disease Control and Prevention (CDC) report first cases of rare pneumonia in young gay men.

1982

The disease is named. The CDC formally establishes the term Acquired Immune Deficiency Syndrome, AIDS. CDC initially identifies four “risk factors”: male homosexuality, injection drug use, Haitian origin and hemophilia A.

AIDS in Africa. The journal, The Lancet, reports an African disease known as “slim” is actually AIDS.

1983

New risk group. The CDC adds female sexual partners of men with AIDS as a fifth risk group.

Organizing efforts. In the United States, the National Association of People with AIDS (NAPWA), National AIDS Network (NAN) and Federation of AIDS Related Organizations form.

1984

The virus is identified. Scientists Luc Montagnier of the Pasteur Institute in France and Robert Gallo of the National Cancer Institute in the United States isolate the human retrovirus that causes AIDS. It is later named the Human Immunodeficiency Virus (HIV).

Preventive measures. World’s first needle exchange program (NEP) begins in the Netherlands. It is designed, initially, to address Hepatitis-B among injection drug users (IDU). Later expanded to address HIV transmission.

1985

First international AIDS conference. It is sponsored by the World Health Organization (WHO) and the United States Department of Health and Human Services (HHS) and held in Atlanta, Georgia.

Detecting the virus. The United States Food and Drug Administration (FDA) approves the first HIV antibody test. Blood products begin to be tested in the US and Japan.

Mother to Child. The United States Public Health Service issues first recommendations for preventing transmission of HIV from mother to child.

AIDS and US military. The United States Department of Defense announces it will begin testing all new recruits for HIV infection and will reject those who are positive.

The disease accelerates. At least one case of HIV/AIDS is reported in every region of the world. Almost two-million people worldwide are living with HIV/AIDS, according to estimates by the Joint United Nations Programme on AIDS (UNAIDS).

1986

HIV/AIDS in Russia. The first HIV case reported in the former Soviet Union.

Call to action. The United States Institute of Medicine calls for a national education campaign and creation of National Commission on AIDS.

Organizing globally. International Steering Committee for People with HIV/AIDS (ISC) is created. (In 1992, name changed to Global Network of People Living with HIV/AIDS, or GNP+.)

1987

First drug treatment. The FDA approves the first antiretroviral agent for the treatment of AIDS. It is called Zidovudine or AZT.

Vaccine testing. The FDA sanctions first human testing of candidate vaccine against HIV.

Reagan and AIDS. United States President Ronald Reagan makes first public speech about AIDS and establishes Presidential Commission on HIV.

Mandated testing. The United States adds HIV as a “dangerous contagious disease” to its immigration exclusion list. It mandates HIV testing of all immigration applicants.

Global efforts broaden. WHO launches the Global Program on AIDS. (GPA)

1988

International recognition. WHO declares first World AIDS day on December 1st.

Organizing around AIDS. The United States National Institutes of Health (NIH) establish the Office of AIDS Research and the AIDS Clinical Trials Group. (ACTG)

Needle exchange. First comprehensive needle exchange program established in North America in Tacoma, Washington.

1990

Conference boycott. To protest US immigration policy, domestic and international non-governmental groups boycott the 6th Annual International AIDS conference in San Francisco, California.

Treating children. The FDA approves use of AZT for pediatric AIDS.

The disease accelerates. Over nine million people are living with HIV/AIDS worldwide, according to UNAIDS estimates.

1991

AIDS symbol. Red ribbon is introduced as the international symbol of AIDS awareness and solidarity.

1992

AIDS deaths. AIDS becomes the number one cause of death among American men 25 to 44 years old and remains so through 1995.

1995

Treatments advance. FDA approves first protease inhibitor—saquinavir—for use in combination with other HIV drugs. This ushers in a new era of highly active antiretroviral therapy. (HAART)

UNAIDS created. The Joint United Nations Programme on HIV/AIDS established to coordinate efforts of six different UN programs devoted to AIDS. It is known as U-N AIDS and becomes operational in 1996.

Russian activism. Russia enacts a federal AIDS law, guaranteeing free access to treatment for HIV-positive citizens.

The disease accelerates. 23 million people worldwide are living with HIV/AIDS, according to UNAIDS estimates.

1996

Vaccine development. A non-governmental organization forms to eliminate barriers to development of an HIV vaccine. It is called the International AIDS Vaccine Initiative, IAVI.

Brazilian activism. Brazil manufactures generic antiretroviral drugs in a challenge to international patent laws. The drugs are free for those in need. Becomes first developing country to begin national ARV distribution.

1997

US progress. AIDS-related deaths in the US decline by more than 40% compared to the prior year, largely due to HAART.

1998

Vaccine trials. The first large scale human trial of an HIV vaccine begins in North America.

African American activism. African American leaders declare a “state of emergency” in the African American community due to HIV/AIDS

South African activism. Treatment Action Campaign (TAC) is formed in South Africa. The grassroots movement pushes for access to treatment.

1999

New U-S funding. The US announces new funding for the global pandemic. It is administered through LIFE, the Leadership and Investment in Fighting Epidemic Initiative.

Vaccine trials. The first human vaccine trial in a developing country begins in Thailand.

Mbeki on AIDS. South African President Thabo Mbeki stirs worldwide controversy by questioning the link between HIV and AIDS.

2000

Global attention. US and UN Security Council declare HIV/AIDS a security threat.

Conference landmark. Under the slogan, “Breaking the Silence,” the 13th International AIDS conference is held in a developing nation--South Africa. It heightens awareness of the global pandemic and its impact in hard hit regions.

Cheaper drugs. UNAIDS, WHO and other global health groups announce initiative with five major drug makers to negotiate lower prices for AIDS drugs in developing countries.

Kaunda on AIDS. Former Zambian President Kenneth Kaunda announces his son’s death in 1986 was from an AIDS-related illness. Pledges commitment to fight AIDS.

African teens. UNAIDS predicts up to half of teens in the most severely affected nations of southern Africa will die prematurely because of AIDS.

The disease accelerates. 35-million people worldwide are living with HIV/AIDS, according to UNAIDS estimates.

2001

Global attention. UN General Assembly convenes first-ever special session on HIV/AIDS.

Global activism. UN Secretary General Kofi Annan calls for creation of a Global Fund at the African summit on HIV/AIDS in Abuja. US offers first pledge to support Global Fund.

Cheaper drugs. The World Trade Organization (WTO) meeting in Doha, Qatar, agrees that despite patent laws, developing countries can buy or manufacture cheaper generic drugs to meet public health crises, such as HIV/AIDS.

Drug makers respond. Generic drug manufacturers offer to produce discounted, generic forms of HIV/AIDS drugs. Several brand name drug makers agree to offer further reduced drug prices in developing world.

AIDS in South Africa. The Government's Department of Health reports 4.74 million South Africans are HIV-positive.

Death in Africa. AIDS is the leading cause of death in sub-Saharan Africa, according to UNAIDS and the WHO.

2002

Global Fund. The Global Fund to Fight AIDS, Tuberculosis and Malaria becomes operational and awards its first round of grants.

South African government acts. The government commits to intensifying campaign to prevent HIV infection. Campaign rests on premise that HIV causes AIDS.

Drug access. US President George W. Bush issues Executive Order to help developing countries import or produce less-expensive generic forms of HIV drugs. UNAIDS, WHO and other global health groups announce initiative with five major drug manufacturers to negotiate reduced prices for AIDS drugs in developing countries.

Deaths worldwide. HIV becomes leading cause of death worldwide among those 15 to 59 years of age.

Women and HIV. UNAIDS reports that women comprise half of all adults living with HIV/AIDS worldwide.

2003

WHO campaign. WHO launches 3x5, the campaign to provide antiretroviral treatment to three million people by 2005.

Vaccine trial in South Africa. Phase one of a human vaccine trial launched in South Africa in partnership with U-S.

Putin speaks. Russian President Vladimir Putin, in his Annual Address to the Federal Assembly, describes declining life expectancy as a serious threat to Russia's future. He says "AIDS is making it worse."

Bush plan. United States President George W. Bush announces, PEPFAR, the President's Emergency Plan for AIDS Relief; a five-year, 15 billion dollar initiative to address HIV/AIDS, tuberculosis and malaria primarily in hard hit countries.

Drug access. The William J. Clinton Presidential Foundation secures price reductions for AIDS drugs from generic manufacturers. 13 developing nations will benefit.

The disease accelerates. 40-million people worldwide are living with HIV/AIDS, according to UNAIDS estimates.

2004

Conference landmark. The XV International Conference on AIDS was held in Bangkok, Thailand. First conference held in Southeast Asia.

Bush plan begins. PEPFAR, President Bush's Emergency Plan for AIDS Relief, begins first round of funding.

Women and AIDS. UNAIDS launches The Global Coalition on Women and AIDS to raise the visibility of the epidemic's impact on women and girls around the world.

2005

Economic Priority. At World Economic Forum's Annual Meeting in Davos, Switzerland, priorities include a focus on addressing HIV/AIDS in Africa and other hard hit regions of the world.

Historic Announcement. At a historic and unprecedented joint press conference, the World Health Organization, UNAIDS, the United States Government and the Global Fund to Fight AIDS, Tuberculosis and Malaria announce results of joint efforts to increase the availability of antiretroviral drugs in developing countries.

GLOSSARY

A

1. **ABC**

A – Abstaining from sexual activity or delaying the age of first sexual experience.

B – Be faithful or mutual monogamy with an uninfected partner

C – Correct and consistent condom use

The ABC approach to behavior change promotes the adoption of these three behaviors as central to HIV prevention efforts.

2. **Abstinence**

Refraining from sexual activity. In the context of HIV/AIDS, this term also refers to delaying the age of first sexual experience.

3. **Accidental Exposure or Accidental Transmission**

This usually refers to HIV transmission that occurs in the health care setting. Transmission can occur from patient to provider or vice-versa.

4. **Acute HIV Infection**

The first stage of HIV infection, this is the period immediately following infection with HIV. The length of the acute stage can last anywhere from a few days to several weeks. HIV multiplies rapidly and can be transmitted to others during this time. Acute HIV infection is also known as primary HIV infection (PHI).

5. **ADAP - AIDS Drug Assistance Program(s)**

AIDS Drug Assistance Programs are U.S. federally-funded, state-administered programs. They provide HIV-related medications to people with HIV/AIDS with limited or no health insurance coverage.

Eligibility for ADAP is determined on a state-by-state basis, as are the drugs that are covered. Because of budget cuts and growing drug costs, some ADAP's currently have waiting lists and there is wide variation in access to these programs.

6. **Affected Community**

Persons living with HIV/AIDS, and other related individuals including their families and friends, whose lives are directly influenced by HIV infection and its physical, social and emotional effects.

7. **AIDS**

Acquired Immuno Deficiency Syndrome (AIDS) occurs when an individual's immune system is weakened by HIV to the point where they develop any number of diseases or cancers. People who haven't had one of these diseases or cancers, but whose immune system is shown by a laboratory test to be severely damaged are also considered to have progressed to an AIDS diagnosis.

8. **AIDS-defining illness**

These include a variety of conditions that occur at late stages of HIV disease and that signal progression to AIDS. According to UNAIDS, many individuals first become aware of their infection at this stage.

9. **AIDS Dementia Complex (ADC)**

AIDS Dementia Complex, also known as HIV Dementia, is a condition caused by HIV that affects the brain and causes a person to lose their mental ability. Symptoms include loss of coordination and interest in one's surroundings, mood swings, and mental dysfunction. Memory loss and limited mobility can also develop. ADC usually occurs after a person has developed serious opportunistic infections, but can also occur at an earlier stage. ADC can be prevented and treated with antiretroviral therapy.

10. Antenatal

Occurring before birth.

11. Antibodies

Molecules in the body that identify and destroy foreign (unfamiliar) substances such as bacteria and viruses. Standard HIV tests identify whether or not antibodies to HIV (HIV antibodies) are present in the blood. A positive HIV test signals that antibodies are present.

12. Antiretroviral Therapy (ART)

ART refers to any of a range of treatments that include antiretroviral medications. These drugs are designed to destroy retroviruses such as HIV, or interfere with their ability to replicate.

13. Asymptomatic

A person with HIV is asymptomatic if they do not show signs and symptoms of the disease. This is also the second stage of HIV disease progression and can last for many years after infection. The virus can be transmitted during this stage.

C

14. Care & Treatment

Care and treatment encompass the range of interventions necessary to take care of people living with HIV/AIDS, including **antiretroviral therapy**, treatment and prevention of **opportunistic infections**, nutrition support, psychological and community support.

15. CD4 (T4) cell/ count

These cells control the body's immune response against infections and are the primary targets for HIV. HIV multiplies within these cells and eventually destroys them. As a result, the immune system becomes progressively weaker. CD4 cell count is used as one measure of HIV disease progression. The lower a person's CD4 cell count, the more progressive the HIV disease and deterioration of the immune system.

16. U.S. Centers for Disease Control & Prevention (CDC)

The United States Federal agency responsible for protecting individuals' health and safety. CDC's activities emphasize disease prevention, control, health education and health promotion. CDC also conducts international prevention activities for HIV, TB, malaria and other diseases.

17. Clinical Trial

A scientific study designed to evaluate the safety, **efficacy** and medical effects of a treatment (e.g. **antiretroviral therapy, vaccine**). A treatment must proceed through several phases of clinical trials before it is approved for use in humans.

18. CNN

C - Condom use

N - use clean Needles

N - Negotiating skills

CNN is an approach to behavior change that promotes the adoption of these three behaviors as central to HIV prevention efforts, especially in areas where injection drug use (IDU) is responsible for a significant portion of HIV transmission. Some consider CNN to be an alternative or addition to the ABC method, which promotes abstinence, being faithful and condom use.

19. Combination therapy

The use of two or more antiretroviral drugs in combination. The use of three or more antiretroviral drugs is referred to as **HAART**.

20. Complementary & Alternative therapies

Treatments that are outside the scope of western medicine. The effectiveness of these therapies in combating HIV infection has not been proven.

21. Cross Resistance

The phenomenon where HIV resistance to one drug (see **drug resistance**) prompts resistance to other drugs in the same class. An example of this is nevirapine resistance resulting in resistance to efavirenz.

D

22. DDT

DDT (dichlorodiphenyltrichloroethane) was the main insecticide used during the 1950s and 1960s in the World Health Organization's (WHO) global campaign to eradicate the mosquitoes that carry malaria. DDT has a history of being a highly controversial insecticide. It has been banned from agricultural use in almost all countries. Currently, the WHO recommends use of DDT for malaria control through indoor spraying. Through WHO's efforts, malaria was successfully eradicated from North America and Europe.

23. Down Low

A term that has been used to refer to men who have sex with men but do not necessarily identify as gay or bisexual and may not disclose this information to others. These men may also be having sexual relations with women who are sometimes unaware of their partners' activities.

24. Drug-drug interaction

A situation where a drug changes the way another drug works in the body, also known as a *synergistic effect*. This can result in increased or decreased effectiveness of either drug. Drug-drug interactions can also lead to unintended side effects.

25. Drug resistance

The ability of HIV to reproduce despite the presence of anti-HIV drugs. Drug resistance results from mutations that arise during HIV replication.

26. Dry Sex

Women using various agents to 'dry out' the vagina before sexual intercourse. This practice is often based on cultural beliefs, but inadvertently can increase the risk of HIV transmission because condoms break more easily from the friction and a dry vaginal wall can lead to tears and lacerations during intercourse.

E

27. Efficacy

The measurement of a drug's or treatment's ability to heal, regardless of dose. For example, the efficacy of an **antiretroviral** drug is the most benefit that the drug can cause without considering how much of the drug is taken.

28. Endemic

The constant presence of a disease or infectious agent within a given geographic area or population group; can also refer to the usual prevalence of a given disease within such area or group.

29. End-stage disease

The four stages of HIV disease are acute infection, asymptomatic, chronic symptomatic and AIDS. Although AIDS is the end-stage of HIV disease, it is possible to live for years after an AIDS diagnosis given appropriate drug therapy.

30. Epidemic (types- low, concentrated, generalized)

The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

There are different ways to describe the distribution of an HIV epidemic in an area:

- Low-level: HIV prevalence is low across the general population and is still low among higher-risk sub-populations
- Concentrated: HIV prevalence does not exceed 1% in the general population but does exceed 5% in some sub-populations (e.g. among sex workers, IDU, MSM).
- Generalized: HIV prevalence exceeds 1% in the general population

F

31. Fixed dose combination (FDC)

Fixed dose combination treatment refers to a combination of two or more drug products, such as antiretrovirals, in a single pill. The use of these single-pill combinations is essential to the 3 by 5 initiative because they are practical for use in resource-limited settings. An example of FDC is the single-pill combination of stavudine, lamivudine and nevirapine.

G

32. Generic

A drug that is identical, or bioequivalent, to a brand name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. The generic name of a drug is the common name of a drug, which is not protected under any manufacturer's copyright. It is the more commonly used format when referring to a drug in medical literature or the media. In addition, generic sometimes refers to less expensive, but chemically identical, medications manufactured by companies that did not invent the drug. In some countries, generic drugs come on the market after a patent on the drug has expired. In other countries, generic drugs are manufactured and sold even before a patent expires.

33. Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2001 at the urging of UN Secretary General Kofi Annan. The Global Fund is a partnership among governments, the private sector and affected communities. It is an independent grant-making organization whose purpose is to help developing countries fight AIDS, tuberculosis and malaria.

H

34. **Highly Active Antiretroviral Treatment (HAART)**

A course of treatment that involves the use of three or more antiretrovirals.

35. **HIV test**

The standard HIV-test looks for the presence of HIV antibodies in the blood. HIV antibodies are molecules produced by the body once it detects the presence of HIV. The production of HIV antibodies does not happen immediately after exposure to the virus and the period after infection before production of antibodies is called the window period. During the window period, an HIV test may be negative. It is possible to test negative despite the presence of HIV in the body. There are several different kinds of HIV tests used to screen for the presence of antibodies.

36. **Human Immunodeficiency Virus (HIV)**

The virus that causes AIDS. HIV can be transmitted through infected blood, semen, vaginal secretions, breast milk and during pregnancy or delivery. There are two types of HIV, HIV-1 and HIV-2. Both are transmitted through the same methods/manners and result in progression to AIDS. HIV-1 is responsible for the overwhelming majority of global infections, whereas HIV-2 is less widespread and primarily found in West Africa.

I

37. **IDU**

IDU stands for Injection Drug Users, and refers to individuals who use needles to inject drugs.

38. **Immune system**

The body's system of defense against foreign organisms such as bacteria, viruses or fungi.

39. **Immunodeficiency**

A state where the immune system cannot defend itself against infection. HIV progressively weakens the immune system and causes immunodeficiency.

40. **Immunosuppression**

A state where the immune system cannot function normally because it has been weakened. This can arise from drugs and medical treatments (chemotherapy) or diseases (HIV). An immune system that is immunosuppressed may also be referred to as immunocompromised.

41. **Incidence**

The number of new cases of a disease in a population over a specific period of time (eg. annual number of new HIV cases in a country).

42. **Incubation period**

The period of time between HIV infection and the onset of symptoms.

M

43. Malaria

Malaria is a disease caused by parasites that are transmitted to humans via mosquito bites. Symptoms of infection may include fever, chills, headache, muscle pain, fatigue, nausea and vomiting. These symptoms usually appear between 9 and 14 days after a person is bitten by an infected mosquito. In severe cases, the disease can be life threatening.

44. MDR-TB

Acronym for “multidrug resistant tuberculosis”. A strain of tuberculosis that is resistant to two or more anti-TB drugs. MDR-TB usually arises when people take only enough medication to feel better, but not the full amount prescribed by a physician. The weaker bacteria are killed, but the stronger bacteria survive and reproduce. These stronger bacteria, when fully grown and causing sickness again, will not be curable with the same treatment and require larger doses of the drug or an entirely new, stronger drug. MDR-TB is a large problem in developing countries, where continual supervision of treatment is not always possible.

45. Microbicides

Microbicides are products designed to reduce the transmission of microbes. Research is underway to determine whether microbicides can be developed to successfully reduce the transmission of sexually transmitted diseases, including HIV. Microbicides would be applied topically, either in the vagina or anus and could be produced in many forms, including films, creams, gels, suppositories or as a ring or sponge that releases the active ingredient over time.

46. Mother-to-child transmission

This refers to transmission of HIV from an HIV-positive mother to her child during pregnancy, labor and delivery or breastfeeding. Transmission from mother to child is also referred to as perinatal and vertical transmission.

47. MSM

MSM stands for Men who have Sex with Men. For assessing disease risk, use of the term “MSM” is often used instead of “gay”, “homosexual” or “bisexual” because it refers to a risk behavior, rather than an identity that may or may not be tied to a behavior. In many countries and cultures, men who have sex with other men may not perceive themselves as gay or bisexual.

48. MTCT

This stands for “mother-to-child transmission.”

49. MTCT plus

MTCT is “**mother to child transmission**” of HIV. Numerous programs have been designed to help reduce or prevent such transmission by providing **antiretroviral** drug treatment (and other prevention services) to pregnant women infected with HIV. More recent efforts have included a “plus,” an expansion of services, including antiretroviral treatment for mothers, even after the recommended course of therapy for prevention of transmission to the child has ended. A five-year MTCT plus initiative was launched in 2002.

50. Multidrug Resistant Tuberculosis (MDR-TB)

See *MDR-TB*.

51. Mutation

A change in an organism's genetic structure that arises during the process of multiplication. HIV multiplies quickly and changes form during the process. These changes allow for the formation of **drug resistant** strains of the virus.

O

52. Opportunistic Infection (OI)

Diseases that rarely occur in healthy people but cause infections in individuals whose **immune systems** are compromised as a result of HIV infection. These organisms are frequently present in the body but are generally kept under control by a healthy immune system. When a person infected with HIV develops an OI, they are considered to have progressed to an AIDS diagnosis.

P

53. Pandemic

A worldwide epidemic; occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

54. Pathogen

A substance or organism that causes disease.

55. PEPFAR

President Bush's Emergency Plan for AIDS Relief (PEPFAR) is a US\$ 15 billion, 5-year initiative, beginning in FY 2004, to address HIV/AIDS, TB and malaria in developing countries. It includes almost US\$ 10 billion in new money targeted at 15 focal countries and for the Global Fund. To date, PEPFAR has supported anti-retroviral treatment for approximately 235,000 men, women and children in Africa, Asia and the Caribbean. It was authorized by the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003.

56. Perinatal transmission

Transmission of HIV from an HIV-positive mother to her child during pregnancy, labor and delivery or breastfeeding. Perinatal transmission is also known as mother-to-child or vertical transmission.

57. Placebo

A substance that resembles a real medication but has no medical effect.

58. PMTCT

PMTCT stands for "prevention of **mother-to-child transmission**." UNAIDS outlines a three-part strategy to prevent HIV transmission from an HIV-positive mother to her child.

- a. Protect females of child-bearing age against HIV infection
- b. Avoid unwanted pregnancies among HIV-positive women
- c. Prevent transmission during pregnancy, delivery and breastfeeding by providing voluntary counseling and testing, **antiretroviral therapy**, safe delivery practices and breast milk substitutes when appropriate.

59. Prevalence

Prevalence is a measure of the proportion of the population that has a disease at a specific period in time.

60. Prevention (primary, secondary)

In the context of HIV, prevention activities are designed to reduce the risk of becoming infected with HIV (primary prevention) and the risk of transmitting the disease to others (secondary prevention). Prevention services include voluntary counseling and testing, condom distribution, disease surveillance, outreach and education and blood safety.

61. Primary HIV infection (PHI)

The first stage of HIV infection, this is the period immediately following infection with HIV. The length of this stage can last for several weeks. HIV multiplies very often and can be transmitted to others during this time. PHI is also known as *Acute HIV Infection*.

62. Prophylaxis

Prophylaxis refers to the prevention or protective treatment of disease. Primary prophylaxis refers to the medical treatment that is given to prevent onset of an infection. Secondary prophylaxis refers to medications given to prevent recurrent symptoms in an existing infection.

63. PWA / PLWA / PLWHA

These are acronyms for “Person or people with HIV/AIDS” and “Person or people living with HIV/AIDS.”

R

64. Risky behavior

This refers to any behavior or action that increases an individual’s probability of acquiring or transmitting HIV. Some examples of risky behaviors are having unprotected sex, having sex with multiple partners and injecting drugs. Alcohol use has also been linked to risky behavior because of its effect on an individual’s ability to make decisions and negotiate safer sex.

S

65. Sexually transmitted disease/infection (STD/STI)

Any disease or infection that is spread through sexual contact.

66. Social marketing

Social marketing techniques have been used worldwide to promote a range of HIV-related prevention techniques including condom use. Social marketing refers to the adaptation of commercial marketing techniques to achieve social goals and encourage the adoption of healthier behavior.

T

67. Tuberculosis

Tuberculosis is a bacterial infection caused by *Mycobacterium tuberculosis*. The disease usually affects the lungs but can spread to other parts of the body in serious cases. An individual can become infected with TB when another person who has active TB coughs, sneezes, or spits. Not all people who become infected with TB develop symptoms. Those who do not become ill are referred to as having latent TB and cannot spread the disease to others.

U

68. UNAIDS

This acronym refers to the Joint United Nations Programme on HIV/AIDS. It is a part of the UN and is a collaboration among ten organizations and the UNAIDS Secretariat.

V

69. Vaccine

A substance that contains a deactivated infectious organism designed to stimulate the immune system to protect against subsequent infection from the active organism. A preventive vaccine preempts infection from that organism. A therapeutic vaccine improves the ability of the immune system of a person already infected with the organism, to defend itself.

70. VCT

'Voluntary Counseling and Testing' programs are a critical component of both HIV prevention treatment activities. VCT is an internationally accepted intervention designed to enable people to learn their HIV status and receive counseling about risk reduction and referral to care if they are HIV positive.

71. Vertical Transmission

Transmission of HIV from an HIV-positive mother to her child during pregnancy, birth or breastfeeding. Vertical transmission is also referred to as mother-to-child or perinatal transmission.

72. Viral Load

The amount or concentration of HIV in the blood. There is a correlation between the amount of virus in the blood and the severity of disease – the higher the viral load, the more progressive the HIV disease. A viral load test is an important tool for doctors in monitoring illness and determining treatment decisions.

73. Vulnerable populations

Populations that are at increased risk of exposure to HIV due to socioeconomic, cultural or behavioral factors. Vulnerable populations include refugees, poor people, men who have sex with men, injection drug users, sex workers and females particularly in countries or communities where gender inequality is pronounced.

W

74. World Health Organization (WHO)

The World Bank is a development Bank that provides loans, policy advice, technical assistance and knowledge sharing services to low and middle income countries to reduce poverty. The World Bank is a co-sponsor of UNAIDS and has committed over US \$1.6 billion to fight the spread of HIV/AIDS.

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FREQUENTLY ASKED QUESTION ABOUT HIV/AIDS

What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV destroys certain blood cells called CD4 or T cells. These cells are crucial to the normal function of the immune system which defends the body against illness. When the immune system has been compromised by HIV, a person typically develops a variety of cancers and viral, bacterial, parasitic and fungal infections.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. It occurs when the immune system is weakened by HIV to the point where a person develops any number of diseases or cancers. A person without these diseases or cancers can still be diagnosed with AIDS if a laboratory test shows a severely damaged immune system.

How is HIV detected?

It is impossible to look at someone and know whether he or she is HIV-positive. The only sure way to determine this is through an HIV test. A blood sample can reveal the presence of the virus. If the blood sample contains HIV antibodies—proteins the body produces to fight off the infection—the person is HIV-positive.

How is HIV transmitted?

HIV is primarily transmitted through unprotected sex, including vaginal, anal and oral sex. Certain bodily fluids including blood, semen, vaginal secretions and breast milk spread HIV. The virus can also be transmitted through infected blood contained in needles used to inject drugs. An HIV-infected woman can pass the virus to her baby during pregnancy or breast-feeding. HIV is also transmitted through contaminated, unscreened blood supplies.

How is HIV not transmitted?

HIV is not an easy virus to pass from one person to another. The virus does not survive well outside the body. So, it cannot be transmitted through casual or everyday contact such as shaking hands or hugging. Sweat, tears, vomit, feces and urine do contain small amounts of HIV, but they have not been reported to transmit the disease. Mosquitoes and other insects do not transmit HIV.

How can HIV transmission be prevented?

The surest way to avoid transmission is to avoid identified high-risk behaviors. If that is not done various health organizations have determined that: latex condoms can significantly reduce the risk of transmission; that pregnant women who are HIV-positive can reduce transmission to their children through HIV/AIDS antiretroviral treatment; and that intravenous drug users should not share needles.

How long does it take for HIV to become AIDS?

The length of time varies from person to person and depends a great deal on whether there is access to treatment. Generally, for those getting drug treatments, there can be a period of ten years or more for HIV to become AIDS. UNAIDS estimates that in countries where there is little or no access to treatment the period of time for the majority of people is eight to ten years.

What is the link between HIV and Tuberculosis?

HIV weakens the immune system and increases the likelihood of becoming infected with TB. An estimated one-third of all people living with HIV/AIDS worldwide are co-infected with TB and TB is one of the leading causes of death among those infected with HIV.

What is the link between HIV and Sexually Transmitted Diseases (STDs)?

People with a sexually transmitted disease are far more vulnerable than others to becoming infected with HIV. For example, genital ulcers caused by herpes create an entry point for HIV. STDs create concentrations of cells in the genital area that become targets for HIV. Also, HIV-positive people are far more vulnerable to acquiring additional sexually transmitted diseases than other people. Their immune systems are compromised which means the body has a more difficult time fighting off infection.

Is there a cure for HIV/AIDS?

There is no known cure for HIV/AIDS. There are medical treatments that can slow down the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS. Researchers are testing a variety of vaccine candidates, but it is likely that a successful vaccine is years away.

How many people have HIV/AIDS?

The United Nations Joint Programme on AIDS (UNAIDS) estimates there are 40.3 million people worldwide living with HIV/AIDS. International scientists estimate that without stronger prevention measures there could be a total of 45 million cases of HIV/AIDS by the year 2010.

What HIV/AIDS statistics are the most reliable?

UNAIDS provides the most extensive set of statistics related to the global epidemic at www.unaids.org. The statistics are compiled in consultation with country-level experts and international epidemiologists. Every country keeps count in its own way and some are more complete than others. (Read more in Frequently Asked Questions about Covering HIV/AIDS.)

What do endemic, epidemic, pandemic mean?

Endemic is the constant presence of a disease or infectious agent in a certain geographic area. Epidemic is the rapid spread of a disease in a certain area or among a certain population group. Pandemic is a worldwide epidemic; an epidemic occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

What is ARV?

ARV stands for antiretroviral. It is a type of drug designed to slow the reproduction of HIV in the body. If ARV treatment is effective, the onset of AIDS can be delayed for years. It is recommended that ARV drugs be used in combination. You can find more details about specific drugs in the drug glossary.

What is HAART?

HAART stands for highly active antiretroviral therapy. It is the combination of at least three ARV drugs that attack different parts of HIV or stop the virus from entering blood cells. Even among people who respond well to HAART, the treatment does not eradicate HIV. The virus continues to reproduce but at a slower pace.

What is drug resistance?

Drug resistance is the ability of an organism (e.g. a virus, bacterium, parasite or fungus) to adapt, grow and multiply even in the presence of drugs that usually kills it. It reduces the ability of ARV drugs to block the replication of HIV. In some people on HAART, HIV mutates into new strains that are highly resistant to current drugs.

What is ABC?

ABC stands for **a**bstinence, **b**eing faithful to a single partner and **c**ondom use. It is an approach to prevention that certain organizations and governments promote as a means to stop the spread of HIV.

What is the Global Fund?

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2001 at the urging of UN Secretary General Kofi Annan. The Global Fund is a partnership among governments, the private sector and affected communities. It is an independent grant-making organization whose purpose is to help developing countries fight AIDS, tuberculosis and malaria.

What is 3x5?

3x5 is a campaign launched in 2003 by the World Health Organization and UNAIDS and directed at developing countries. The goal was to get three million people, infected with HIV, on antiretroviral drugs by the year 2005. Although 3x5 has more than doubled the number of people receiving ARVs from 400,000 in 2003 to more than 1 million in June 2005, WHO officials have declared the goal of 3 million is unlikely to be met. Of the 6 million people estimated to need ARVs, only 8% have access to the drugs.

What is absorptive capacity?

Absorptive capacity in the context of the global epidemic is used to refer to the ability of developing countries to efficiently spend foreign aid money. Given the limitations of health systems in developing countries, it is a challenge to process, disperse and manage outside assistance especially since many developing countries receive aid from numerous donors, each with their own preferences and requirements.

FREQUENTLY ASKED QUESTIONS ABOUT COVERING HIV/AIDS

Is there really a difference between reporting that someone has AIDS or is HIV-positive?

Yes, there can be a difference. HIV-positive means someone is infected with the virus. It is possible an HIV-positive person will not be showing any symptoms and may or may not have progressed to an AIDS diagnosis. Someone who has AIDS has a severely weakened immune system. It is better to be specific about the stage of illness.

Who do I turn to for the most reliable numbers related to the epidemic?

There is a great deal of controversy and confusion about HIV/AIDS statistics. It is a very tricky exercise to find statistics that are meaningful and relevant because of the methodological difficulty to assessing estimates and actual numbers. Before using any, be absolutely certain you understand what they mean, who collected them, how they were collected and over what period of time. If you find numbers that contradict each other go back to your sources and ask them to explain the contradiction. UNAIDS and the Center for Disease Control and Prevention (CDC) are good places to start in the search for statistical information. You may also want to check directly with your country's health agency.

How important is confidentiality in reporting on HIV/AIDS?

The identity of a person with HIV/AIDS should not be disclosed without the explicit permission of that person. In many countries a person publicly identified as being HIV-positive or as having AIDS will be shunned and stigmatized—in the home, the community, at work. If a person agrees to be identified, it is a reporter's responsibility to make sure he or she understands the potential consequences of that decision.

What are the common stereotypes that slip into HIV/AIDS reporting?

The HIV/AIDS population is diverse and your reporting should reflect that. The goal, of course, is to be objective and factual. Stay away from making value judgments. A common stereotype involves what types of people become infected. High-risk behavior (e.g. unprotected sex, sex with multiple partners and injected drug use) is certainly a significant factor. But, there is also a complex array of factors including social and economic circumstances that cause vulnerability to HIV infection. Another common stereotype is to assume that if someone is in a high-risk population group, he or she is very likely to become infected. This is not necessarily true. For example, many men who have sex with men practice safer sex and have a single partner. So, they are not at a significantly greater risk than the general population.

What words do I want to be cautious about using in the context of HIV/AIDS?

Refer to the list that we have assembled. But, in general, do not use words that incorrectly stereotype or stigmatize people with HIV/AIDS, perpetuate myths about the disease or carry value judgments. Do not use terminology that general audiences cannot easily understand. This is especially important when reporting on medical stories. The goal is to be precise without being so dense your audience will not understand what you are reporting.

What are the pitfalls when reporting on treatments for HIV/AIDS?

HIV/AIDS treatment is a complex area and there are many different treatments available for HIV/AIDS – some treat the virus itself, others treat the symptoms and illnesses caused by the virus. However, none is a cure. It is easy to confuse a cure for a disease related to HIV infection, as opposed to a cure for HIV/AIDS itself. It is also easy to describe the drugs used to slow the growth of the virus as a cure. Again, there is no cure. There are human vaccine trials underway to seek a cure for HIV.

Is it accurate to say that someone died of AIDS?

AIDS is a syndrome that can be defined by any number of diseases and cancers. There is no singular disease that is called AIDS. When someone who had been diagnosed with AIDS does die, it is technically more accurate to report that he or she died of an AIDS-related illness, of HIV-related causes or due to HIV disease.

SENSITIVE LANGUAGE

The following table includes a list of language to be sensitive to when reporting on HIV/AIDS. It is intended to aid in an understanding of the complexities of reporting on HIV. In some cases, you may want to consider an alternative word or phrase. In others, you may end up using language that could be considered sensitive. The important thing is to be aware of the issues that surround these terms and their usage.

SENSITIVE LANGUAGE	WHY	ALTERNATIVES
AIDS/ HIV carrier	This is a stigmatizing term, which focuses on an individual as a carrier of disease. It is important to emphasize that HIV/AIDS is a disease that can be managed and lived with, rather than focusing on the diseased status of the individual.	HIV-positive, Person/ man/ woman living with HIV
AIDS Orphan	This term may stigmatize the child and the child's condition and may also be misinterpreted to mean that the child is HIV-positive. The child may not be HIV positive but may have lost one or both parents due to HIV.	Orphans, Children affected by HIV/AIDS
AIDS sufferers/ victims	These words evoke images of helplessness and weakness.	People living with HIV/AIDS
AIDS test	The test determines the presence of HIV antibodies; therefore it tests for HIV infection, not AIDS. The progression to AIDS is the last stage of HIV disease.	HIV (antibody) test
AIDS virus	The correct name of the virus is HIV. AIDS is a syndrome caused by HIV.	HIV, The virus that causes AIDS
Body fluids	This phrase is very broad and can refer to a range of body fluids, not all of which can transmit HIV. It is always better to be specific.	Specify the fluids (e.g., blood)
"Catch AIDS"	HIV is transmitted (e.g. sexually, mother-to-child, via blood), and then leads to the development of AIDS. Unlike contagious diseases, HIV cannot be "caught." HIV is not a contagious disease, i.e. it cannot be transmitted through casual contact (e.g. Sneezing, coughing, saliva).	Contract HIV Become infected with HIV, become HIV-positive
"Died of AIDS"	While this is frequently used, AIDS is actually a syndrome that can be defined by many different diseases. HIV gradually weakens a person's immune system and leads to one or more of many illnesses (opportunistic infections), which signal the progression to AIDS. These illnesses are the eventual cause of death.	"Died of an AIDS-related illness" "Died of an HIV-related illness"
Drugs for AIDS	This may be misinterpreted as meaning that there are cures for HIV/AIDS. It is important to clarify that while there are drugs to treat the symptoms, prevent and treat opportunistic infections and slow the progression of the disease, they cannot completely rid the body of the virus.	Anti-HIV therapy, AIDS-related drugs, Drugs to prevent and treat opportunistic infections (OI)
Full-blown AIDS	This is an older term that is rarely used anymore. Progression to AIDS is one stage of HIV disease.	AIDS

SENSITIVE LANGUAGE	WHY	ALTERNATIVES
Gay/ homosexual/ bisexual	These terms, particularly gay and bisexual, refer to an identity that may or may not be tied to a behavior. In many countries and cultures, men who have sex with other men may not perceive themselves as gay, bisexual or homosexual. It is important to distinguish between behavior (which can place an individual at increased risk of transmitting and acquiring HIV) and sexual identity, particularly when talking about HIV transmission.	Men who have sex with men (MSM)
HIV and AIDS, HIV or AIDS	They are not two diseases. Rather, they are different stages of HIV disease.	HIV/AIDS, HIV disease
HIV-infected person	“HIV-positive” is preferable to “HIV-infected,” as the latter term places emphasis on the infection, rather than the individual living with it	Living with HIV, HIV-positive, (Having) contracted HIV
HIV virus	This term is redundant. HIV stands for “Human Immunodeficiency Virus”	HIV
Innocent (victim), Guilty	This infers that certain modes of transmission are worse than others and that some HIV-positive individuals deserve their status.	Omit the word “innocent” or “guilty”
Promiscuous	This term is based on the perception of an individual’s behavior. It places a negative connotation on an individual who may look a certain way, have or be perceived to have more than one sexual partner and does not accurately reflect the social context of transmission. For example, an individual may be in a polygamous marriage, which is socially and religiously acceptable in many societies. It is important not to use language that judges others’ behaviors or is based on misconceptions or stereotypes.	This is a value judgment that should be avoided
Prostitute	This term has a negative connotation. It does not accurately describe situations in which women may be forced into exchanging sex for money or food due to gender inequality and lack of alternative economic opportunity.	Sex worker, Commercial sex worker
Risk group vs. Risk behavior	The phrase “risk group” may be interpreted as referring to the only people who are at-risk of contracting HIV. Individuals who do not belong to these groups may gain a false sense of security from infection. Additionally, individuals in a “risk group” may not practice risky behavior. An example of this is an injection drug user who uses clean needles that are not shared.	Risky behavior
Safe sex	There is always an inherent risk to becoming infected with HIV when having sex with an HIV-infected partner.	Safer sex
Scourge, plague, dreaded disease	These words are overly dramatic and over used. They also may imply judgment and it may be better to substitute with less dramatic language such as medical terms.	Disease, Epidemic, Illness
Sufferer, Victim	These terms imply passiveness and helplessness.	Avoid using these terms
Suspected (of having HIV), admitted (to having HIV)	These terms may foster stigma because they imply secrecy.	Avoid using these terms

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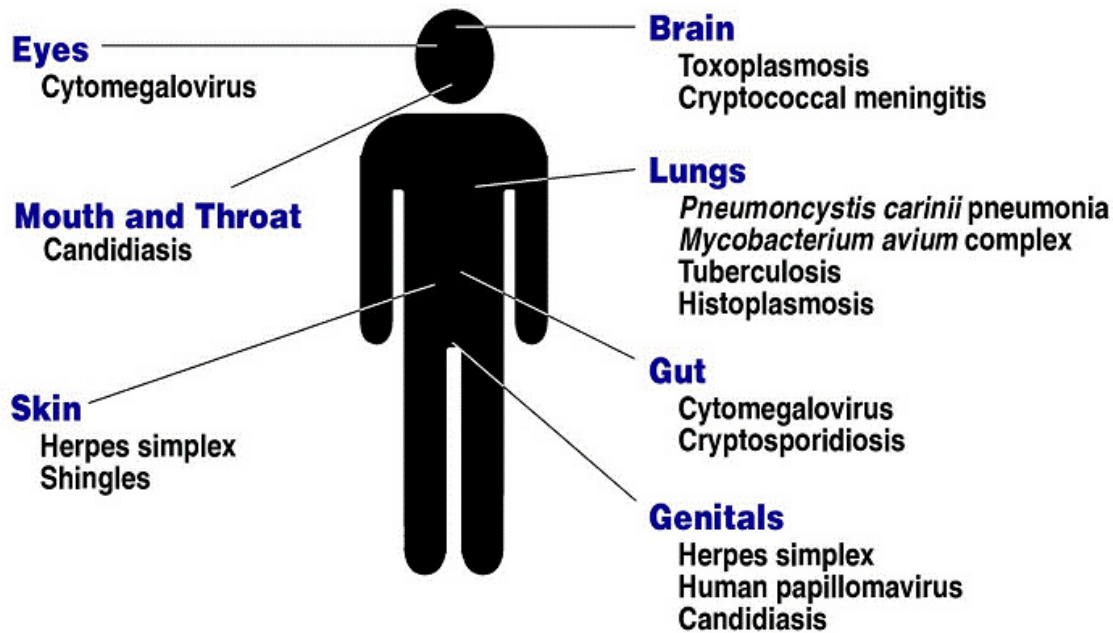
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Organ-Specific Opportunistic Infections in HIV-Infected Individuals



Fauci, A.S. (2004, March 20) *HIV Therapies and Vaccines: Progress and Priorities*. Kaiser Family Foundation: AIDS in America: A Forgotten Epidemic? A Conference for News Leaders. Barbara Jordan Conference Center, Washington D.C.

GENERAL NOTES

- **Opportunistic Infections (OI)** are diseases that rarely occur in healthy people but cause infections in individuals whose immune systems are compromised as a result of HIV infection. Organisms that cause OIs are frequently present in the body but are generally kept under control by a healthy immune system. HIV gradually weakens a person's immune system and leads to the development of one or more opportunistic infections, which signals the progression to AIDS. These illnesses are the eventual cause of death. When a person dies as a result of an opportunistic infection, it is said that he/she died due to an HIV-related illness or AIDS-related illness, rather than died of AIDS.
- **Prophylaxis** refers to the prevention or protective treatment of disease. Primary prophylaxis refers to the medical treatment that is given to prevent onset of an infection. Secondary prophylaxis refers to medications given to prevent recurrent symptoms in an existing infection.
- **Antiretroviral therapy** refers to any of a range of treatments that include antiretroviral medications. These drugs are designed to destroy retroviruses such as HIV, or interfere with their ability to replicate. HAART (Highly Active Antiretroviral Treatment) refers to a course of treatment that involves the use of three or more antiretroviral drugs. HAART strengthens the immune system and therefore helps protect against opportunistic infections.

BRAIN

Cryptococcal Meningitis [krip-toe-KOK-kull men-in-JY-tiss] is caused by *Cryptococcus*, a fungus commonly found in soil contaminated by bird droppings. People become infected with *Cryptococcus* by breathing in dust that is contaminated with the fungus. Although most people have been exposed to this fungus it does not usually cause disease in healthy individuals. Among people with HIV, infection most often results in meningitis. Symptoms may include fever, headache, nausea, vomiting, stiff neck, mental confusion, vision problems and coma. Cryptococcal meningitis does not spread from one person to another. Primary prophylaxis (treatment to prevent disease) and secondary prophylaxis (treatment to prevent disease recurrence) are available. The disease can be treated with anti-fungal medications. Without treatment, death can occur quite rapidly.

Toxoplasmosis [tock-so-plaz-MO-siss] (also referred to as Toxo) is an infection caused by a parasite found in cat feces, raw meat, raw vegetables and soil. Infection can result from eating contaminated food or contact with cat droppings. Toxo can infect many parts of the body but most commonly causes encephalitis, an infection of the brain. It cannot be spread from one person to another and does not cause infection among people with healthy immune systems. Symptoms may include fever, confusion, headache, personality changes, tremors and seizures and can result in coma and death. Primary and secondary prophylaxes are available. Toxo can be treated with a combination of anti-toxo drugs.

EYES

Cytomegalovirus [sigh-TOE-meg-a-low-VY-rus] (also referred to as **CMV**) is a virus that typically causes an eye disease called **retinitis** [ret-tin-EYE-tis]. Retinitis is the most common type of CMV infection among people with HIV. CMV can be passed from person-to-person through saliva, semen, vaginal secretions, urine, breast milk and transfusions of infected blood. While anyone can be infected with CMV, illness occurs only among people with weakened immune systems. Symptoms may include blind spots and blurred, distorted or decreased vision that can progress to complete blindness. Primary prophylaxis may be recommended in certain cases. Forms of treatment for retinitis include intravenous medications, pills and injection of drugs directly into the eye. Secondary prophylaxis is also available. If left untreated the disease will cause blindness.

MOUTH

Candidiasis [can-did-EYE-a-sis] is the most common fungal infection in people with HIV. It usually affects the mouth, throat, lungs and vagina (see *Genitals*). The fungi that cause Candidiasis are naturally present in the human body and are responsible for most cases of the disease, but rare cases of person-to-person transmission have been recorded. Although anyone can develop the disease, it is more common among people with HIV. Infection in the mouth is called *thrush* and can cause pain when swallowing, nausea and loss of appetite. Symptoms of throat infection may include chest pain and difficulty swallowing. Primary prophylaxis is not recommended and use of secondary prophylaxis may be recommended in certain cases. There are a variety of treatments available to control infection.

SKIN

Herpes simplex [HER-peeZ SIM-plex] is a disease caused by the Herpes simplex virus. There are two types of Herpes simplex virus (HSV): HSV1, which causes cold sores or blisters around the mouth and the eyes; and HSV2, which causes genital or anal herpes. The viruses are spread from one person to another by contact with an infected area such as the mouth and genitals. Symptoms appear in outbreaks of rash, which may involve itching, tingling and the appearance of painful blisters or sores. HSV can affect anyone but outbreaks are more frequent and more serious in people with HIV. Although there is no prevention or cure for HSV there are treatments that shorten the length and severity of the outbreaks.

Herpes zoster [HER-peeZ ZOS-turr], also known as **shingles**, is caused by the virus responsible for the chickenpox, Herpes Varicella-zoster virus. Although it can also affect HIV-negative individuals it is most common among people with HIV because of their weakened immune systems. It results in very painful rashes and blisters on the chest, back and face. The rash typically affects one side of the body and lasts for a few weeks. There are no primary or secondary prophylaxes available for shingles. Treatments include anti-herpes drugs and pain medications.

INTESTINES / GUT

Cryptosporidiosis [krip-toe-spor-rid-ee-O-sis] (also referred to as Crypto) is an intestinal infection that is easily spread through contact with water, feces or food that have been contaminated with a common parasite called *Cryptosporidium*. Symptoms may include diarrhea, nausea, vomiting, weight loss and stomach cramps. Infection usually lasts one to two weeks in HIV-negative individuals, but can last much longer and be life threatening in people with HIV. While there are no medications that prevent or treat crypto, there are a variety of treatments to control the diarrhea caused by infection.

Cytomegalovirus [sigh-TOE-meg-a-low-VY-rus] (also referred to as CMV) is a virus that most commonly affects the eyes (see CMV retinitis), but among people with HIV it can also cause colitis [ko-LY-tis], which is an infection of the colon. CMV can be passed from person to person through saliva, semen, vaginal secretions, urine, breast milk and transfusions of infected blood. While anyone can be infected with CMV, illness occurs only among people with weakened immune systems. Symptoms of CMV colitis may include abdominal pain, diarrhea, cramps, weight loss and blood loss. Primary and secondary prophylaxes, and treatments are available.

GENITALS

Candidiasis [can-did-EYE-a-sis] is the most common fungal infection in people with HIV. It usually affects the vagina, mouth (see *Mouth*), throat and lungs. The fungi that cause Candidiasis are naturally present in the human body and are responsible for most cases of the disease, but rare cases of person-to-person transmission have been recorded. Although anyone can develop the disease it is more common among people with HIV. Symptoms of vaginal infection may include white discharge, itching, and pain during urination or sexual activity. Primary prophylaxis is not recommended and secondary prophylaxis may be recommended in certain cases. Anti-fungal treatments help control the fungus but recurrence of the infection is common.

Herpes simplex [HER-peeZ SIM-plex] is a disease caused by the Herpes simplex virus. There are two types of Herpes simplex virus (HSV): HSV1, which causes cold sores or blisters around the mouth and the eyes, and HSV2, which causes genital or anal herpes. The viruses are spread from one person to another by contact with an infected area such as the mouth and genitals. Symptoms appear in outbreaks of rash, which may involve itching, tingling and the appearance of painful blisters or sores. HSV can affect anyone but outbreaks are more frequent and more serious in people with HIV. Although there is no prevention or cure for HSV there are treatments that shorten the length and severity of the outbreaks.

Human papillomavirus [pa-pill-LOW-muh-VY-rus] (also referred to as HPV) is a commonly occurring genital infection that is caused by a group of viruses called human papillomavirus. HPV is easily passed from person to person through direct contact with infected areas, for example during sexual activity. It can cause genital warts, which look like bumps on the penis, vagina and anus. Certain types of HPV are also linked to cervical cancer. The virus can be passed from one person to another even when a person is asymptomatic. Anyone can be infected with HPV but infection is usually short in healthy people. Among people with HIV, HPV infection is more serious, can recur frequently and last for long periods of time. Primary and secondary prophylaxes for HPV are not available. While there is no cure for HPV there are numerous ways to remove warts and dysplasias.

LUNGS

Histoplasmosis [hiss-toe-plaz-MO-sis] is caused by a fungus found in soil contaminated with bird droppings or other organic matter. People get infected by breathing in dust that is contaminated with the fungus. Anyone can be infected with the fungus but people with HIV are more likely to develop the disease. Symptoms may include fever, weight loss, fatigue, difficulty breathing and swollen lymph nodes. Histoplasmosis typically affects the lungs, but among people with weakened immune systems, the disease can spread to the rest of the body. That is a serious complication that can be fatal if left untreated. Histoplasmosis is not transmitted through person-to-person contact. Primary prophylaxis is not currently recommended. Anti-fungal medications are available for treatment of histoplasmosis and secondary prophylaxis is available to prevent disease recurrence.

***Mycobacterium avium* Complex** [MY-ko-back-TEER-ree-um A-vee-um] (also referred to as MAC) is an illness caused by *Mycobacterium avium* and *Mycobacterium intracellulare*. These two similar types of bacteria are commonly found in water, soil, dust and food. Anyone can be infected with the bacteria but HIV-infected individuals are at higher risk of developing serious disease. Disease symptoms may include fever, weight loss, night sweats and weakness. Infection can occur at one site in the body or can spread throughout the body. A variety of drugs are available to treat and prevent MAC.

***Pneumocystis carinii* pneumonia** [NEW-mo-SIS-tis CA-RIN-nee-eye new-MO-knee-yuh] (also referred to as PCP), now known as *Pneumocystis jiroveci* [yee-row-vet-zee] pneumonia, is caused by a fungus and usually appears as a lung infection. The fungus is believed to be spread through the air. Although it can be present in the lungs of any individual, it causes serious disease only when an infected individual's immune system becomes weakened. It is the most common opportunistic infection among people with HIV. Symptoms may include dry cough, chest tightness, fever and difficulty breathing. Although PCP is entirely preventable and treatable, it is a serious disease that can be fatal if untreated. There are a variety of drugs available for primary and secondary prophylaxis and treatment of PCP.

Tuberculosis [too-burr-qu-LOW-siss] (also referred to as TB) is a common bacterial infection among people with HIV. An individual can become infected with TB when another person who has active TB coughs, sneezes or talks. Although TB also affects HIV-negative individuals, people with HIV are at higher risk of infection. While not all infected people become ill, TB infection speeds up HIV progression and is the leading cause of death among people with HIV worldwide. Symptoms may include fever, cough, night sweats, weight loss, fatigue, swollen lymph nodes and coughing up blood. Primary prophylaxis is available but secondary prophylaxis is not considered to be necessary. A variety of antibiotics are used in treatment of TB. Depending on the severity of infection, treatment can last for many months or even years.

IMPORTANT TERMS IN ANTIRETROVIRAL THERAPY

TERM	DESCRIPTION
Antiretroviral Therapy (ART or ARV)	ART (or ARV) refers to any of a range of treatments that include antiretroviral medications. These drugs are designed to destroy retroviruses, such as HIV, or interfere with their ability to replicate. The four classes of antiretroviral drugs currently available are nucleoside reverse transcriptase inhibitors (NRTI), non-nucleoside reverse transcriptase inhibitors (NNRTI), protease inhibitors (PI) and fusion inhibitors. The drugs on the following pages are all antiretrovirals.
Combination Therapy	The use of two or more antiretrovirals in combination.
Food and Drug Administration (FDA)	The U.S. Department of Health and Human Services' agency responsible for ensuring the safety and effectiveness of all drugs, biologics, vaccines and medical devices, including those used in the diagnosis, treatment and prevention of HIV infection, AIDS and AIDS-related opportunistic infections. The FDA also works with the blood-banking industry to safeguard the nation's blood supply.
Fusion Inhibitor	Fusion Inhibitors are a class of ART that work by blocking HIV from entering target cells and preventing it from multiplying, since HIV needs to be inside the cells to make copies of itself.
Generic Name	A drug that is identical or bioequivalent to a brand name drug in dosage, safety, strength, how it is taken, quality, performance and intended use. The generic name of a drug is the common name of the drug and not protected under any manufacturer's copyright. It is the more commonly used format when referring to a drug in medical literature or the media. Generic sometimes refers to less-expensive but chemically identical medications manufactured by companies that did not invent the drug. In some countries, generic drugs come on the market after a patent on the drug has expired. In other countries, generic drugs are manufactured and sold even before a patent expires.
HAART (Highly Active Antiretroviral Therapy)	Refers to ARV treatment regimens that act aggressively to suppress the replication of HIV and progression of HIV disease. The usual HAART regimen involves the use of three or more antiretrovirals.
Nucleoside Reverse Transcriptase Inhibitor (NRTI)	Nucleoside Reverse Transcriptase Inhibitors are a class of ART that block the replication of HIV by interfering with Reverse Transcriptase (RT), a protein that HIV needs to make more copies of itself.
Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)	Non-nucleoside Reverse Transcriptase Inhibitors are a class of ART that block the replication of HIV by interfering with Reverse Transcriptase, a protein that HIV needs to make more copies of itself. NNRTIs work in a slightly different way than NRTIs.
Protease Inhibitor (PI)	Protease Inhibitors are a class of ART that act by blocking the function of protease, a protein that HIV needs to make more copies of itself.
Trade/Brand Name	The trade name is the name designated by the drug manufacturer. The first letter of the trade name is capitalized.

FDA-APPROVED ANTIRETROVIRAL THERAPY

Generic Name	Pronunciation	Trade/Brand Name	Class	Date of FDA Approval	Description
Zidovudine, AZT, ZDV	zye-DOE-vue-deen	Retrovir	NRTI	Mar. 19 1987	Zidovudine, also known as AZT and ZDV, was the first drug approved for treatment of HIV in adults in 1987. In 1990, it was approved for use among children 3 months of age and older. In 1994, it became the first drug to be approved for use among HIV-positive pregnant women to prevent mother-to-child transmission (MTCT) of HIV during pregnancy and delivery. In such cases, it is also given to the baby during the first 6 weeks following birth. Zidovudine is available in capsule, tablet, syrup and intravenous forms.
Zalcitabine, ddC	zal-SITE-a-been	Hivid	NRTI	Jun. 19 1992	Zalcitabine, also known as ddC, was approved in 1992 for use in combination therapy for treatment of adults and pediatric patients. It is available in tablet form.
Stavudine, d4T	STAV-yoo-deen	Zerit	NRTI	Jun. 24 1994	Stavudine, also known as d4T, was approved in 1994 for treatment of HIV infection in adults, and in 1996 for pediatric use. It is available in liquid and capsule forms.
Lamivudine, 3TC	la-MI-vyoo-deen	EpiVir	NRTI	Nov. 17 1995	Lamivudine, also known as 3TC, was approved in 1995 for use in combination therapy for adults and children over 3 months of age. It is available in liquid and tablet forms.
lamivudine/zidovudine	la-MI-vyoo-deen, zye-DOE-vue-deen	Combivir	NRTI	Sep. 27 1997	Combivir is the combination of zidovudine and lamivudine in a single tablet. Also known as 3TC/ADV, Combivir was approved in 1997 for use by adults and adolescents over 12 years of age.
Abacavir	a-BAK-a-vir	Ziagen	NRTI	Dec. 17 1998	Abacavir, also known as ABC and abacavir sulfate, was approved in 1998 for use in combination anti-HIV therapy among adults and children over 3 months of age. It is available in tablet and liquid forms.
Abacavir/lamivudine/zidovudine	a-BAK-a-vir, la-MI-vyoo-deen, zye-DOE-vyoo-deen	Trizivir	NRTI	Nov. 14 2000	This single tablet formulation of abacavir, lamivudine and zidovudine was created because these three drugs were frequently prescribed together. Trizivir was approved in 2000 for use in treatment of adults and teenagers weighing at least 88 pounds.
Didanosine, ddl	di-DAN-oe-seen	Videx	NRTI	Oct. 9 2001	Didanosine, also known as ddl, was approved in 1991 for use in adults and children over 6 months of age. It is available in capsule, tablet, liquid and powder forms.
Tenofovir	te-NOE-fo-veer	Viread	NRTI	Oct. 26 2001	Tenofovir, also known as TDF, BisPOC and PMPA, was approved in 2001 for use in combination therapy among adults. It is available in tablet form.

Generic Name	Pronunciation	Trade/Brand Name	Class	Date of FDA Approval	Description
Emtricitabine, FTC	em-trye-SYE-ta-been	Emtriva	NRTI	Jul. 2 2003	Emtricitabine, also known as FTC, was approved in 2003 for use in combination therapy among adults. It is available in capsule form.
nevirapine	ne-VYE-ra-peen	Viramune	NNRTI	Jun. 21 1996	Nevirapine, also known as Viramune and NVP, was the first FDA-approved non-nucleoside reverse transcriptase inhibitor (NNRTI). It was approved for use in adults and children over 2 months of age. It is also used to prevent mother-to-child transmission (MTCT) of HIV. NVP is available in tablet and liquid form.
Delavirdine, DLV	de-la-VIR-deen	Rescriptor	NNRTI	Apr. 4 1997	Delavirdine, also known as Rescriptor and DLV, was approved in 1997 for combination therapy use among adults. It is available in tablet form.
Efavirenz	ef-FAH-ver-enz	Sustiva	NRTI	Sep. 17 1998	Efavirenz, also known as Sustiva, Stocrin and EFV, was approved in 1998 for use in adults and children over 3 years of age. It is available in capsule form.
Saquinavir	sa-KWIN-a-veer	Fortovase Invirase	PI	Invirase- Dec. 6 1995 Fortovase- Nov. 7 1997	This drug is available in two forms. Saquinavir, also known as Fortovase, was the first FDA-approved protease inhibitor (PI). It was approved for use in adults and children 16 years of age and older. Fortovase is the more commonly prescribed form and is available as a liquid-filled soft-gel capsule. Saquinavir mesylate, also known as Invirase, was approved in 1995 and was the first FDA-approved protease inhibitor (PI). It is available as a hard gelatin capsule and must always be taken with Ritonavir. Both are approved for use in combination therapy.
Ritonavir, ABT-538	rit-ON-uh-veer	Norvir	PI	Mar. 1 1996	Ritonavir, also known as Norvir, was approved in 1996 for combination therapy use among adults, and in 1997 for use among children 2 years of age or older. It is available in soft gel capsules and liquid form.
Indinavir, IDV	in-DIN-a-veer	Crixivan	PI	Mar. 13 1996	Indinavir, also known as Crixivan, was approved in 1996 for combination therapy use among adults. It is available in capsule form.
Nelfinavir, NFV	nel-FIN-a-veer	Viracept	PI	Mar. 14 1997	Nelfinavir mesylate, also known as Viracept, was approved in 1997 for combination therapy use among adults and children 2 years and older. It is also used to prevent infection in cases of accidental exposure and is available in tablet form.
amprenavir	am-PREN-a-veer	Agenerase	PI	Apr. 15 1999	Amprenavir, also known as Agenerase, was approved in 1999 for use in combination therapy among adults and children 4 years of age and older. It is available in soft gel capsule and oral solution forms.

Generic Name	Pronunciation	Trade/Brand Name	Class	Date of FDA Approval	Description
lopinavir/ritonavir	Low-PIN-a-veer, ri-toe-na-veer	Kaletra	PI	Sep. 15 2000	The lopinavir and ritonavir combination, also known as Kaletra, was approved in 2000 for combination therapy use in adults and children 6 months of age and older. It is available in capsule and liquid forms.
Atazanavir	at-a-za-NA-veer	Reyataz	PI	Jun. 20 2003	Atazanavir, also known as Reyataz, was approved in 2003 for combination therapy use in adults. It is available in capsule form. Atazanavir is different than the other protease inhibitors in that individuals who form resistance to it may still be able to take other PIs.
fosamprenavir	FOS-am-pren-a-veer	Lexiva	PI	Oct. 20 2003	Fosamprenavir, also known as Lexiva or 908, was approved in 2003 for combination therapy use in adults and children 16 years of age and older. It is available in tablet form.
tipranavir	tip-ran-a-vir	Aptivus	PI	June 22, 2005	Aptivus, manufactured by Boehringer Ingelheim, was approved for the treatment of HIV by the FDA in June 2005. Aptivus/ritonavir is only approved for HIV-infected people who have tried and failed other anti-HIV drug regimens in the past. Aptivus must be used in combination with <i>Norvir</i> (ritonavir) and at least two other anti-HIV drugs.
Enfuvirtide, T-20	en-FYOO-vir-tide	Fuzeon	Fusion Inhibitor	Mar. 13 2003	Enfuvirtide, also known as Fuzeon or T-20, was approved in 2003 for combination therapy use in adults and children six years and older. It is available in injection form, administered as a shot under the skin.
Abacavir / lamivudine	a-BAK-a-vir, la-MI-vyoo-deen	Epzicom	NRTI	Aug. 2 2004	Epzicom, also known as abacavir and lamivudine, is a combination of two antiretroviral drugs: abacavir sulfate (Ziagen) and lamivudine (EpiVir). Both of these drugs are nucleoside reverse transcriptase inhibitors (NRTIs). Epzicom was approved by the FDA on August 2, 2004, for treatment of HIV infection in adults. Epzicom should be used in combination with other types of anti-HIV drugs.
Tenofovir	te-NOE-fo-veer	Truvada	NRTI	Aug. 2 2004	Truvada includes two antiretroviral drugs: emtricitabine (Emtriva) and tenofovir disoproxil fumarate (Viread). Both of these drugs are nucleoside reverse transcriptase inhibitors (NRTIs). Truvada was approved by the FDA as a coformulation on August 2, 2004, for use with other antiretrovirals in the treatment of HIV-1 infection in adults.

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SELECT KEY FIGURES AND CURRENT CONTACTS

The list that follows is intended to give you a flavor of the depth and breadth of some of the key individuals involved in the HIV/AIDS pandemic and their fields of expertise. These are people from all over the world involved in the medical, social, political, economic and cultural aspects of the crisis. Some were there at the beginning and others have more recently made their mark; some are current references and contacts while others have historical significance in understanding the epidemic. Where possible, we have provided website links which will lead you to more information about each individual and the organizations with which they are associated.

Lists such as these invariably leave some readers feeling frustrated. This one is not intended to be exhaustive and does not include many of those involved in HIV/AIDS, only some of the more notable individuals. We believe, however, those described below will provide you with a good overview of many who have made a difference.

Adurrazack (Zackie) Achmat

Achmat is a prominent South African activist who has led campaigns to end apartheid, combat discrimination against gays and lesbians and secure drug access for South Africans living with AIDS. He co-founded and chairs the Treatment Action Campaign (TAC), which is an influential force in the fight to expand access to treatment for people living with HIV/AIDS. For a time, Achmat, who is HIV-positive, refused to take ARV's until the government pledged to make drugs available and affordable for all in need. (www.tac.org.za)

Terje Anderson

Anderson is currently executive director of the National Association of People With AIDS (NAPWA), based in Washington, D.C. NAPWA advocates on behalf of all people living with HIV/AIDS in the U.S. and throughout the world. Anderson also served on the U.S. Federal Health AIDS Advisory Committee from 1994 to 2003. The Committee provides HIV/AIDS policy information to the Secretary of Health and Human Services and the Assistant Secretary for Health. He was a member of the President's Advisory Council on HIV/AIDS from 1995-2002 and has worked in the field of HIV/AIDS for over 20 years. Anderson has been living with HIV/AIDS for many years. (www.napwa.org)

Kofi Annan

Kofi Annan became the Secretary-General of the United Nations in 1997 and is currently serving a second term in office. He has advocated for increased global attention to HIV/AIDS and has described the epidemic as his "personal priority." In 2001, Annan convened the groundbreaking U.N. General Assembly Special Session on HIV/AIDS. He also issued a five-point "Call to Action," which led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2001, Annan was awarded the Nobel Peace Prize. (www.un.org)

Bono

Bono is the lead singer of the Irish rock band U2 and has used his celebrity to draw the attention of politicians to the crises of HIV/AIDS and impoverished African nations. Bono has a long history of social involvement. In 2002, he co-founded DATA, which stands for Debt, AIDS, Trade, Africa. Through DATA, Bono lobbies wealthy governments to increase resources for Africa and forgive debt obligations so money can be directed to fighting AIDS and other social crises. (www.data.org)

William Clinton

Bill Clinton served two terms as President of the United States from 1992 to 2000. In 2003, he announced the creation of the Clinton Foundation HIV/AIDS Initiative. One of the Initiative's greatest successes to date was to convince five generic drug companies to dramatically reduce the costs of commonly used antiretroviral drugs for people in developing countries. In 2002, at the International AIDS Conference in Barcelona, Mr. Clinton said "There are still people who view AIDS as something that affects only people who are different. We all know the victims."

(www.clintonpresidentialcenter.com)

Jerry Coovadia

Dr. Coovadia is Chair of HIV/AIDS Research at the Nelson Mandela School of Medicine at the University of Natal in Durban, South Africa. In 2000, he chaired the International AIDS Conference in Durban, South Africa. Dr. Coovadia was previously professor of pediatrics and child health, and has worked extensively on mother-to-child transmission of HIV through breastfeeding. At a public health conference in 2004 he cautioned, "We need to reinvent government to respond to public needs and the public health agenda."

(www.hivan.org.za)

Wafaa El-Sadr

Wafaa El-Sadr, MD, MPH is the Director of the International Center for AIDS Care and Treatment Programs (ICAP) an initiative through the Mailman School of Public Health at Columbia University. ICAP coordinates diverse initiatives for combating the HIV/AIDS epidemic in impoverished environments. Dr. El-Sadr is also founding Director of the Center for Infectious Disease Epidemiologic Research (CIDER) and Professor of Clinical Medicine and Epidemiology at the Mailman School. Dr. El-Sadr is Chief of the Division of Infectious Diseases at Harlem Hospital Center.

(www.mtctplus.org/)

(www.mailman.hs.columbia.edu/)

Max Essex

Dr. Essex is chairman of the Harvard AIDS Institute and of the Department of Immunology and Infectious Diseases at the Harvard School of Public Health. He was among the first researchers to describe the transmission mechanisms of HIV, calling particular attention to the dangers of contaminated blood transfusions. His later research into the molecular identity and genetic variations of the virus has been critical to the development of HIV diagnostic tests and vaccine research. In 1985, Dr. Essex and colleagues established an AIDS research and training center in Dakar, Senegal.

(www.aids.harvard.edu/index.html)

Paul Farmer

Dr. Farmer is a physician and medical anthropologist, and is actively involved with HIV/AIDS in Haiti. He is well known for helping create innovative community-based approaches to treating HIV/AIDS and TB in resource-poor settings, particularly in Haiti. While a medical student in 1987, Farmer helped found Partners in Health, a community-based health project to support people with HIV and other infectious diseases. He has served as its executive director since 1991. Dr. Farmer also is an attending physician in infectious diseases, and chief of the Division of Social Medicine and Health Inequalities at the Brigham and Women's Hospital in Boston, Massachusetts. In 1993, Dr. Farmer received a MacArthur Foundation "genius" award.

(www.pih.org)

Anthony Fauci

Dr. Fauci is one of the longest-serving U.S. government officials helping to oversee HIV/AIDS research and one of the first scientists to begin studying HIV. In 1984, he became Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, which conducts extensive research to prevent, diagnose and treat infectious diseases, including HIV/AIDS. He serves as one of the key advisors to the White House and Department of Health and Human Services on global AIDS issues. Dr. Fauci has made numerous contributions to basic and clinical research in the field of immune-mediated illnesses.

(www.niaid.nih.gov/)

Richard Feachem

Dr. Feachem has worked in international health for over 30 years and in 2002 was appointed the first Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Upon accepting the position, Dr. Feachem said, "the Fund is positioned to make large investments in controlling these terrible diseases and improving the lives of millions of families throughout the world." Prior to joining the Global Fund, Dr. Feachem founded and directed the Institute for Global Health in San Francisco.

(www.theglobalfund.org)

Raoul Franssen

Raoul Franssen of the Netherlands has been involved in a wide range of programs to support young people with HIV/AIDS and to include them in efforts to curb the epidemic. His organization, the Young Positives Foundation, is affiliated with the Global Network of People Living with HIV/AIDS (GNP+). GNP+ was a co-organizer of the International AIDS Conference in Bangkok in 2004. Franssen, himself HIV-positive, has been closely involved in a Dutch project to build schools and hospices in Zambia for children orphaned as a result of HIV/AIDS.

(www.gnpplus.net)

(www.youngpositive.com)

Robert Gallo

Dr. Gallo is Director of the Institute of Human Virology at the University of Maryland Biotechnology Institute. In the early 1980's he discovered the human immunodeficiency virus that causes AIDS, a distinction he shares with Luc Montagnier of France, who also identified the same virus. Research by Dr. Gallo and his team also led to the development of the HIV blood test. For a time, there was great controversy about whether Dr. Gallo stole the virus from Dr. Montagnier. Eventually U.S. and French health authorities agreed that both men should share the credit for discovery of HIV. In 2002, Dr. Gallo and Dr. Montagnier announced their partnership in the Program for International Viral Collaboration, an effort to advance global HIV/AIDS vaccine research.

(www.umbi.umd.edu)

William (Bill) Gates III

Gates is Chairman and chief software architect of the Microsoft Corporation and is also co-founder of the Bill and Melinda Gates Foundation. The Foundation committed US\$ 500 million to global HIV/AIDS efforts through 2003. Since its inception in 2000, the Gates Foundation has committed billions of dollars towards improving global health overall, especially in the fields of HIV/AIDS & TB, infectious diseases, and reproductive and child health.

(www.gatesfoundation.org)

Helene Gayle

Dr. Gayle directs the HIV, TB and Reproductive Health Program at the Bill & Melinda Gates Foundation. She also is president of the International AIDS Society, which is responsible for coordinating the biennial International AIDS Conferences. Dr. Gayle co-chairs the Global HIV Prevention Working Group, an international panel of HIV/AIDS experts convened by the Gates and Kaiser Family Foundations. Prior to joining the Gates Foundation, she was Director of the National Center for HIV, STD and TB Prevention at the U.S. Centers for Disease Control and Prevention.

(www.gatesfoundation.org)

Richard Gere

Gere is an American actor and AIDS activist. His activism began in the United States with organizations such as the Elizabeth Glaser Pediatric AIDS Foundation. He has extended his HIV/AIDS work to India where he founded the Gere Foundation India Trust. The Gere Foundation, in coordination with the Kaiser Foundation Family and other organizations, launched a major public awareness campaign in India in 2004.

(www.gerefoundation.org)

(www.heroesprojectindia.org)

Elizabeth Glaser

Elizabeth Glaser was co-founder and Director of the Pediatric AIDS Foundation until her death in 1994. Glaser became an activist after she discovered she had received a contaminated blood transfusion in 1981 and had passed the virus on to her two children. After the death of her daughter due to HIV and frustrated by the lack of pediatric HIV/AIDS research, Glaser established the Foundation in 1988 to promote research and prevention of mother-to-child HIV transmission. The Foundation, which officially became the Elizabeth Glaser Pediatric AIDS Foundation after her death, is a leader in the effort to treat and prevent HIV/AIDS among children in developing countries.

(www.pedaids.org/)

Danny Glover

Glover is an American actor and AIDS activist. Since 1998, he has served as a Goodwill Ambassador for the United Nations Development Program. In that role, he has spent time in Africa and the Caribbean, focusing his attention on young people with HIV/AIDS. In 2000, he attended the International AIDS Conference in Durban, South Africa, where he visited a number of HIV/AIDS projects. Glover also supports the TransAfrica Forum, a U.S. based organization addressing AIDS and other issues affecting Africa.

(www.undp.org)

(www.transafricaforum.org)

Geeta Rao Gupta

Dr. Rao Gupta is President of the International Center for Research on Women (ICRW), a Washington, D.C.-based organization that undertakes policy-oriented research, technical assistance, and advocacy. The organization's focus is on women's economic roles, health and nutrition, the environment and natural resources, adolescent sexual health and women's rights. Dr. Rao Gupta has over twenty years experience in research and program development, particularly in the area of women's health, and is an international expert on women and HIV/AIDS.

(www.icrw.org)

Yusuf Hamied

Dr. Hamied is chairman of Cipla, an Indian pharmaceutical company. In 2001, Cipla announced its plans to sell generic AIDS combination therapies at vastly discounted prices, igniting widespread criticism from other pharmaceutical companies. The combination therapies consist of multiple antiretroviral medications combined into a single pill. Dr. Hamied announced that Cipla would sell these drugs for approximately US\$ 350 per patient per year, compared to the previous price of over US\$ 10,000 per patient per year. (www.cipla.com)

David Ho

Dr. Ho is director of the Aaron Diamond AIDS Research Center in New York City and was named *TIME* Magazine's "Man of the Year" in 1996 for his groundbreaking AIDS research. As a medical resident in Los Angeles during the early 1980s, he saw some of the earliest cases of AIDS. Dr. Ho's subsequent research on HIV/AIDS led to the development of "AIDS cocktails," which consist of combinations of antiretroviral therapies. Combination therapy has resulted in a significant decline in AIDS-related deaths among people with access to treatment. Dr. Ho's current work includes the China AIDS Initiative, which teams with partners to develop treatment and care programs, mobilize leadership, educate the population and strengthen civil society groups involved with HIV/AIDS.

(www.adarc.org)

(www.chinaaidsinitiative.org/)

Nkosi Johnson

Nkosi was a young South African whose bravery and suffering drew renewed international attention to the HIV/AIDS crisis. Nkosi was born HIV-positive and died of an AIDS-related illness in 2001 when he was just 13. A year earlier, Nkosi spoke at the International AIDS Conference in Durban telling a global audience, "Care for us and accept us, we are all human beings." He championed many causes during his short life, including human rights and providing care and shelter for people living with HIV/AIDS.

(www.nkosi.iafrica.com)

Milly Katana

Katana of Uganda is one of Africa's leading activists. She was diagnosed with HIV in 1995 and immediately became an advocate for others like her. Katana was the first HIV-positive person to sit on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. She also co-founded the Pan African Treatment Access Movement, which is dedicated to getting drug treatment to all in need. Katana has said that her association with other HIV-positive people helped her "regain" her life.

(www.patam.org)

Jim Yong Kim

Dr. Kim is Director of the World Health Organization's Department of HIV/AIDS, where he leads the "3 by 5 Initiative" to provide antiretroviral therapy to three million people in developing countries by 2005. He is a renowned physician-anthropologist. Dr. Kim is a co-founder with Dr. Paul Farmer of Partners in Health, a non-profit organization operating in many of the world's poorest regions. Dr. Kim is also associated with Harvard Medical School and Brigham and Women's Hospital, both in Boston, Massachusetts. In 2003, he received a MacArthur Foundation "genius" award.

(www.who.org)

(www.pih.org)

Stephen Lewis

Lewis is the United Nations' Special Envoy for HIV/AIDS in Africa and is recognized as an especially articulate and passionate speaker, with a particular emphasis on children affected by AIDS. Lewis is also a director of the Stephen Lewis Foundation, which states as its goals; support for women dying of AIDS, the children left behind and NGO's assisting people living with AIDS. He previously served as Deputy Executive Director of the United Nations Children's Fund (UNICEF) and as Canadian Ambassador to the United Nations.

(www.stephenlewisfoundation.org)

(www.unaids.org)

Graça Machel

Machel is a former first lady and Minister of Education in Mozambique. She is a member of the Board of the United Nations Foundation and is president of the Foundation for Community Development, an organization established to alleviate poverty in Mozambique. She has long been an outspoken advocate for the rights and education of children living in poverty. With her current husband, former president Nelson Mandela of South Africa, Machel continues to advance human rights in Africa through economic and community development.

(www.unfoundation.org)

Mercy Makhamele

In 1993, Makhamele became the first black woman in South Africa to publicly declare her HIV-positive status and campaign to reduce the stigma associated with the disease. She is a founding member of South Africa's National Association of People Living with HIV/AIDS and Treatment Action Campaign. She received the Kaiser Family Foundation's 2004 Nelson Mandela Award for Health and Human Rights, for her efforts to combat stigma and advocate for increased access to treatment, care and support for people living with HIV/AIDS. Makhamele also serves on the National Advisory Board of South Africa's national HIV prevention program for young people, loveLife.

(www.tac.org.za)

(www.kff.org/southafrica/mandela2004.cfm)

(www.lovelife.org.za)

Nelson Mandela

Mandela has become a strong voice in the global fight against HIV/AIDS after earlier being criticized for not urgently responding to the epidemic while President of South Africa. He created the 46664 Global Campaign to create more awareness, advocate for care and treatment and raise needed funds. In 2004, at the International AIDS Conference in Bangkok, he told delegates, "As former prisoner 46664, there is a special place in my heart for all those that are denied access to their basic human rights." He also has encouraged the public health community to pay more attention to the links between AIDS and tuberculosis.

(www.46664.tiscali.com)

(www.nelsonmandela.org)

Jonathan Mann

Mann was an inspirational and influential figure in the fight against global HIV/AIDS. The long-time researcher and human rights champion died in a plane crash in 1998, on his way to an AIDS conference. In 1986, he helped establish and lead the World Health Organization's Global Program on AIDS. In that role, he established human rights as central to the WHO's HIV/AIDS strategy and persuaded health ministers from dozens of countries to do the same. He is remembered for asking, "People say there is no use trying to change the world. But if we don't try, will it change?"

(www.doctorsoftheworld.org/about//about_details.cfm?QID=1327)

Thabo Mbeki

South African President Mbeki has been a controversial and polarizing figure in the fight against HIV/AIDS. In 1999, Mbeki declared that HIV, alone cannot lead to AIDS and he publicly questioned whether antiretroviral therapies for HIV are effective. By 2002, his government committed to intensifying prevention and treatment efforts. President Mbeki's pledge rested on the premise that HIV *does* cause AIDS. In 2005, Mbeki described South Africa's HIV/AIDS program as among "the best in the world."

(www.southafrica.info)

Luc Montagnier

In 1983, Dr. Luc Montagnier of the Pasteur Institute in France discovered the virus that causes AIDS, the human immunodeficiency virus. It is a distinction he shares with Dr. Robert Gallo of the U.S. In 1986, Dr. Montagnier's team also identified HIV-2, the virus that is responsible for many HIV-infections in West Africa. Dr. Montagnier is currently president of the World Foundation for AIDS Research and Prevention. In 2002, Dr. Montagnier and Dr. Gallo announced their partnership in the Program for International Viral Collaboration, an effort to advance global HIV/AIDS vaccine research.

(www.pasteur.fr)

Peter Mugenyi

Dr. Mugenyi is the Director of the Joint Clinical Research Centre, in Kampala, Uganda, and chairman of both the Ugandan AIDS task force and the African Dialogue on AIDS. In 1996, he was one of the first African physicians to insist that his patients were capable of taking the complicated regimen of AIDS medications. By 2001, Dr. Mugenyi and his colleagues successfully pressured US and European pharmaceutical manufacturers to discount AIDS medications for many poor nations. Currently, Dr. Mugenyi treats over 5,000 AIDS patients a year through his network of clinics in Uganda.

(www.jcrc.co.ug/)

Yoweri Museveni

Ugandan President Museveni has led a successful campaign against HIV/AIDS in his country, which is held up as a model for the rest of Africa. Soon after assuming the presidency in 1986, Museveni became the first African leader to speak openly about the epidemic. His government's campaign is based on ABC, Abstinence, Be faithful, Condom use. There is much discussion over what has been the main driver of Uganda's success. Museveni is sometimes criticized by those who believe he minimizes the importance of condoms in the ABC program.

(www.government.go.ug)

Nikolay Nedzelskiy

Nedzelskiy is an advocate for Russians living with HIV/AIDS. He was among the first activists to step forward in the early 1990's. Nedzelskiy is the Director of INFO-Plus Center based in Moscow. It is a clearinghouse for information about HIV/AIDS, and maintains a telephone hotline for people living with HIV. INFO-Plus is frequently sought out by reporters who need access to Russians living with HIV/AIDS and commentary about the epidemic.

(www.aids.ru)

Peter Piot

Dr. Piot was appointed the first Executive Director of UNAIDS in 1995. He coordinates the HIV/AIDS efforts of ten co-sponsoring organizations. Dr. Piot has longed worked in the public health arena. In 1976, he co-discovered the Ebola virus in Zaire. In the 1980's, he contributed to an understanding of the epidemic's spread in Africa. As Executive Director of UNAIDS he has said, "Investment in AIDS will be re-paid a thousand-fold in saved lives and communities held together."

(www.unaids.org)

Vadim Pokrovskiy

Dr. Pokrovskiy is the Director of Russia's Federal AIDS Center. He has warned that the real number of those infected with HIV in Russia is higher than official statistics indicate. Dr. Pokrovskiy has encouraged the government to develop a more coordinated response to the epidemic.

(www.pcr.ru/)

Gracia Violeta Ross

Ross is a young Bolivian who became an activist after being raped and infected with HIV. She is a member of the International Community of Women Living with HIV/AIDS. In her public appearances, she encourages women to become more involved in political, cultural and gender issues. In 2004, Ross spoke at the International AIDS Conference in Bangkok, where she said "We must face the gender inequalities that increase the risk of AIDS for both women and men."

(www.icw.org)

Jeffrey Sachs

Professor Sachs, currently Director of the Earth Institute at Columbia University in New York, is one of the world's foremost economists. He is known for his work with governments and international agencies to promote poverty reduction, disease control and debt reduction for poor countries. He has urged poor nations to suspend debt payments to rich creditors and instead, use that money to fight HIV/AIDS and other social ills. Professor Sachs warns that AIDS is "exploding. Its consequences will make the world quake." Previously, he spent 20 years at Harvard University.

(www.earth.columbia.edu)

David Serwadda

Dr. Serwadda is the director of the Institute of Public Health at Makerere University in Kampala, Uganda. He also serves as co-chair of The Global HIV Prevention Working Group, an international advisory panel of nearly 50 public health experts and scientists involved in HIV/AIDS. The Working Group seeks to guide policy makers and non-governmental organizations in developing comprehensive strategies to prevent HIV transmission and care for those with AIDS-related illnesses. Dr. Serwadda is an expert in the fields of epidemiology, evaluation of health interventions and disease surveillance, and is a leading authority on the AIDS epidemic in Africa.

(www.iph.ac.ug/)

Suniti Solomon M.D.

Dr. Solomon and her colleagues saw the first cases of HIV/AIDS in India in 1986. She has since become a recognized expert on the epidemic in her country. In response to the disease, Dr. Solomon created the first voluntary testing and counseling center and an AIDS research group in Madras, India. In 1993, she founded the Y.R. Gaitonde Centre for AIDS Research and Education. YRGcare is a non-profit center that offers HIV and sex education, voluntary counseling and testing services, care for people living with HIV. It also conducts medical and behavioral research.

(www.yrgcare.org)

Paulo Teixeira

Dr. Teixeira previously was Director of the World Health Organization's (WHO) HIV/AIDS Department. He gained worldwide recognition for his work on HIV/AIDS in Brazil and Latin America. Dr. Teixeira was director of the National STD/AIDS Program at the Ministry of Health in Brazil, where he created the first national AIDS program in 1983. Dr. Teixeira pioneered Brazil's program for free, universal distribution of ARVs, which has become a model for other developing countries dealing with HIV/AIDS. He is now involved in environmental issues.

(www.who.int/hiv/en/)

(www.aids.gov.br/indexingl.htm)

Randall Tobias

Ambassador Tobias was selected by U.S. President Bush in 2003 to be the Administration's first Global AIDS Coordinator. In this role, he oversees all U.S. international HIV/AIDS assistance. Tobias has overseen a rapid scale up of US HIV/AIDS support and activities throughout the world. Prior to joining the Administration, Ambassador Tobias was President and CEO of the Eli Lilly pharmaceutical company. He and the Administration have been criticized by some who believe they place too much emphasis on abstinence as a means of preventing HIV/AIDS. In 2004, at the International AIDS Conference in Bangkok, he warned critics of the Administration's policies, "At this point, perhaps the most critical mistake we can make is to allow this pandemic to divide us."

(www.state.gov/s/gac)

Mechai Viravaidya

Mechai Viravaidya is a Senator in the Parliament of Thailand and is affectionately known as the "Condom King" because of his strong and public support for the use of condoms as a way of preventing HIV transmission. Senator Mechai is the founder and chairman of the Population and Community Development Association, one of Thailand's largest private, non-profit development organizations. He was appointed Ambassador for UNAIDS in 1999 and has received numerous awards including the United Nations Population Award in 1997 and the United Nations Gold Peace Medal in 1981.

(www.thaigov.go.th)

(www.sli.unimelb.edu.au/pda/)

Ryan White

American Ryan White became an unwitting international symbol of HIV/AIDS. White was born in 1971 with hemophilia and became infected with HIV in 1984 after receiving contaminated blood during a transfusion. He was shunned by his community but embraced by celebrities such as Elton John. White died in 1990 and soon after then-President George Bush enacted landmark legislation named the Ryan White Comprehensive AIDS Resource Emergency Act which provides care, treatment and services to people with HIV/AIDS in the United States.

(www.careactdatasupport.hrsa.gov/)

Phill Wilson

Wilson is founder and the Executive Director of the Black AIDS Institute, based in Los Angeles, California. It is the only black HIV/AIDS think tank in the United States. Wilson has said the goal of the Institute is to "reduce the HIV health disparities between people of African descent and other racial ethnic groups by engaging black folks in efforts to combat HIV/AIDS." The organization's motto is, "Our people, Our problem, Our solution." Wilson also helped create the National Black Lesbian and Gay Leadership Forum and the National Task Force on AIDS Prevention. He has served as the AIDS Coordinator for the City of Los Angeles and the Director of Policy and Planning at AIDS Project Los Angeles.

(www.blackaids.org)

Wan Yanhai

Dr. Wan is China's most prominent AIDS activist. In 1994, he founded AIZHI (AIDS) Action Project, which for some Chinese is the only source of information available about HIV/AIDS. Dr. Wan established the first telephone hotline for HIV/AIDS information and went on to create a widely used website. His activism led to his dismissal from China's Health Ministry. In 2002, he was detained for several weeks by the government. In 2005, Dr. Wan organized a landmark conference between Shanghai University Law School and Human Rights Watch, an international watchdog organization, to discuss how to tackle the growing threat of HIV/AIDS in China.

(www.aizhi.org)

Debrework Zewdie

Dr. Zewdie is the Director of the Global HIV/AIDS Program for the World Bank. Her career has been spent working on HIV/AIDS with a particular emphasis on Africa. Prior to her current position, Dr. Zewdie managed the World Bank's AIDS Campaign Team for Africa (ACTAfrica). Before joining the World Bank in 1994, she managed AIDS programs in sixteen African countries for Family Health International.

(www.worldbank.org)

Winstone Zulu

Zulu is an AIDS activist in Zambia who publicly declared his HIV-positive status along with a later diagnosis of tuberculosis. Zulu has lost four brothers and sisters to AIDS and TB and, in his work, emphasizes the close link between the two. Zulu actively campaigns for more effective and accessible drugs. He told a reporter, "For me and my family, HIV and TB have always been seen together conspiring and collaborating to steal away our health."

(www.66.216.124.114/7_5_3_feature_winstonezulu.asp)

COUNTRY EXPERIENCES

BRAZIL

Brazil has made great progress in combating HIV/AIDS through a successful combination of prevention and treatment efforts. In 1996, it became the first developing country to legally mandate free, universal distribution of Highly Active Antiretroviral Therapy (HAART) through its public health care system. Universal provision of ARVs is possible- in part- because Brazil produces generic versions of many antiretrovirals (ARVs) and obtains the rest at greatly discounted prices from international pharmaceutical companies. In 2004, an estimated 154,000 Brazilians were receiving ARVs , representing virtually all those in need of treatment as defined by the Brazilian government's treatment criteria.

The country's success is largely due to the government's hands-on involvement at early stages of the epidemic. In addition to supporting universal treatment, the government strengthened the national HIV/AIDS surveillance program, encouraged partnerships between different areas of society, and adopted policies to protect and promote human rights. It worked with various organizations to create a Network of Human Rights in HIV/AIDS, which serves as a legal resource for fighting HIV/AIDS-related discrimination. Media campaigns, social marketing, and needle exchange programs were also used to raise awareness of safe preventive practices such as the use of condoms and clean syringes.

Brazil's goal has been to reach such groups as injecting drug users, sex workers and men having sex with men, as well as the general population. The government provides sex workers with free condoms. It is also the only national government to buy and distribute the female condom. Prevention efforts have proven effective. There is evidence of increased condom use, with 70 percent of army conscripts reporting condom use at last sexual intercourse in 2002, compared with 62 percent in 1999. Brazil also has targeted drug users by providing free needle exchanges.

In all, these measures have allowed Brazil to achieve 50 to 70 percent reductions in HIV/AIDS-related morbidity and mortality rates since 1996. It is estimated that the universal ARV distribution program alone has prevented 90,000 deaths and over 350,000 AIDS-related hospitalizations, resulting in savings of more than US\$ 200 million from 1997 to 2001. In the early 1990s, the World Bank projected that 1.2 million people in Brazil would be HIV-positive by 2000. In fact, half that number, approximately 600,000 people, are presently living with the disease.

Brazil's integrated approach to prevention and treatment has greatly lessened the extent to which HIV/AIDS has affected its population. Its strategy has been used as a model for other developing countries dealing with HIV/AIDS epidemics.

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THAILAND

Thailand was one of the first Asian countries to acknowledge the seriousness of its HIV/AIDS epidemic and make controlling the disease a national priority. AIDS was first reported in Thailand in 1984 and is currently the leading cause of death in the country. Few cases were reported during the mid to late 1980s, and prevention and surveillance efforts during this time targeted only “high-risk” subgroups such as men who have sex with men (MSM), injecting drug users (IDU) and female commercial sex workers. In the late 1980s, evidence of growing numbers of infections among IDUs led to the creation of a national HIV/AIDS surveillance program. Surveillance showed that numbers of infections were also rising among sex workers and therefore, could easily spread to the general population. The rising incidence of HIV/AIDS, along with pressure from public officials, activists, and academicians, led the Thai government to rethink their old strategy and adopt a new National AIDS Program in 1990.

The National AIDS Program was the first official nationwide campaign in Thailand to combat HIV/AIDS. It was chaired by the Prime Minister and received considerable political support. Key government ministries received their own HIV/AIDS funding and governors led control efforts in their provinces. Annual government spending on HIV/AIDS increased from less than US \$50,000 in 1984, to over US \$35 million in 2002. By 2003, the number of annual new infections had dropped to 19,000, from 143,000 in 1991.

The best-known element of Thailand’s AIDS Program is the “100 percent Condom Program,” which distributes condoms, promotes their consistent use by sex workers and their clients and provides treatment for sexually transmitted diseases (STDs). Although sex work is illegal in Thailand, condom use in sex businesses is mandatory and is enforced by local authorities. As a result of the program, condom use reported by sex workers has exceeded 90 percent in many regions of the country. The rise in condom use has been tied to a drop in STDs. Over the first five years of the 100 percent Condom Program, nationwide STD rates fell over 90 percent from levels reported when the program began in 1989. The Program also includes education and behavior change campaigns aimed at reducing the frequency with which men visit sex workers. Between 1990 and 1993, the percentage of men who visited a sex worker during the previous year was cut in half.

Other key elements of the National AIDS Program include large-scale awareness efforts and partnerships between different areas of society such as public and private organizations, businesses, educational institutions, and the media. The Thai government also adopted national policies to protect the human rights of people living with HIV/AIDS.

In 2000, the government launched a national program to prevent mother-to-child transmission of HIV/AIDS. The program provides confidential counseling, testing, and short-term antiretroviral therapy to HIV-positive mothers and infants. Additionally, a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria enabled the Thai government to scale-up its program to provide low-cost ART, allowing 13,000 people living with HIV/AIDS to receive treatment in 2003 compared to 2,000 patients in 2002. In 2005, the government began providing ART to all people infected with HIV/AIDS in the country.

Recently, there has been some criticism of certain components of the Thai government’s efforts. For example, Human Rights Watch claims harsh crackdowns on injection drug users discourages this high-risk population from getting tested or seeking services. A report released by the United Nations Development Program (UNDP) at the 2004 International AIDS Conference in Bangkok warned about decreasing government support for the HIV/AIDS Program, and emphasized that HIV/AIDS remains a serious problem in the country. UNDP reported that government funding for HIV/AIDS prevention decreased by 62 percent between 1997 and 2003, currently comprising only 8 percent of the HIV/AIDS budget.

There is also evidence of an increase in risky behaviors among Thai youth. In 2003, the Ministry of Health reported that infection rates among teenagers had risen over the previous year and stated its commitment to increasing access to condoms for the nation's youth.

HIV infection rates among men who have sex with men (MSM) are also raising concern in Thailand. A recent study by the Ministry of Public Health and U.S. Centers for Disease Control and Prevention found that out of the 1,121 Bangkok men who reported having sex with other men in the previous 6 months, 17 percent tested positive for HIV.

The Thai medical and business communities have been criticized by advocates for the lesbian, gay, bisexual and transgendered population. It has been reported that some physicians are offering advice, instead of medical care, by telling patients to "quit being homosexual." The report indicates that, as a result, many lesbian, gay, bisexual and transgendered individuals seek medical advice and treatment from unofficial sources, relying on friends and over-the-counter medication

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The Uganda Story – Combination Prevention in Action*

One of the poorest countries in the world, Uganda confronted one of the most severe early HIV/AIDS epidemics in the mid-1980s. In Kampala, the nation's major urban area, 11 percent of women attending prenatal clinics were already infected by 1985.

In 1986, President Yoweri Museveni became the first African leader to speak openly about HIV/AIDS. That same year, Uganda established its National AIDS Control Program, which launched an aggressive AIDS awareness campaign and began to enlist key national stakeholders such as community leaders, civil society and faith-based groups, in the fight against the disease. Treatment for sexually transmitted diseases was expanded and Uganda became the first African country to provide voluntary HIV counseling and testing services. As a result, overall prevalence in Uganda declined from 15 percent in 1991 to 4 percent in 2003.

A key finding from Uganda's experience is that no single factor or intervention can adequately explain the country's extraordinary progress in reversing its potentially catastrophic epidemic. Uganda's success underscores the effectiveness of a combination of proven approaches to HIV prevention: AIDS awareness campaigns; community mobilization; targeted behavior change programs – encouraging delayed initiation of sex, mutual monogamy and condom use; voluntary counseling and testing; and treatment of STDs.

As a result of these efforts, Uganda has made unparalleled progress in reversing its epidemic. While 50 percent of 15-year old girls in Uganda were sexually active in 1989, fewer than 25 percent had initiated sexual activity by the same age in 1995. In comparison with their counterparts in Kenya, Zambia, and Malawi, young males (15-19) in Uganda were significantly more likely in 1995 to have never had sex, to be married and monogamous, and to have fewer sexual partners. While only 16 percent of males in Uganda reported ever using condoms in 1995, 40 percent reported condom use in 2000.

The impact of these behavior changes on infection rates has been substantial. In every prenatal setting in the country where HIV is tracked, the level of infection has declined significantly since 1992 – from nearly 30 percent to 11.25 percent in Kampala, and from 13 percent to 5.9 percent in clinics outside major urban areas. A comprehensive study of 15 neighboring communities in the Masaka district in rural southwest Uganda found that the rate of new infections in 1995-99 was 37 percent lower than in 1990-94.

In 2004**, Uganda reaffirmed its commitment to HIV/AIDS by initiating the "Universal Access to Free Antiretroviral Treatment Programme", which aims to make antiretrovirals (ARVs) available to all individuals with HIV/AIDS who medically qualify for treatment. Approximately 110,000 HIV-positive Ugandans currently need treatment, while 20,000 people are receiving it. In an interview with *The Washington Times*, Uganda's Minister of Health, Brig. Jim Muhwezi, stated that poor and vulnerable populations such as HIV-positive children and orphans, were a priority, but eventually everybody would have access to treatment.

Through the program, ARVs will be distributed at specific hospitals, private clinics and government institutions. The program will be gradually scaled up to provide widespread access to treatment. Uganda is the second African country after Botswana to undertake this type of initiative. Funding for the program was to come from the World Bank, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and U.S. President George Bush's Emergency Plan for AIDS Relief (PEPFAR).

In 2005, The Global Fund temporarily suspended funding to Uganda for 2005. Five grants worth US\$201 million were suspended over concerns of "serious mismanagement" by the Ugandan government. The Global Fund asked the Ministry of Finance, Planning and Economic Development to restructure funding mechanisms for all grant-programs and to disband the group previously responsible

for grant implementation. Both the Ugandan government and the Global Fund believe the grants will be reestablished.

Also in 2005, concerns were raised by some that Uganda's approach to HIV prevention may have shifted to abstinence over condoms as the primary method for prevention. Condoms are still prescribed for high-risk groups but campaigns to increase condom usage among the general population have stopped. Advocates who believe condom usage is largely responsible for reducing HIV/AIDS prevalence in Uganda fear that much of the progress made over the past decade may be lost.

* Reprinted from: Global HIV Prevention Working Group, *Access to HIV prevention: Closing the Gap*, May 2003, p. 11, <http://www.kff.org/hivaids/200305-index.cfm>.

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TUBERCULOSIS (TB)

Tuberculosis (TB) is a significant health problem in both industrialized and developing countries. TB causes an estimated 8-10 million illnesses and 2 million deaths each year. One-third of the world's population is estimated to be infected with the bacteria that causes TB and 5-10 percent of those infected will become sick or infectious at some point during their lifetime. The HIV/AIDS and TB epidemics are closely linked, with each disease fueling the other.

Tuberculosis is a bacterial infection caused by *Mycobacterium tuberculosis*. The disease usually affects the lungs but can spread to other parts of the body in serious cases. An individual can become infected with TB when another person who has active TB coughs, sneezes, or spits. Not all people who become infected with TB develop symptoms. Those who do not become ill are referred to as having latent TB and cannot spread the disease to others. However, latent TB may eventually progress to active TB. At that point, symptoms develop and the disease can be passed to others. Symptoms may include fever, cough, night sweats, weight loss, fatigue, and coughing up blood.

TB is especially problematic in developing countries, where poverty, overcrowding and other diseases, especially HIV/AIDS, help facilitate its spread. Although the highest mortality per capita from TB is in Africa, Southeast Asia has the greatest number of TB cases and related deaths. In fact, half of all new global TB cases occur in six Asian countries: India, China, Pakistan, Bangladesh, the Philippines, and Indonesia. TB is also the leading cause of death worldwide among women of reproductive age, accounting for 9 percent of all deaths among women aged 15-44. Because TB hits women in their reproductive years hardest, they often leave behind young children.

The World Health Organization (WHO) estimates that almost one-third of all people living with HIV/AIDS are also infected with TB, the majority of whom live in Africa. In sub-Saharan Africa, the HIV/AIDS epidemic is the principal reason for the resurgence of TB over the past decade. While not all people who become infected with TB will develop symptoms, people with HIV/AIDS are at much higher risk of developing active TB. TB infection also speeds up HIV progression and is the leading cause of death among people with HIV.

TB can be successfully prevented, treated, and controlled, even if someone is HIV-positive. The recommended strategy for TB control is DOTS, or "directly observed therapy short-course." Under the DOTS strategy, once patients have been diagnosed with infectious TB, health workers or trained volunteers supervise patients as they take the full course of medications. Although DOTS is cost-effective and can cure almost all TB patients in developing countries, the WHO estimates that 77 percent of the world's population lives in countries covered by DOTS. Efforts to expand access are underway, but only 45 percent of estimated infectious cases received treatment under DOTS in 2003.

Expanding access to DOTS is important because if medications are not taken as prescribed, the disease can become resistant to treatment. TB that is resistant is called multi-drug resistant TB (MDR-TB). The rise in resistant strains is another factor contributing to the spread of TB. Treatment for multi-drug resistant TB is significantly more expensive and takes much longer than treatment for TB that is not drug-resistant. MDR-TB is also more serious and can be deadly, especially in people also infected with HIV/AIDS. Rates of MDR-TB are high in several regions, including the countries of the former Soviet Union.

Rising rates of MDR-TB further complicate global prevention, treatment and control efforts. Additionally, growing international recognition of the seriousness of co-infection with HIV/AIDS is pressuring countries and organizations to intensify their efforts to deal with the dual epidemics. Two important efforts aimed at alleviating the worldwide burden of TB are The Global Partnership to Stop TB and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Stop TB initiative is a partnership of various public and private organizations including international agencies, government and non-governmental organizations, research institutions, and donor organizations that aim to strengthen social and political support for stopping the spread of TB. It focuses on DOTS expansion, HIV & TB, MDR-TB, and the development of new drugs, vaccines, and diagnostic procedures.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an independent grant-making organization and a major financier for TB control in developing countries. Since 2002, the Fund has committed approved grants totaling US\$ 3 billion. Approximately 13 percent was allocated to TB programs. The Global Fund and the Stop TB initiatives have helped coordinate global TB control efforts and ensured that they remain a priority. At the 2004 International AIDS Conference, Nelson Mandela reaffirmed the necessity of these approaches, stating, "We cannot win the battle against AIDS if we do not also fight TB. TB is too often a death sentence for people with AIDS."

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MALARIA

Malaria is a major cause of sickness and death worldwide, resulting in 350-500 million infections and at least 1 million deaths each year. Over 50 percent of the world's population lives in areas where they are at risk of contracting malaria.

Malaria is a disease caused by parasites that are transmitted to humans via mosquito bites. Symptoms of infection may include fever, chills, headache, muscle pain, fatigue, nausea and vomiting. These symptoms usually appear between 9 and 14 days after a person is bitten by an infected mosquito. In severe cases, the disease can be life threatening.

Although the disease occurs in many parts of the world, it poses the greatest problem in sub-Saharan Africa, where more than 80 percent of malarial deaths occur each year, mostly in children under 5 years of age. This region is particularly hard-hit by malaria due to several factors: most of the region's cases are caused by the *Plasmodium falciparum* parasit—the most severe and life-threatening form of disease; limited health infrastructure affecting prevention and treatment efforts; and the relationship between poverty and malarial disease.

In sub-Saharan Africa, the situation is also worsened by the presence of other diseases, especially HIV/AIDS. Both diseases affect similar geographic areas and risk groups, causing dual public health crises. A study in Uganda found that HIV-positive people were more likely to also be infected with malaria than HIV-negative people.

People with HIV/AIDS may be more susceptible to malaria because of their weakened immune systems. Once infected with malaria, they may be more likely to suffer from serious illness and less likely to respond to standard treatments for malaria.

Children and pregnant women are particularly vulnerable to malaria. Women's immune systems are weaker during pregnancy, placing them at increased risk for contracting disease. Malaria during pregnancy is very serious and can lead to severe anemia and even maternal death. Children born to women with malaria and HIV are more likely to have low birth-weight and die during infancy. Additionally, HIV-positive pregnant women with malaria are at higher risk of developing such complications compared to pregnant women without HIV.

Children under 5 years of age are also at high risk of suffering from malaria-related illness and death because they have not had a chance to build up sufficient immunity to the disease. According to the World Health Organization (WHO), 90 percent of annual malarial deaths occur mostly among African children, with one child dying from malaria every 30 seconds. Those who recover from the disease may still suffer from serious conditions, as a result of the infection, such as anemia, recurrent fever, blindness and brain damage.

Insecticide spraying, bednets, and other cost-effective measures can help prevent malaria. During the 1950s and 1960s, the WHO led a global effort to eradicate the mosquitoes that carry malaria. DDT (dichlorodiphenyltrichloroethane) was the main insecticide used during this time. Through the WHO's efforts, malaria was successfully eradicated from North America and Europe. Eventually, outdoor use of DDT for malaria control was discouraged by the WHO because of the insecticides harmful effects on the environment. It has been banned from agricultural use in almost all countries. Currently, the WHO recommends use of DDT for malaria control through indoor spraying.

Medications for prevention and treatment of malaria are also available. A number of anti-malarial drugs exist, including chloroquine, sulfadoxine-pyrimethamine (SP) and amodiaquine which are known as monotherapies because each is generally used alone. Unfortunately, malaria parasites are developing resistance to many of the available drugs. This is true in many parts of Asia and South America, and is a growing problem in Africa as well. Because resistance to monotherapies is expanding, the WHO now recommends that countries make combination therapies available. Since 2001, 34 countries have changed their treatment policy. However, combination therapy is still not available in many countries where existing drugs are ineffective. The WHO, together with organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, support initiatives to expand access to effective combination therapies. In 2004, WHO revised its malaria treatment recommendation to include artemisinin-based combination therapy (ACT). The compound, found naturally in a Chinese herb, has been used to treat malaria since the 1980s and is currently the most effective measure against the disease.

The Global Fund, an independent grant-making organization, is a significant source of funding for malaria-control interventions. Since its establishment in 2002, the Global Fund has committed approved grants totaling US\$ 3 billion. Approximately 31 percent of this amount has been allocated towards malaria control efforts.

In 2005, President Bush pledged to increase funding for malaria prevention and treatment by more than \$1.2 billion over five years. Another global initiative is the Roll Back Malaria (RBM) partnership, created in 1998 by the WHO, UNICEF, UNDP and the World Bank. The partnership aims to coordinate international malaria-control activities, bringing together over ninety public and private organizations, international agencies, malaria-endemic countries, and research and academic institutions. The goal of the partnership is to cut the global burden of malaria in half by 2010. RBM has successfully raised awareness of the disease, mobilized social, political and financial support, and coordinated international efforts to combat malaria.

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