

Niger: 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

Located in the heart of the Sahel region, Niger is a vast landlocked country with a population of 24.2 million and the highest demographic growth rate in Africa, at nearly 4% (1). Although the country has made significant strides over the last decade to reduce poverty, it holds the lowest ranking on the 2019 Human Development Index (2). In 2019, more than 40% of the population was living in extreme poverty (3). In recent years, Niger has grappled with a significant influx of refugees fleeing conflicts in the region and internally displaced persons, which present additional socioeconomic challenges for the country. These factors are compounded by environmental degradation resulting in persistent and widespread food and nutrition insecurity, especially in rural areas (4).

Although HIV prevalence among adults 15-49 in Niger is low (0.2%) and the estimated number of people living with HIV (PLHIV) among all ages is relatively small (31,000), stigma remains a significant challenge, which can delay or prevent testing (5). This is reflected by the fact that only 70% of people living with HIV are aware of their status and 35% of them are diagnosed late. Antiretroviral treatment (ART) is widely available and has contributed to a 52% reduction in AIDS-related deaths since 2010. However, prevention remains a challenge, with HIV incidence having decreased by only 10% over the same period. Only 36% of pregnant women living with HIV are currently accessing prevention of mother-to-child transmission services, and in 2016, only 21.5% of young people ages 15–24 had adequate HIV prevention knowledge (6).

During the first wave of COVID-19, Niger was spared the worst of pandemic-related mortality; however, lockdowns and restrictions on informal activities greatly exacerbated high levels of existing poverty and food insecurity, impacting an estimated 5.6 million people between June and August 2020, including those living with HIV. A rapid survey conducted during the pandemic with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) in partnership with the Network of African People Living with HIV West Africa revealed that the livelihoods of 60% of people living with HIV in Niger were impacted, and 75% needed financial and/or food assistance. Although only 2% of people living with HIV experienced a disruption in access to life-saving antiretroviral medicines, nearly 20% had to change how or where they obtained their medication, and both transport challenges and fear of COVID-19 greatly impacted access. Nearly 65% of people living with HIV surveyed made use of various psychosocial support options, reflecting the severe mental health impact of the pandemic (7).

Pandemic-related curfews and movement restrictions were especially challenging for key populations, notably sex workers and gay men and other men who have sex with men (MSM), hindering their ability to work and interact with their peers. As in other countries, the stigmatization and criminalization of these populations only heightened their vulnerability during the pandemic, with many struggling to cover their basic needs for food, accommodation and education for themselves and their families (8).

Although different actors, such as World Food Programme (WFP) and the World Bank, support the Government of Niger to provide social assistance to people in need, neither people living with HIV nor key populations received any targeted financial or social assistance during the COVID-19 pandemic leaving these people in acute need of support.

Niger map



- ▶ 41.4 % extreme poverty (9.5 million people)
- ▶ 45.7% of children under age 5 are chronically malnourished
- ▶ 0.2% HIV prevalence among adults 15-49
- ▶ 33 000 people living with HIV (all ages)
- ▶ 53,800 sex workers 9.5% HIV prevalence
- ▶ 53,700 gay men and other men who have sex with men, 6.4% HIV prevalence
- ▶ 70% of people living with HIV know their status
- ▶ 68% of people living with HIV are on ART
- ▶ 53% of people living with HIV are virally suppressed
- ▶ Approximately 197 000 internally displaced persons and 220 000 refugees registered in 2019
- ▶ Approximately 60% of people living with HIV with only primary schooling or less
- ▶ 70% of the population is illiterate
- ▶ Education disrupted for three months due to COVID-19
- ▶ 1134 cases and 69 COVID-19 deaths as of 31 July 2020
- ▶ Ranked 189 out of 189 on the 2019 Human Development Index

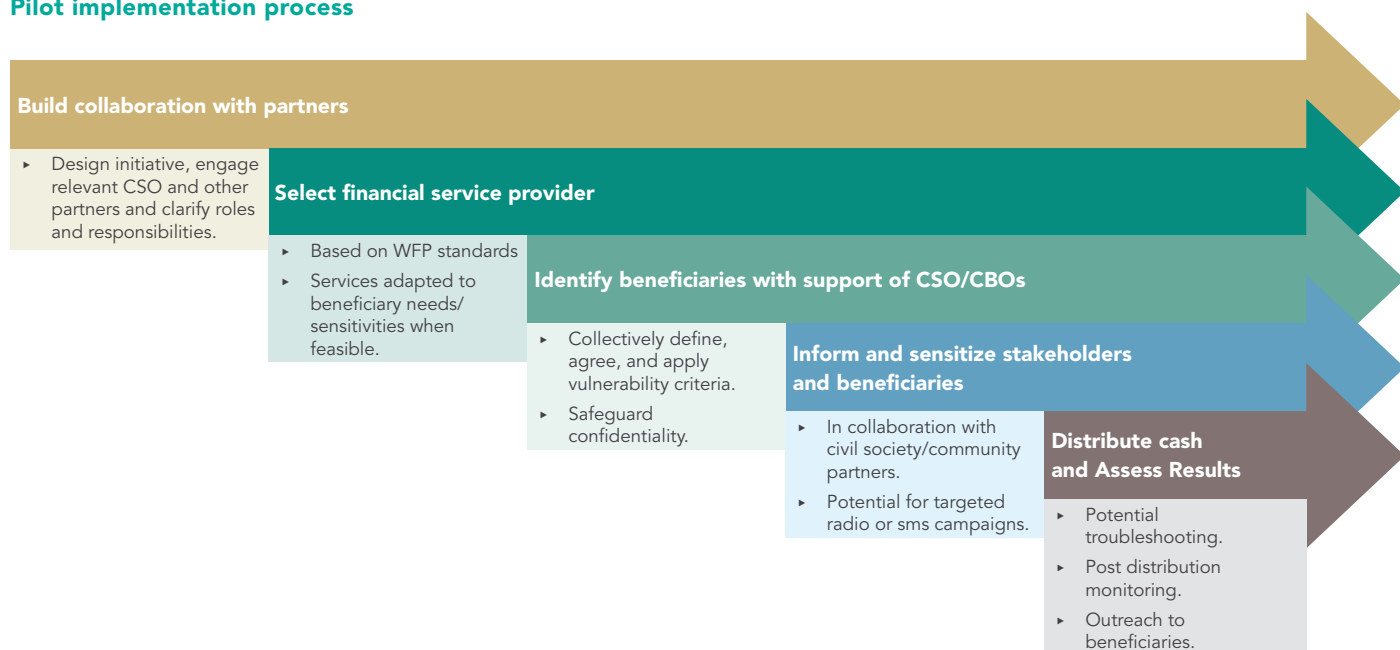
Sources: AIDSinfo, UNDP, USAID, WFP, World Bank, Worldometer

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 (9, 10). 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



Niger's contextualized approach

In Niger, the cash transfer pilot initiative was implemented in Agadez, Diffa, Dosso, Maradi, Tahoua, Tillabéri and Zinder regions where WFP already had an established presence. Identification and sensitization of key populations and people living with HIV beneficiaries were conducted rapidly through collaboration with three people living with HIV and key population networks/organizations that were well established and already active partners of UNAIDS Niger. Réseaux Nigérien des Personnes vivant avec le VIH (RENIP+) and Réseaux Nigérien des populations clés (RENIPOC) worked together with associated organizations, peer educators and health workers from the relevant facilities in the different regions to identify the most vulnerable people and households. General criteria included having been directly affected by COVID-19, lack of revenue, female heads of household and those with orphans in the household. Mieux Vivre avec la Sida (MVS) identified beneficiaries through its patient database because it provides services directly to key populations who are living with HIV. The Bureau Nigérien d'Intermédiation Financière (BNIF-AFUWA) was selected as the financial service provider because it has a large presence across all regions and had the option of delivering cash sous enveloppe. The existing relationship with WFP facilitated the rapid implementation of the pilot initiative and a clear plan for the distribution of the funds and their collection by beneficiaries. BNIF also agreed to adopt specific measures intended to safeguard confidentiality and promote the ease of access for beneficiaries who came to collect their cash transfers.

Niger results

Cash Transfer Recipients	Geographic Location	Transfer Amount	Accessing Funds	Use of Funds
<p>A total of 3100 persons received assistance in 607 households. These were composed of 443 people living with HIV households, 49 KPLHIV and 115 SW and gay men and other men who have sex with men households. Household members included a significant number of children, and elderly.</p> <p>72% of beneficiaries surveyed were female headed households.</p>	<p>Tillabéri, Dosso, Maradi, Tahoua, Zinder, Diffa and Agadez regions – i.e the entire country except for the capital of Niamey.</p>	<p>65000 CFA Franc (US\$ 112).</p> <p>Covers two months of food requirements for family of 7.</p>	<p>84% less than 1 hour of travel to collect funds.</p> <p>78% received in less than 30 minutes.</p> <p>Funds distributed exceptionally over the weekend.</p>	<p>54% of funds used for food.</p> <p>Other expenditures included Income generating activities, donations, health care, school fees.</p>

Adopting a people-centred approach

STRATEGY	APPROACH IN NIGER	INSIGHTS AND OUTCOMES
BUILD AND STRENGTHEN COLLABORATION WITH KEY PARTNERS	<ul style="list-style-type: none"> WFP and UNAIDS worked with RENIP+, MVS and RENIPOC to conduct the initiative. 	<ul style="list-style-type: none"> Strengthened relationships between all partners, notably UNAIDS and WFP, as well as UNAIDS and CSO networks. Enhanced understanding of contextual realities as well as organizational capacity gaps faced by community based organizations. Agreement on need to establish clearer SOPs to ensure clarity of processes and accountability.
SELECT FINANCIAL SERVICE PROVIDER AND MODALITY	<ul style="list-style-type: none"> The cash transfer was delivered through BNIF - AFUWA via "cash sous envelope". 	<ul style="list-style-type: none"> Clear plan created by BNIF across all zones resulted in 100% distribution within expected timeframe. Minimal travel and wait times experienced by beneficiaries since special opening hours on the weekend specific for this initiative. Covid-19 related prevention measures upheld.
IDENTIFY MOST VULNERABLE BENEFICIARIES	<ul style="list-style-type: none"> RENIP+ and RENIPOC employed their association focal points and peer educators to identify beneficiaries based on agreed vulnerability criteria MVS made use of their patient database to identify KP beneficiaries. 	<ul style="list-style-type: none"> Time constraints, lack of telephones, and fears of stigma among people living with HIV led to difficulty in identifying most vulnerable. Changes in total number to be identified due to WFP geographical focus areas resulted in people being taken off the original list and considerable back and forth which was time consuming for all and led to tensions and disappointments within the communities.
INFORM AND SENSITIZE STAKEHOLDERS AND BENEFICIARIES	<ul style="list-style-type: none"> UNAIDS provided information to the CSO networks who shared information with their focal points. Beneficiaries sensitized via associations and peer educators. 	<ul style="list-style-type: none"> Majority of beneficiaries informed of transfer less than two days before. Virtually none of beneficiaries were aware of the amount they were to receive, and only learned it was cash rather than food support at the last minute. A majority of beneficiaries contributed towards association fees and membership cards upon request.
SAFEGUARD CONFIDENTIALITY	<ul style="list-style-type: none"> Use of patient or other specifically generated code rather than names to identify beneficiaries. Specific access times provided over the weekend. 	<ul style="list-style-type: none"> Beneficiaries did not have to reveal their identities at BNIF in order to access their cash. Anonymity was maintained, yet some concerns that special measures jeopardized confidentiality.
ASSESS RESULTS	<ul style="list-style-type: none"> Post distribution monitoring survey. Meetings and interviews with beneficiaries and regional leaders to verify the success and difficulties at field level and to investigate reported shortcomings. 	<ul style="list-style-type: none"> Results are available at household level, however additional insights on numbers and vulnerability of household members could be useful. Certain beneficiaries felt uncomfortable with the way the follow up survey was conducted, (i.e. no advance notice, the way questions were asked). The change in numbers of targeted vs final beneficiaries delayed sensitization efforts, created false expectations, and reports of funds not being received by people not on final list.

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

Mariama Sambo is a 46-year-old mother living with HIV in Dosso who cares for her five children ages 21 months to 20 years. She leads the association, *Priorité Action Positive*, and volunteers with the *Centre des Mères et enfants* in Dosso to support other women living with HIV. She was a beneficiary herself, and also assisted in identifying and sensitizing other beneficiaries in the Dosso region for the initiative. She appreciated that the support was provided in cash, stating that, "Each person has their own needs and tastes."

Beneficiary experience

IDENTIFICATION

Mariama was identified as a beneficiary by the health worker in the facility and RENIP+ in view of her HIV status and lack of income. She was asked to provide her patient code, name and phone number.

SENSITIZATION

Mariama was informed that she would receive food support and should gather for a meeting with all beneficiaries on the Saturday before Tabaski to receive it. They did not know it was to be cash.

TRANSFER AMOUNT

It was only during the meeting that Mariama was informed of the amount of the cash transfer via RENIP+ colleagues.

ACCESS

Mariama and the other beneficiaries went to BNIF together and received their transfer of 65,000 CFA Franc quickly and easily after providing their patient code and phone number.

USE OF CASH

Mariama used her cash transfer to stock up on food (rice, corn, gari, oil, condiments) for her and her children. She also chose to donate 10,000 CFA Franc to help other vulnerable people living with HIV who had been removed from the recipient list.

FOLLOW UP

Mariama was called by WFP and asked to provide information on her experience. The fact that they called with no notice, and asked questions about her status and why she donated part of her funds made her slightly uncomfortable.



Sensitization and health screening in Madarounfa Region of Maradi © UNAIDS

Critical learning: anonymity vs confidentiality

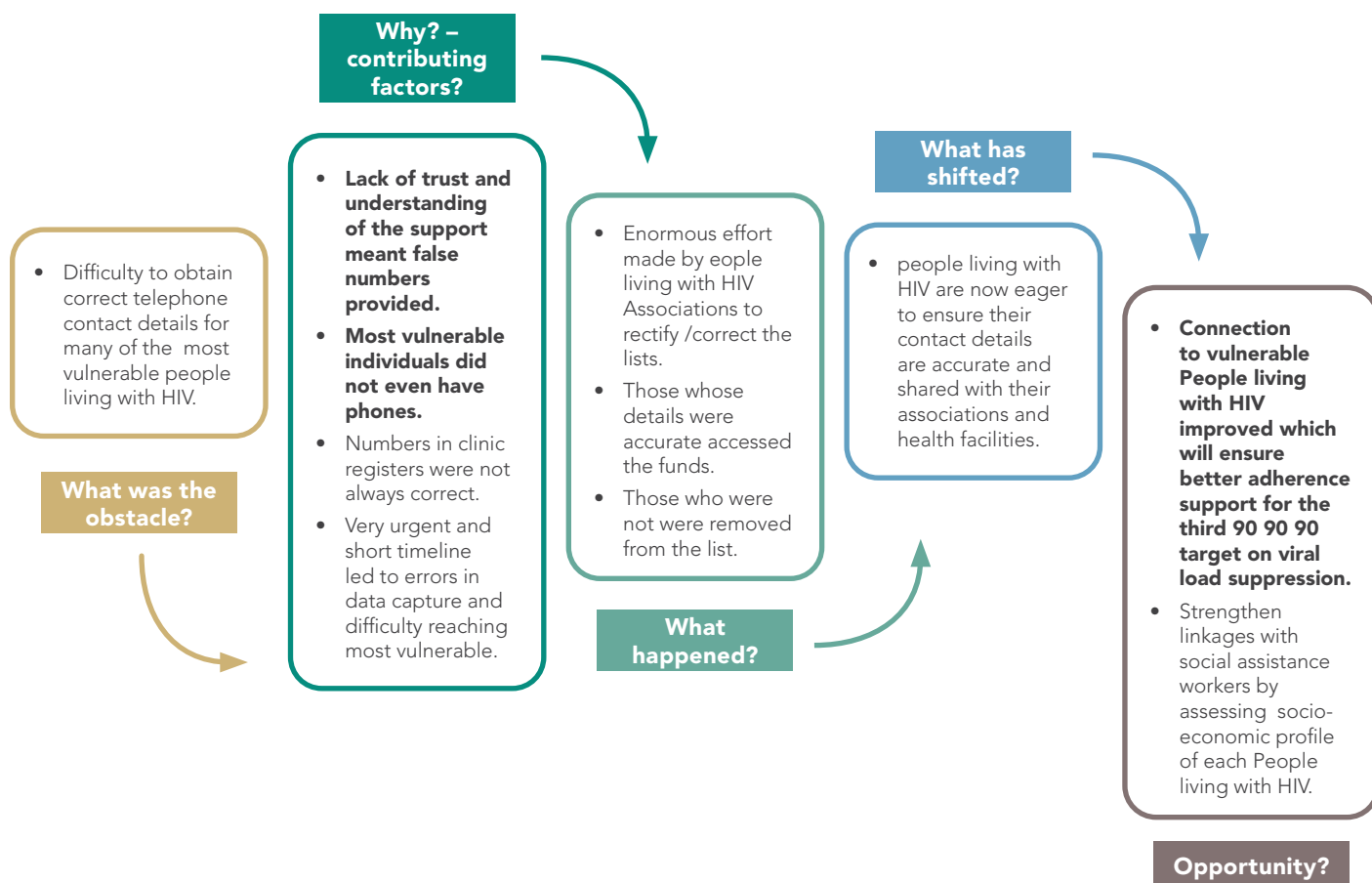
Given the high rates of HIV-related stigma in Niger¹ (5), all partners involved in this initiative recognized the critical need to safeguard the confidentiality of the beneficiaries' HIV status and their identification as a key population. Efforts were made to maintain the anonymity of cash transfer recipients by removing names from the list provided to BNIF. Patient codes were used for people living with HIV and specially generated codes were used for key populations to verify transfers, along with their registered telephone numbers. Priority radio sensitization messages were also delivered in the communities, indicating that support was aimed at the most vulnerable people, notably people living with HIV and key populations. However, some beneficiaries and civil society partners expressed concern that the measures adopted to guarantee anonymity undermined confidentiality of HIV status or key population identity. Standard procedure for collecting money from financial service providers included providing names and identification numbers, so some stakeholders felt that the special measures attracted unwanted attention and recognition of their HIV status via the patient code. Others, including key population members not living with HIV who were given a specially generated code for this initiative, were comfortable with the process used because they were reluctant to share their identities. The divergent views reaffirm the need to consult with a subset of cash transfer recipients—ideally in advance—to fully understand their perspectives on all aspects of the process, from sensitization to collection of the funds. It also highlights the need for ensuring adequate time is allocated for sensitization efforts, and that if radio messages are used, the information shared needs to be carefully considered as it relates to confidentiality.



Recipients collecting transfers from BNIF in northern regions of Niger. COVID-19 precautions did not include obligatory wearing of masks at that time. © UNAIDS

1 The 2012 Demographic and Health Survey (DHS) revealed that only 5.7% of women and 7.7% of men aged 15-49 had accepting attitudes towards people living with HIV, and that among men this represented a more than 3% decrease since 2006 when the rate was 11.1%.

From obstacle to opportunity: improving connectivity and follow-up among vulnerable people living with HIV



“IT WAS A REALLY GOOD INITIATIVE, IT REALLY HELPED US, WE REALLY APPRECIATED [IT], IF THERE IS A WAY TO DO SOMETHING LIKE THAT AGAIN WE WILL NOT REFUSE...”

Mouna, single mother living with HIV in Diffa, with two children and her mother as dependents, studying to become a nurse and dependent on support from her boyfriend to pay her study fees and other expenses.

Understanding the cultural context: a sigh of relief and moment to share – Fête de Tabaski

The Fête de Tabaski (Feast of the Sheep) gives rise to a moment of sharing. It is a pretext to celebrate the family unit and to bring people together. Poor families are often given sheep, a gift from the richest members of the community. Cash transfers were distributed in time for the Tabaski celebrations, providing people respite after a period of severe difficulty. It also promoted community cohesion and enhanced social capital for many recipients who reportedly donated a portion of their cash transfer via their associations or through other means. Sharing support was also viewed by the leaders and beneficiaries as a way to mitigate potential tensions in the community. The initial identification process led to an expectation that more people would receive support through the initiative than actually did. Although such use of the funds was not expected, and was perceived as a misuse by some, it is reflective of the need to fully understand the cultural context of the communities receiving support, and the expectations and constraints. As expressed by people living with HIV network Renip+ leader: “If you receive and do not share, then you do not support the vision.” This process also resulted in the broader community benefitting from the initiative’s support, and not only the individual households.

Key lessons and takeaways

The experience in Niger, 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 Niger and across the region.

► **Allocate time and resources for effective collaboration and communication with communities**

- » Frequent two way communication is required to ensure shared understanding of all steps in the process and clear expectations among civil society partners, focal points, peer educators and beneficiaries.
- » Clarity on the total number of beneficiaries and target regions must be finalized prior to engaging with CBOs and networks, in order to avoid misunderstandings, unmet expectations and unnecessary delays.
- » CSO and CBO partners should receive stipends for communication and transport costs at a minimum since the whole exercise depends on their contribution, and recognition of their investment promotes accountability and mitigates potential fraud.

“For a long time, we felt that nobody is interested in us and that even UNAIDS had forgotten us. All of a sudden, we learned from the leader of our association that we would receive help and moreover with cash! I was wondering how, but at this moment, they were informed that we are in difficulty and that we have not worked for a long time. I had lost hope of honouring my financial commitments, the most critical of which was my rental fee. However, thanks to the assistance offered by WFP/UNAIDS, I was able to realize this as a miracle and also fulfil other needs. Thank you all for this assistance, I felt very valued. I am now starting to believe that we can do more. Thank you again.”

A key population beneficiary in the Maradi region.

► **Ensure implementation approach is informed by beneficiaries and sensitivities are understood and respected**

- » Use of public sensitization approaches needs to be considered carefully to ensure they do not impact or jeopardize other measures aimed to ensure confidentiality.
- » Beneficiaries would have benefitted from knowing farther in advance that they were receiving money as well as how much so that they could plan accordingly, manage expectations and ensure accountability.
- » Post distribution monitoring must be conducted with respect and understanding of specific sensitivities and circumstances of people living with HIV and key populations, and could benefit from more involvement of CSOs.

► **Acknowledge and adapt to the complexity of different cultural contexts**

- » The diversity of community norms and practices needs to be recognized and probed with understanding, especially when determining how funds are used, in order to avoid generating misunderstandings and tensions in communities.

► **Monitor outcomes not only at household, but also at community level**

- » The relief and joy that this relatively small sum of financial assistance brought to the households who were included reflects the depth of need among these populations.
- » The fact that so many of them chose to voluntarily share some of what they received, with several people living with HIV beneficiaries explaining that they are "one family", also demonstrates how concrete, targeted and people centred support can also support community cohesion.

² Based on the pilot, 647,908€ was mobilized from the Global Fund C19RM to scale up cash transfers for vulnerable people living with HIV and key populations as part of a broader request for support for community action to address the impact of COVID-19. Intention was to reach 2000 beneficiaries each trimester for 2 years, but more than 2900 beneficiaries (of which 1790 people living with HIV and 1160 Key populations) in all eight regions of the country have already been reached.

Next steps on the road to sustainability

- ▶ Continue advocacy and collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria to integrate and leverage the unrestricted cash transfer activity within the current and future grants and reach a larger number of beneficiaries for a sustained amount of time.²
- ▶ Share the lessons from the pilot initiative and explore opportunities for similar cash transfer exercises with WFP, World Bank, Agence française de développement and others to ideally support those vulnerable people who could not be included in the first exercise, making sure to adjust processes and procedures, as required, to overcome challenges experienced during the pilot.
- ▶ Advocate with the national government and United Nations partners for intentional inclusion of these vulnerable and marginalized populations in broader social safety net initiatives and promote education and sensitization campaigns to increase awareness and trust among the key populations and reduce HIV-related stigma.
- ▶ Strengthen linkages between social protection and livelihood/income-generating activities for sustainability.
- ▶ Support civil society and community-based organizations to strengthen their governance and project management capacity so that they are even better positioned to assist in similar initiatives in the future.
- ▶ Facilitate strengthening of linkages between HIV care and social services in facilities and communities through capacity-building of providers, and sensitizing communities on schemes and how to access them.
- ▶ Explore the potential to conduct a national HIV and social protection assessment to help strengthen inclusive social protection in Niger and leverage the findings to influence national policies and plans.

References

1. The World Bank, Population Growth (annual %) Niger, September 2020 (<https://data.worldbank.org/indicator/SP.POP.GROW?locations=NE>)
2. United Nations Development Programme. (2021). Human development report 2020 : the next frontier : human development and the Anthropocene. (<http://hdr.undp.org/sites/default/files/hdr2020.pdf>)
3. The World Bank in Niger; September 2020 (<https://www.worldbank.org/en/country/niger/overview#:~:text=Despite%20significant%20strides%20made%20by,more%20than%209.5%20million%20people>)
4. WFP in Niger. Country Brief; September 2020. (https://docs.wfp.org/api/documents/WFP-0000120051/download/?_ga=2.16498545.637136766.1604668473-735242976.1588763296)
5. Institut National de la Statistique - INS/Niger and ICF International ; 2013. Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2012. Calverton, Maryland, USA: INS/Niger and ICF International.
6. UNAIDS 2021 epidemiological estimates. AIDSINFO Country factsheets (<https://aidsinfo.unaids.org/>)
7. UNAIDS. Situation et besoins des PVVIH au Niger dans le contexte du Covid-19: July 2020 (https://forms.office.com/Pages/AnalysisPage.aspx?id=m8_hwrh60SAIUKMKS0-tddfwmztCPRouuUX1www-QZUMlhYN EtVNkg4NUhJQkczUEJGMDYwQzdUVy4u&AnalyzerToken=37tytmU8bHQEHa6RGgZdccHxnTz8Zmli)
8. UNAIDS, Rights in a pandemic. Geneva; 2020: (https://www.unaids.org/sites/default/files/media_asset/rights-in-a-pandemic_en.pdf)
9. Ali, A., Doing cash differently How cash transfers can transform humanitarian aid Report of the High Level Panel on Humanitarian Cash Transfers. ODI Centre for Global Development; 2015 (<https://www.cgdev.org/sites/default/files/HLP-Humanitarian-Cash-Transfers-Report.pdf>)
10. Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., Schmidt, T., & Pellerano, L. Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features. ODI; 2016 (<https://odi.org/en/publications/cash-transfers-what-does-the-evidence-say-a-rigorous-review-of-impacts-and-the-role-of-design-and-implementation-features/>)
11. USAID, Education in Niger, 2021 (<https://www.usaid.gov/niger/education#:~:text=Niger's%20population%20is%2070%25%20illiterate,educational%20access%2C%20quality%20and%20retention>)
12. Worldometer, Coronavirus cases Niger, 2020 (<https://www.worldometers.info/coronavirus/country/niger/>)

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