

Cameroon: Providing cash transfers for vulnerable people living with HIV and key populations

Lessons learned from a World Food Programme and UNAIDS initiative to mitigate the impact of COVID-19 in western and central Africa

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Context

Cameroon is a lower-middle-income country in central Africa with more than 26 million inhabitants, approximately 39% of whom live below the poverty line (1). Ranked 153 out of 189 in the 2019 Human Development Index, the country benefits from rich natural resources; however, weak governance hinders its development and ability to attract investment (2). Cameroon is also dealing with humanitarian crises on three fronts: the far north, the east and the north- and south-west regions, whereby armed conflict has triggered significant internal displacements. The crises in these regions have weakened already fragile livelihoods; reduced access to health services, education and basic amenities; and compromised food security and nutrition. The coronavirus (COVID-19) pandemic has compounded these challenges on multiple levels.

Overall HIV prevalence in Cameroon was 3% among adults 15-49 in 2020 and approximately 500 000 people (all ages) were estimated to be living with HIV in 2020, 78% of whom know their status (3). Prevalence among key populations is considerably higher and reflects a mixed epidemic, with 24.3% of sex workers and 20.7% of gay men and other men who have sex with men (MSM) estimated to be living with HIV (4). Access to antiretroviral treatment (ART) has increased over the last decade and contributed to a 47% decrease in AIDS-related deaths since 2010. However, treatment coverage is substantially higher among adult women (80%) and adult men (70%), while only 35% of children ages 0-14 are on ART. There is also a huge disparity among new infections, with young girls ages 15-24 being 4 times more likely to be infected than their male peers. Combination prevention efforts, especially among sex workers, have helped decrease new infections by 57% over the last decade, but persistent social marginalization and stigma, especially among gay men and other men who have sex with men, and the lack of equitable access to services means that there is a long way to go to achieve national and global HIV targets.

The COVID-19 pandemic has greatly impacted many people's ability to earn enough to cover their basic expenses, with people living with HIV (PLHIV), key populations and vulnerable groups being especially affected. A recent rapid survey conducted with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in partnership with the Network of African People Living with HIV West Africa that the livelihoods of up to 80% of people living with HIV in western and central Africa have been impacted by the pandemic and more than 50% of them were in need of financial and/or food assistance (5). Although relatively few experienced a disruption in access to antiretrovirals, movement restrictions, transport difficulties, fears of contracting COVID-19 and other security issues caused approximately 20% of persons living with HIV to change how or where they obtained their medication. The weak and understaffed health system was also ill-equipped to deal with the crisis, on top of the other challenges, and many people, especially displaced ones, encountered difficulties accessing care. Pandemic-related curfews and restrictions have

been extremely challenging for key populations, such as sex workers, LGBTI and gay men and other men who have sex with men, hindering their ability to work and interact with their peers. The stigmatization and criminalization of these populations have compounded their vulnerability to the socioeconomic impact of the pandemic, with many struggling to cover their basic needs for food, accommodation and education for themselves and their families (6).

Although humanitarian assistance in Cameroon has been provided by the government, various United Nations (UN) agencies, World Bank and other development partners, there was no specifically targeted social assistance for persons living with HIV or other vulnerable or key populations during the COVID-19 crisis. They therefore required urgent support.

Cameroon map



- ▶ 39% poverty rate
- ▶ 31% of children suffering from chronic malnutrition
- ▶ 3% HIV prevalence among adults 15-49
- ▶ 500 000 People living with HIV (all ages)
- ▶ 70 500 sex workers (24.3% HIV prevalence)
- ▶ 7000 Gay men and other men who have sex with men (20.6% HIV prevalence)
- ▶ 78% of people living with HIV know their status
- ▶ 74% of people living with HIV are on ART
- ▶ 20% social protection coverage
- ▶ Approximately 1,033 000 internally displaced persons
- ▶ Approximately 440 000 refugees
- ▶ Approximately 40% of people living with HIV with only primary schooling or less
- ▶ 33% of the population is illiterate
- ▶ Ranked 153 out of 189 on the 2019 Human Development Index
- ▶ 17 255 COVID-19 cases and 391 deaths (as of 31 July 2020)

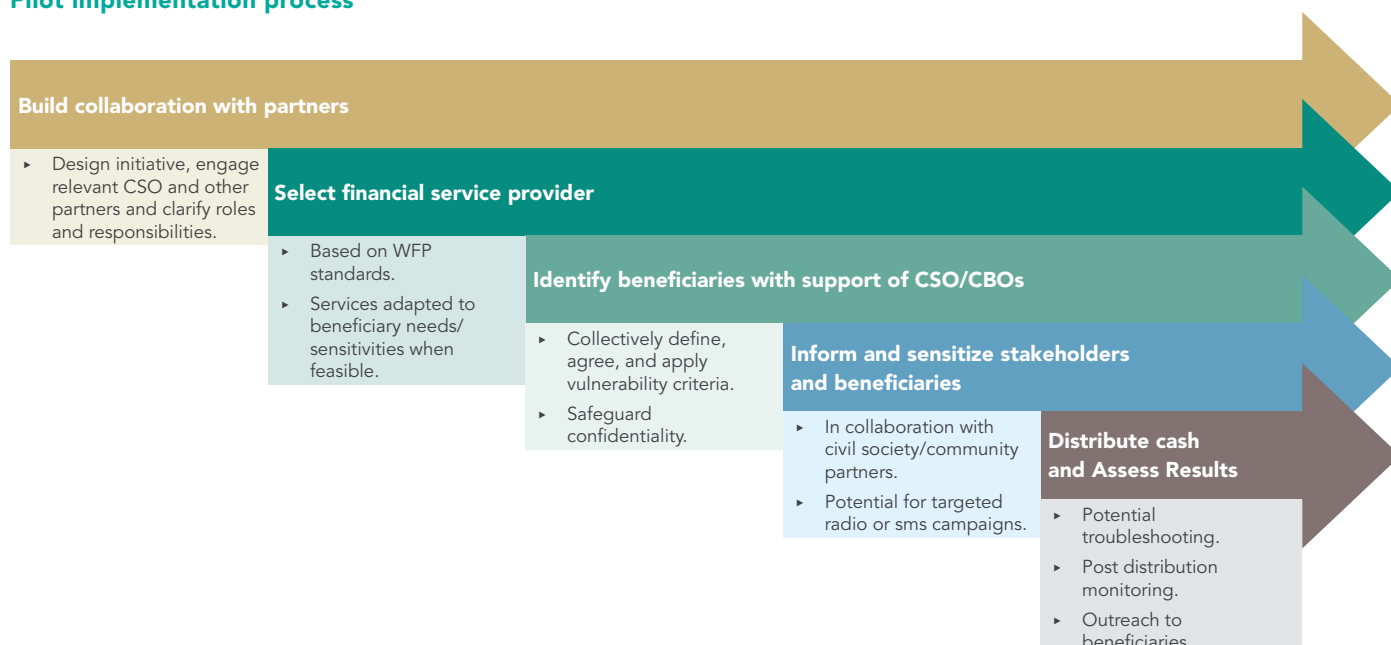
Sources: AIDSinfo, UNDP, UNHCR, WFP, World Bank, Worldometer

Piloting cash transfers for marginalized populations in western and central Africa

In the context of the COVID-19 pandemic in western and central Africa, and with support from the Grand Duchy of Luxembourg, UNAIDS and World Food Programme (WFP) launched a rapid response initiative in July 2020 targeting 5 000 people living with HIV and key population households with one-off, unconditional, direct cash transfers across four priority countries in the region: Burkina Faso, Cameroon, Cote d'Ivoire and Niger. The pilot builds on the global recognition of cash transfers as a critical social protection tool, especially in the context of humanitarian crises (7, 8). The initiative sought to demonstrate how such transfers can be effectively implemented to mitigate the socio-economic and psychosocial impact of HIV and COVID-19 among especially marginalized and stigmatized populations. It also responded to information and concerns shared by networks and associations of people living with HIV and key populations about the consequences they were experiencing in relation to socioeconomic welfare and access to services.

Although the four countries followed a similar implementation strategy, each country contextualized its approach according to local realities and circumstances. This resulted in somewhat different practices and modalities to achieve the same overarching objective of alleviating the impact of the COVID-19 pandemic on vulnerable populations in an effort to leave no one behind, while respecting all national pandemic related hygiene and security measures. At the same time, all countries faced a common dilemma: balancing urgency of action with diligence of the process, while working under extreme time and movement constraints.

Pilot implementation process



Cameroon's contextualized approach

In Cameroon, the cash transfer pilot initiative was implemented in all 10 regions of the country. Unlike in the other three countries, in view of the dynamics of the national epidemic, Cameroon included vulnerable young people and women, in addition to people living with HIV and key populations, as beneficiaries of the pilot initiative.

Operationalizing the pilot initiative was a collaborative effort among UNAIDS, WFP and CSOs. Affirmative Action (AA), Care and Health Programme, Horizon Femmes, Presse Jeune Development and the two national people living with HIV networks (RECAP+ [adults] and RECAJ+ [young people]) were engaged from the beginning and participated in all steps of the pilot, from design to implementation and monitoring. The Cameroon National Planning Association for Family Welfare (CAMNAFAW), a sub-recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which is responsible for community-based programmes, was also involved in the cash transfer initiative and served as an additional liaison with the CSOs and as a source of information and in-kind support.

UNAIDS, WFP and partners paid careful attention to ensure that confidentiality for stigmatized and marginalized key populations was safeguarded and assured. The beneficiary identification process was carried out by the CSOs through their peer educators and focal points based on agreed vulnerability criteria, including limited income and social network. The beneficiary lists were developed by each organization and were shared with a single designated project administrator at UNAIDS and WFP for quality checking under strict terms of confidentiality. The two focal points then consolidated the lists into one list, and ensured that there was no indication of HIV or key population status or linkage with any of the different CSOs that could have revealed the status of beneficiaries. Beneficiary data were then imported by WFP into SCOPE, a corporate beneficiary information and money transfer management and monitoring platform developed by WFP and used by different United Nations organizations for cash transfer programmes.

Western Union (WU) was selected as the financial service provider (FSP) based on an existing international agreement with WFP and the need for country-wide coverage. The beneficiaries received an SMS (in English) notifying them that they were receiving a cash transfer and were provided with a money transfer control number that the beneficiary had to give to the WU outlet to receive the funds. CSOs also communicated with beneficiaries by mobile phone and text messages to inform them about the cash transfer and ensure that they understood the process. The generic message coming from WFP indicated that the support was to buy nutritious food; however, the CSOs and networks informed their beneficiaries that they should use the funds for their priority needs.

Cameroon results

Cash Transfer Recipients	Geographic Location	Transfer Amount	Accessing Funds	Use of Funds
<p>952 individuals representing the same number of households.</p> <p>493 people living with HIV adults, 85 people living with HIV adolescents/ children, 91 Sex workers, 121 gay men and other men who have sex with men/transgender, 160 adolescent girls and young women.</p>	Included beneficiaries from all 10 regions of the country.	76000 CFA Franc (US\$ 136).	While there were sufficient WU access points, almost 18% of targetted beneficiaries had some issues accessing their funds.	Recipients have reported using their cash transfer for food and income generating activities. Monitoring will continue in early 2021.

Source: WFP/UNAIDS Evaluation Report conducted in collaboration with civil society partners, June 2021

Adopting a people-centred approach

STRATEGY	APPROACH IN CAMEROON	INSIGHTS AND OUTCOMES
BUILD AND STRENGTHEN COLLABORATION WITH KEY PARTNERS	<ul style="list-style-type: none"> UNAIDS and WFP worked with Affirmative Action, Care and Health Programme, Horizon Femmes, Presse Jeune Development as well as with people living with HIV networks RECAP+ and RECAJ+. Collaboration with CAMNAFAW, Global Fund sub-recipient, assured in-kind support to CSOs who were also Global Fund sub-sub-recipients to implement the initiative. 	<ul style="list-style-type: none"> Strengthened relationships between all partners. Reaffirmed high levels of trust, confidence, and access that CSO partners have with vulnerable populations. Enhanced reputation and credibility of notably ReCAP+ which had been struggling to mobilize support within the people living with HIV community of late. Revealed innovative and strategic ways to mobilize in-kind support from other partners like CAMNAFAW and donors.
SELECT FINANCIAL SERVICE PROVIDER AND MODALITY	<ul style="list-style-type: none"> The cash transfer was delivered through Western Union based on an existing relationship with WFP and the presence of outlets across the country. 	<ul style="list-style-type: none"> Rigorous process and need for absolute precision in data as well as specific national ID cards led to challenges to include some of the most vulnerable beneficiaries, as well as delays and need for repeated attempts to collect funds for over 250 recipients. 4% of recipients did not collect their cash transfer (42 individuals). Security of transfer ensured, and no opportunity for fraud or extortion.

IDENTIFY MOST VULNERABLE BENEFICIARIES	<ul style="list-style-type: none"> • CSO focal points and peer educators identified beneficiaries based on agreed vulnerability criteria. • Beneficiaries included vulnerable adult and young people living with HIV, key populations and adolescent girls and young women. • 1361 people initially identified by CSO and CBO partners, following verification 994 were included in final recipient list. 	<ul style="list-style-type: none"> • Need for precise information for Western Union required repeated back and forth with the beneficiaries to ensure all names, numbers etc were 100% correct. • Time constraints and fears of stigma and discrimination among both people living with HIV and key populations and the complexity of the SCOPE tool meant that certain data could not be collected during the programme. • Importance of maintaining strict confidentiality was acknowledged.
INFORM AND SENSITIZE STAKEHOLDERS AND BENEFICIARIES	<ul style="list-style-type: none"> • CSOs with support from UNAIDS and CAMNAFAW took leading role in sharing information, sensitizing, and supporting their beneficiaries to access the funds. 	<ul style="list-style-type: none"> • Beneficiaries were not necessarily informed of the amount or the mode of transfer which created some confusion, but close relationships assisted in rapid clarifications. • CSOs introduced various feedback mechanisms with beneficiaries via WhatsApp, SMS and email to document whether funds were received. • Good two-way communication with UNAIDS ensured CSOs could share beneficiary challenges quickly and timely action could be taken. Yet delays occurred and UNAIDS-WFP agreement was extended twice.
SAFEGUARD CONFIDENTIALITY	<ul style="list-style-type: none"> • List of beneficiaries was consolidated, cleaned, and validated before it was sent to Western Union. No names or other confidential identity information was shared, only coded data allowing to make the cash transfer. No information was provided on reason for transfer. 	<ul style="list-style-type: none"> • Beneficiaries collected their cash using their IDs and names. • For beneficiaries who did not have a national ID card or who were under 18 years of age, parents were able to collect the cash. • Key populations and their CSOs were reassured that confidentiality was upheld.
ASSESS RESULTS	<ul style="list-style-type: none"> • Limited information on the use of the cash transfer could be obtained during the programme. Therefore, additional monitoring and documentation will be conducted in early 2021 in collaboration with partners with funding from UNAIDS. CSOs and CBOs taking lead roles in gathering the data through interviews with beneficiaries and will produce a report describing the programme impact and lessons learned. 	<ul style="list-style-type: none"> • Value of doing additional participatory monitoring and documentation after the programme was quickly recognised because of the limited information that could be obtained during the process on the actual use of the funds by recipients and the impact on themselves and their household. • UNAIDS provided additional funds from other sources to establish small grant agreements with each of the five CBOs to conduct the assessment and generate reports as well as advocacy materials to support replication and scaling of the pilot in the future.

Source: Virtual interviews with programme administrators, beneficiaries and key informants.

Placing people at the centre: learning from beneficiary's experience

Parice, 33-years-old, is a founding member of Positive Vision, the first association in Cameroon for transgender women. It receives support from AA. She lives with her younger brother and sister in Yaoundé. She was sick with typhoid fever when she was identified and was immensely grateful for the support, saying, "The help came just at the right time." The repeated attempts and time required for Parice to successfully access her cash transfer indicate the need for better communication with the financial service provider, and enhanced sensitization and support for beneficiaries during data registration and cash disbursement.

Beneficiary experience

IDENTIFICATION

Parice was identified by the focal point from Affirmative Action who was well aware of her situation and the fact that she was in the hospital since they support her association. She had to give her name and phone number only.

SENSITIZATION

Parice was informed of a substantial support but expected it would be food items which is what she normally received. The SMS from WFP was a surprise and she feared it was a scam but spoke to peers and AA and then was reassured.

TRANSFER AMOUNT

Parice learned of the transfer amount only when the SMS was received and at that point she realized this could be an opportunity to start a sustainable income generating activity.

ACCESS

Parice made four attempts at different Western Union branches in Yaoundé before finding a cashier who was willing to distribute the cash since on their list her surname and first name were in the opposite order than her ID. It took a full day to access the cash.

USE OF CASH

Parice shared a small amount with the cashier to thank her for making an exception, paid her hospital bills and used the rest to buy foods (peanuts, tapioca, dried fish, etc) to start a small streetside business.

FOLLOW UP

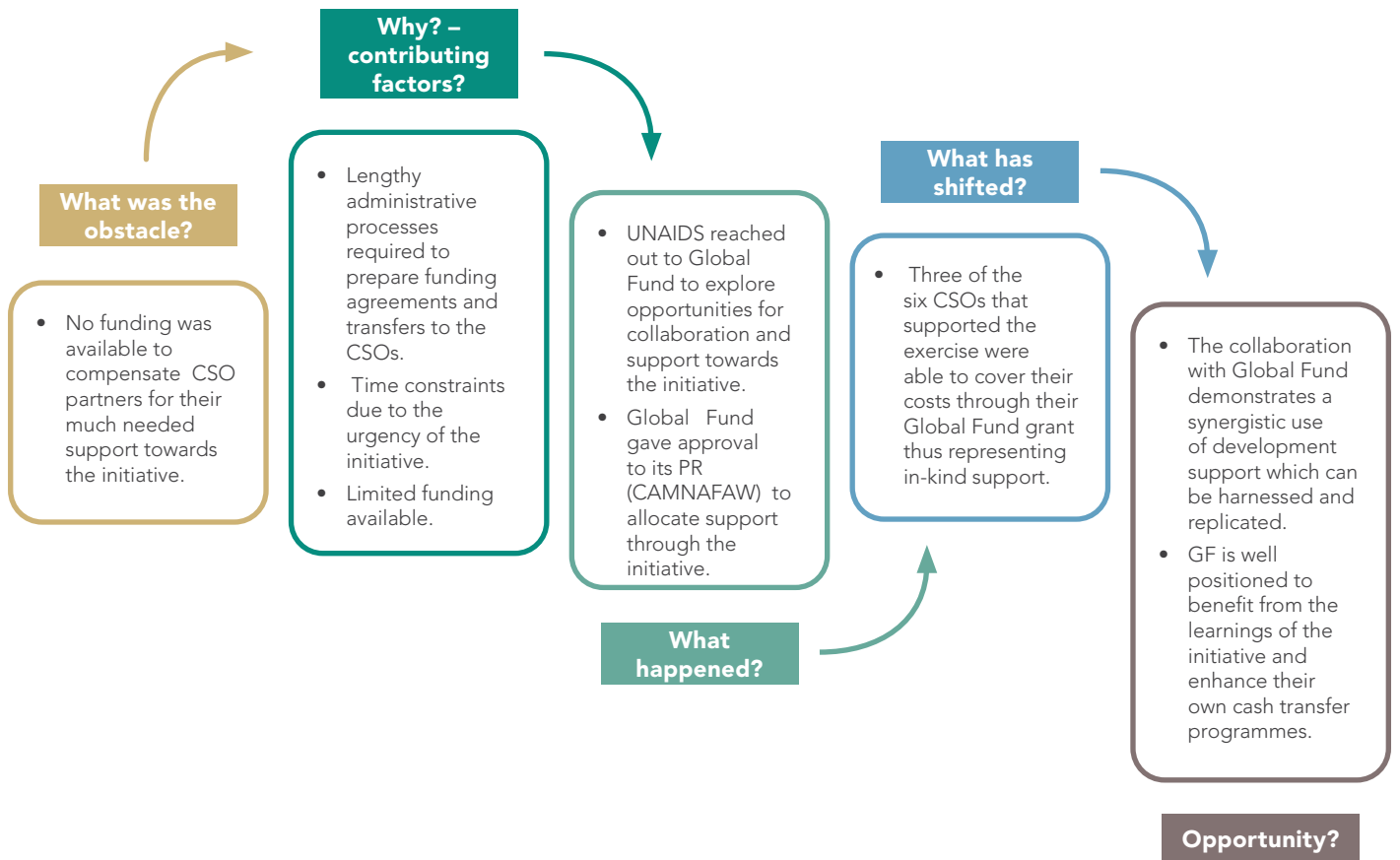
Parice was requested in advance by SMS to share photographs of the Western Union receipts with AA to give to UNAIDS and to also notify them if she had trouble accessing the funds. AA also requested information on how the funding support was used.

Critical learning: balancing rigour and security with ease of access when selecting the financial service provider

The challenges experienced by some beneficiaries in Cameroon to access their cash transfer reaffirm the critical importance of ensuring that the choice of financial service provider (FSP) is aligned with the objectives of the initiative and is responsive to the needs and circumstances of the target recipients. However, the choice is often limited, especially if the cash transfers are to be delivered across the entire country, like in Cameroon. WFP is not operationally active throughout Cameroon. The contracts it has with different local FSPs are only valid for certain regions of the country. Given the tight timeframe of the pilot initiative, there was no time to reopen negotiations with FSPs to cover additional regions. Moreover, the scope of the operation was relatively small and one-off; therefore, engagement with a new FSP was not a cost-effective option. WU was selected because WFP's international agreement with it could facilitate timely cash distribution to vulnerable and HIV-affected beneficiaries across the country.

However, a major challenge was that WU required a national identity card, identity card receipt or passport for recipients to collect their cash. Such identity papers were not held by all beneficiaries on the initial list. This was especially the case for youth who, if under 18, were also not allowed to conduct financial transactions on their own. Such requirements and regulations are in line with the policy of the Central Bank for financial transactions and are not specific to WU. Indeed, data quality in the beneficiary registration process is very important for assurance and compliance, and not all partners were fully aware of the care and precision required. This led to lots of back and forth with the CSOs for both data entry and cleaning to resolve even minor inconsistencies in the spelling or order of names. Although time-consuming and cumbersome, these corrections were essential to ensure that beneficiaries could collect their cash. Such strict application of the requirements is apparently different for certain national FSPs with whom the CSOs had worked on other occasions. Hence, the recommendation is to explore the use of another FSP should the initiative be replicated for similar beneficiaries who may not have the required identity papers. WFP also uses Mobile Money (MoMo) for cash transfers, and although similar identity requirements exist for MoMo wallet registration, there is also potential for more flexibility. This option should be explored, especially when beneficiaries already have their own MoMo accounts and phone handsets, yet may require additional measures to prevent fraud and ensure accountability.

From obstacle to opportunity: leveraging in-kind support through other partners



Cash transfer distribution © WFP

Unexpected benefit: rebuilding trust, capacity and reputation of a people living with HIV network

The people living with HIV network, ReCAP+, partnered with UNAIDS based on its pre-existing relationship. Although the lack of funding to support its efforts for the initiative was a serious challenge, it recognized the need and wanted to contribute in whatever way possible. Not only was ReCAP+ pleased by the support provided to its communities, but it has now seen an unexpected benefit because the beneficiaries it identified have expressed huge appreciation and many have paid their outstanding membership fees. ReCAP+ has also enjoyed recognition and support for its work and a strengthening of its reputation and credibility as an organization that can deliver. This additional benefit of CSO capacity-building and enhanced role and recognition in communities is a critical value-added of the whole initiative, which should not be underestimated.



Beneficiary identified through ReCAP+
© ReCAP+

“I AM SO GRATEFUL FOR THIS SUPPORT. I USED IT TO PAY THE FEES FOR MY SEWING COURSE AND TO BUY A SEWING MACHINE TO START MY OWN BUSINESS. I ALSO HELPED MY MOTHER WHO LOST HER JOB DUE TO THE PANDEMIC.”

Fanta, 23-year-old woman living in Douala with her mother and younger sister.

Key lessons and takeaways

The experience in Cameroon, coupled with learning from the other pilot countries, revealed important lessons about how to effectively deliver cash transfers to vulnerable and marginalized people living with HIV and key population beneficiaries. The lessons concern the design, implementation and monitoring of the pilot initiative, and are intended to inform and guide replication and scale-up of inclusive cash transfer and social protection measures in Cameroon and across the region.

- ▶ **Ensure a common understanding of cash-based transfer prerequisites.**
 - » Starting with a shared knowledge and understanding of the prerequisites for cash-based transfers is key to the successful implementation of such initiatives. Prerequisites include a clear understanding of the cash transfer modality (delivery mechanisms, FSP requirements for payments, etc.) and the minimum beneficiary data required by the FSPs for processing transactions.
- ▶ **Engage CSOs as partners from the beginning.**
 - » Close collaboration and communication with CSOs from the beginning of the pilot and inclusive involvement in all stages of the initiative ensured that communication with beneficiaries was smooth and their confidentiality respected.
- ▶ **Ensure that sufficient time, people and support are available to orient CBOs and identify, register and sensitize beneficiaries.**
 - » The pilot revealed that identifying those who are most vulnerable is often complex and requires considerable time and effort. Although CSOs have the most access, there are often challenges due to movement, lack of valid identity documents, inaccurate phone details, connection problems, etc.
 - » There is a need to build long-term capacity of CSOs to support their peers, and to provide tools and training to facilitate the selection of the most vulnerable.
- ▶ **Ensure that financial support is provided for CSO involvement, even if through other partners.**
 - » Although not all CSOs involved could be compensated for their support, innovative collaboration with other funding partners ensured that at least some in-kind support could be leveraged. In future, all CSOs should receive financial support for their efforts, including for making calls, using transport to reach out to and follow up with beneficiaries.
- ▶ **Identify the best cash transfer method and FSP based on the local context and agreed criteria.**
 - » There is a need to find the appropriate balance between the security of cash transfers and access to FSPs by beneficiaries. Expectations and requirements should be clear and understood by all from the outset.

- ▶ **Generate the potential for longer-term benefits through multipurpose cash transfers and a people-centred approach, accompanied by appropriate capacity-building and communication.**
 - » The fact that the assistance came in the form of cash gave a substantial number of beneficiaries the opportunity to initiate income-generating activities and to cover a wide range of needs, including school, food and health expenses. They viewed this as more empowering and responsive to their needs than traditional food assistance.

Next steps on the road to sustainability

- ▶ Conduct additional monitoring and assessment, in partnership with CBOs, to determine the longer-term impact of the pilot initiative, while strengthening community-level capacity for participatory monitoring and evaluation processes.
- ▶ Share the lessons learned from the pilot initiative, especially with the Global Fund and others who implement cash transfers for vulnerable populations, including the Cameroon National Cash Working Group and the Cash Learning Partnership.
- ▶ Strengthen engagement with the government and other partners, and advocate for the intentional inclusion of these vulnerable and marginalized populations in broader social safety net initiatives, taking into account their specific needs and the potential of multipurpose cash transfers to meet them.
- ▶ Explore the potential to conduct a national HIV and social protection assessment to help strengthen HIV- sensitive social protection in Cameroon.

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UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org