

Bridging Research and Policy on HIV/AIDS

Annotated Bibliography

Julius Court and Tom Luff

10 March, 2004

Categories

(Index)

Core / Crosscutting Texts HIV

Bridging Research and Policy Health

Context

Evidence

Links

International Influences

Countries

Websites

Core / Crosscutting

Title	AIDS in the 21st Century: Disease and Globalization,
Author	Barnett, T. and Whiteside, A.
Publisher	London: Palgrave.
Date	2002
Comment	Great. Weakness is political context discussion

This is the leading book the the HIV/AIDS epidemic and Development, containing a wealth of analysis. The key focus is to explain why certain countries and communities are more at risk than others, focusing particularly on the macro and micro environmental factors, such as wealth, inequality, social cohesion and governance. For Bridging Research and Policy, a key chapter on responses focuses on “where priorities have been and where they should have been.” The book argues it is important to view responses in terms of a nexus of prevention, mitigation and treatment/care (these arenas are interlinked). Like the disease itself, responses to HIV/AIDS are affected by a range of social, economic and political factors.

Information from the Publisher:

AIDS and the Twenty-First Century examines the social and economic origins and impacts of the HIV/AIDS epidemic. HIV/AIDS is not only a medical problem. It is an indication of the scale of the global crisis in public health. Accessibly written, this book is necessary reading for policymakers, students and all those who are concerned about the relationship between poverty, inequality and infectious diseases.

Contents:

Introduction: Disease, Change, Consciousness and Denial
The Disease and its Epidemiology
Susceptibility: Epidemic Roots
Susceptibility: Cases
Why Africa?
Vulnerability and Impact
Introduction to Impact
Impact: Individuals, Households and Communities
Dependants: Orphans and the Elderly
Subsistence Agriculture and Rural Livelihoods
HIV/AIDS and 'For Profit' Enterprise
Aids, Development and Economic Growth
Government and Governance
Responses

Title	HIV/AIDS Strategy
Author	Department for International Development
Affiliation	
Date	
Number of pages	23

This paper provides a strategic framework for DFID staff on how to approach tackling the HIV/AIDS pandemic. It also outlines to a broader readership DFID's priorities and the partnerships we will be pursuing. As such, the paper has specific aims:

- It outlines what we know about HIV/AIDS and key priorities for how DFID should respond at country and international levels.
- It is aimed at all staff and provides a framework for mainstreaming HIV into all DFID's activities.
- It is not an exhaustive list of priorities as these vary from country to country.
- It does not aim to provide detailed information on current technical debates, as these change rapidly and would soon render the paper out of date. DFID will develop regular guidance papers with detailed technical advice on key issues: several will be produced shortly including antiretroviral therapy, maternal to child transmission, vaginal microbicides. Annex C directs the reader to useful websites and other resources.

Title	Synergy "Advances Through HIV/AIDS Research" Series
Author	The Synergy Project
Affiliation	USAID
Source	http://www.synergyaids.com/SynergyPublications/Synergypublications.htm
Date	2004

This series uses an innovative methodology to bridge the dynamic worlds of HIV/AIDS research and the practice of HIV/AIDS prevention, care, and support in developing countries. The 2002–2003 series includes papers on a range of emerging issues, new and old (see below). The goal of the series is to disseminate key research findings and expert analyses to busy practitioners and policy makers working in the field. Each paper places significant, new, or controversial research findings in a broader context and explores their practical and policy implications for those working on the frontlines. These are not “best practice” recommendations. Instead, the series aims to help decision makers recognize research breakthroughs and emerging technical challenges, and consider their implications for HIV/AIDS program planning, design, and applied research.

The Methodology: In the development of each paper, one or more internationally recognized experts frames the paper, identifying key issues, recommending the most pertinent and recent publications, and describing significant ongoing research. The key issues and research findings are then modified into an accessible format for a broad audience. These papers are not exhaustive literature reviews; rather, they provide a rapid, rich, and selective examination of key issues and findings on the topic from the perspective of one or more well-known experts in the field.

Breastfeeding and HIV Transmission in Developing Countries, Grace John-Stewart, Ruth O. Levine, Marcia Weaver, July 2002

Microfinance and HIV/AIDS: Five Key Questions on Program Impact, C. Leigh Anderson, Mary Kay Gugerty, Ruth O. Levine, Marcia Weaver, August 2002

Home Self-Testing for HIV: Directions for Action Research in Developing Countries, Freya Spielberg, Ruth O. Levine, Marcia Weaver, June 2003

Critical Reflections on Human Capacity Development for HIV/AIDS Prevention, Care and Support, Ann Downer, Ruth O. Levine, Marcia Weaver, May 2003

Do Condoms Prevent Transmission of HIV and other Sexually Transmitted Infections? King K. Holmes, Ruth O. Levine, Marcia Weaver, October 2003

Genital Herpes and HIV: Double Trouble, Connie Celum, Ruth O. Levine, Marcia Weaver, Anna Wald. Bulletin of the World Health Organization.

Title	Global Mobilization for HIV Prevention A Blueprint for Action – Final Draft
Author(s)	Global HIV Prevention Working Group
Date	4 July 2002

Exploiting Proven Prevention Strategies HIV

The world knows much about how to prevent HIV transmission, and both developed and developing strategies can have a major impact. This “blueprint for action” – the first report of the Working Group – provides a road map for rapidly scaling up prevention programmes to contain and ultimately reverse the AIDS epidemic. The report reviews the scientific literature on the effectiveness of HIV prevention interventions, identifies obstacles to quickly expanding prevention programmes, and makes specific recommendations to prevent millions of infections this decade.

The sense of inevitability about HIV/AIDS ignores not only the extraordinary resources at the world’s disposal but also the fact that our knowledge of effective prevention strategies has grown substantially in recent years.

Extensive scientific research has identified effective prevention interventions for all routes of HIV transmissions. Effective HIV prevention involves a carefully planned combination of these interventions, reinforced by public policies to combat the social factors that facilitate HIV transmission. Just as combination antiretroviral therapy slows HIV replication by attacking the virus from multiple angles, effective prevention strategies must be integrated to address the many behavioural and biomedical susceptibilities of individuals and communities.

Given the over-whelming evidence demonstrating what works to prevent HIV transmission, the biggest challenge is to scale up effective prevention models to reach millions more people at risk. However, a number of obstacles stand in the way of bringing prevention programmes to scale.

The Working Group makes the following recommendations to expand HIV prevention to reach all those at risk, and help prevent millions of new infections this decade:

- Substantially increase and sustain prevention funding
- Build capacity and scale up proven prevention strategies
- Encourage vocal political leadership
- Use prevention resources more strategically
- Expand access to key prevention tools
- Accelerate research into new prevention technologies
- Confront social factors that facilitate the spread of HIV

Title	Shadow on the continent: public health and HIV/AIDS in Africa in the 21st century
Author	Kevin M De Cock, Dorothy Mbori-Ngacha, Elizabeth Marum
Affiliation	
Date	
Number of pages	6

Approaches to the prevention and control of the HIV/AIDS epidemic in Africa have been heavily based on early experiences and policies from industrialised countries, where the disease affects specific risk groups. HIV/AIDS has been dealt with differently from other sexually transmitted or lethal infectious diseases, despite being Africa's leading cause of death. This review features:

- a discussion of the **evolution of the global response to the epidemic**, (and the **importance of redefining HIV/AIDS in Africa as a public health and infectious disease emergency**)
- a discussion concerning the **reconsideration of policies and practice around HIV testing and partner notification**, (and an emphasis of the **need for an increased focus on treatment**.)

It is claimed that **human-rights based approaches** to HIV/AIDS prevention might have reduced the role of public health and social justice, which offer a more applied and practical framework for HIV/AIDS prevention and care in Africa's devastating epidemic.

The authors argue that some approaches to HIV/AIDS are poorly adapted to the crisis in Africa because the issue has not been defined and addressed as an infectious disease emergency. There is a summary of the epidemiology of HIV/AIDS which emphasises the severity of the disease in Africa; an analysis of the origins and evolution of the global response to HIV/AIDS and its application in Africa; a review contradictions in approaches to the epidemic; and a call for a reconsideration of policy and practices in HIV testing and partner notification. Most infectious diseases are treatable, and the suggestions for practical and perceptual change would be more easily implemented if HIV/AIDS treatment and care in Africa were strengthened and prioritised.

Several core attitudes lie behind this review. First, a uniform global approach might not be suited to the extreme geographical and epidemiological heterogeneity of the pandemic. Second, HIV/AIDS prevention in Africa has been underfunded; greatly increased resources and strengthened infrastructure are required to tackle the issue. Third, the authors think that the emphasis on human rights in HIV/AIDS prevention has reduced the importance of public health and social justice, which offer a framework for prevention efforts in Africa that might be more relevant to people's daily lives and more likely to be effective. Finally, on the basis of epidemiological data, the authors think that HIV/AIDS is the greatest threat to life, liberty, and the pursuit of happiness and prosperity in many African countries. Interventions, therefore, must be quantitatively and qualitatively commensurate with the magnitude of the threat posed by the disease.

Title	Editorial: The AIDS crisis, cost-effectiveness and academic activism
Author	Marleen Boelaert, Wim Van Damme, Bruno Meessen and Patrick Van der Stuyft
Source	Tropical Medicine and International Health, volume 7 no 12 pp 1001–1002
Date	December 2002
Number of pages	2 pages
<p>How will history judge public health academics who in the twenty-first century ponder whether to treat millions of people living with AIDS with HAART, an intervention which is feasible and affordable?</p> <p>The AIDS crisis should force us all to take an unequivocal stand: health care for all is a fundamental human right (Conference on Health Care for All 2001) – a right that cannot be undermined by dual North–South standards. CEA can help to shed light in a complex debate, but should not blur moral argument, or divert from core values. Academics should expose, not accept, the unacceptable.</p> <ul style="list-style-type: none"> • Recent articles by Marseille et al. (2002) and Creese et al. (2002), published shortly before the International AIDS Conference in Barcelona (7–12 July 2002), provoked an outcry in the AIDS community. • Cost-effectiveness analysis (CEA) of HIV/AIDS interventions in sub-Saharan Africa led the authors to conclude that prevention is considerably more cost-effective than Highly Active Anti-Retroviral Therapy (HAART); and consequently, that the relatively meagre resources of the Global Fund, some US\$ 2 billion, should be used for HIV prevention rather than for HAART. • AIDS activists and field practitioners responded with outrage, reacting to the apparent neglect of people living with AIDS in low income countries. Soon heavyweights such as Peter Piot (UNAIDS) and Richard Feachem (Global Fund) joined the chorus against the recommendations of Marseille and Creese, which helped unsure support of the international health establishment. • However, while the arguments against the policy recommendations of Marseille and Creese are compelling, they are open to criticism as not all are equally strong: <ol style="list-style-type: none"> (1) the economic data on which the CEA studies are based are weak or incomplete; (2) the authors used CEA to answer the wrong question; and (3) they took an unacceptable shortcut from CEA to policy making. • Using sensitivity analysis, Marseille and Creese demonstrate rather convincingly the robustness of their conclusion: AIDS prevention is more cost-effective than HAART, for spending the US\$ 2 billion of the Global Fund. 	

Title	Poverty and Health
Author(s)	DAC Guidelines and Reference Series
Affiliation	OECD and WHO
Date	2003
Number of pages	90
Comment	Little about HIV/AIDs in particular; mostly focusing on DAC's pro-poor health approach. Don't include (?)
<p>Key actions to promote a pro-poor health approach</p> <ul style="list-style-type: none"> • Investing in health to reduce poverty Beyond its intrinsic value to individuals, health is also central to overall human development and to the reduction of poverty. <ul style="list-style-type: none"> ○ The poor suffer worse health and die younger. ○ Scaling-up financial resources for health should be a priority. • Supporting pro-poor health systems Development agencies should help partner countries develop pro-poor health systems by strengthening local capacity in several areas. <ul style="list-style-type: none"> ○ Developing public and private-sector services that are of good quality and responsive to the health needs and demands of poor people ○ Better partnership with the private sector is critical. ○ Equitable health financing systems are essential • Focusing on key policy areas for pro-poor health Implementing effective pro-poor growth policies as outlined in the <i>DAC Guidelines on Poverty Reduction</i> is crucial (without higher incomes, poor people will not be able to afford food or health services. And without growth in revenues, governments will not increase their financing of health services.) <ul style="list-style-type: none"> ○ Achievement of the three health-related MDGs, for instance, all hinge strongly on reaching the MDGs of gender equality and universal primary education. ○ Food security and nutrition are critical factors influencing the health of the poor. ○ Poor people's health and mortality are directly affected by exposure to environmental threats. • Working through country-led strategic frameworks The commitment to support the health-related MDGs calls for a long-term relationship with partner countries to achieve sustainable health improvements that benefit the poor. Such co-operation should take place within commonly agreed overarching national frameworks that set priorities for policies and programmes. <ul style="list-style-type: none"> ○ A Poverty Reduction Strategy (PRS), developed and owned by the partner country, should be the central framework to formulate the broad lines of a pro-poor health approach. ○ A health-sector programme is essential for determining and getting needed support within the health sector, and also for engaging in a dialogue on the policies and interventions likely to improve the health of poor people. ○ Sector-wide approaches (SWAs) in health merit attention because they are relatively new and aim to strengthen co-ordination. ○ Partner countries should measure health system performance and health outcomes and the extent to which they are pro-poor. • Promoting policy coherence and global public goods A globalised world provides opportunities to prevent, treat or contain disease. Development agencies and partner countries should strengthen ways of working together globally. <ul style="list-style-type: none"> ○ Promote the development of Global Public Goods for health (GPGs) ○ In addition, trade in goods and services and multilateral trade agreements have an increasing influence on the health of the poor. 	

Title	HIV/AIDS and Food Insecurity in Southern Africa
Author(s)	Oxfam International Safe the Children, UK
Affiliation	
Date	1 December 2002
Number of pages	6
Comment	General description of various factors contributing to the humanitarian crisis in Southern Africa

Southern Africa is facing a serious humanitarian crisis with severe long-term consequences affecting the entire region. Erratic rainfall, poor governance, poverty, unsustainable debt, failing agricultural policies, unfair international trade regimes, and collapsing public services have all contributed to the current situation, but without HIV/AIDS the crisis would not be of the same dimensions.

The HIV/AIDS pandemic is at the heart of the crisis, which threatens the lives of some 16 million people. In some of the most countries affected, rates of HIV/AIDS prevalence are as high as 33 per cent, with widespread effects on health, education, and productivity throughout society.

The humanitarian crisis in Southern Africa has already had a devastating impact in Zambia, Zimbabwe, Malawi, and Angola, but its ripples touch neighbouring countries and the rest of the continent. The crisis will not ease with the next harvest – this is much more than a short-term food shortage. Even worse, HIV/AIDS is cutting people down in the prime of their productive years, leaving a growing number of households headed by grandparents, single parents, and children, and increasingly unable to produce food.

Children are especially vulnerable, because they lose their carers, teachers, and parents, and are at greater risk of exploitation and HIV infection. For those already infected and weakened by the virus, hunger accelerates the progression from HIV to full-blown AIDS.

The international community must therefore:

- Increase funding for food aid and provide those food items that meet the specific needs of people infected with HIV. Food should be procured locally and regionally whenever feasible.
- Increase funding for non-food needs in the region, including health, nutrition, water, and sanitation.
- Ensure all programming and funding activities respond to the impact of HIV/AIDS and the specific needs of children infected and affected by HIV/AIDS.
- Commit to increase significantly poor people's access to health care and essential medicines, including antiretroviral drugs.

Title	Taking aim – did UNGASS set an impossible goal?
Author(s)	John Stover
Affiliation	Futures Group International, USA
Source	'Can we reverse the HIV/AIDS pandemic with an expanded response?', The Lancet 360 (9326): 73-77, by J. Stover, et al., 2002 More information.
Date	16 October 2002
Number of pages	

One aim agreed at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was a 25 per cent reduction in HIV-1 prevalence among young people - by 2005 in the most affected countries and by 2010 globally. Is this achievable? What strategies and resources are needed?

A team of researchers from the Futures Group, UNAIDS, Imperial College, London, WHO and the US Census Bureau modelled the effect of a package of prevention activities.

They estimated the number of new adult HIV-1 infections that would occur up to 2010 with and without this expanded response in 126 low and middle-income countries. They found that:

- Under current conditions, the annual number of new infections is expected to rise from four million worldwide in 2002 to over five million in 2005. There would be 45 million new infections between 2002 and 2010.
- Implementation of the prevention package by 2005 would reduce the total number of infections by 63 per cent. There would be 1.5 million new infections each year.
- The proportion of infections prevented ranges from 40 per cent in Senegal and Thailand, where prevalence is stable or declining, to 70 per cent in countries with rapidly growing epidemics, such as Cameroon and China.
- One-third of the global reduction would occur in India and China, and 40 per cent in sub-Saharan Africa.
- A three year delay in full implementation would halve the total number of new infections averted.

These prevention strategies would be effective for both generalised and newly-emerging epidemics. The UN goal could be met. Other benefits would include better-educated youth, fewer STIs and reduced MTCT. Care and support programmes can increase the effectiveness of prevention efforts. They were not included in this study due to lack of data, but the researchers emphasise the importance of introducing and scaling up care programmes.

The cost of the expanded programme is estimated to reach US\$ 4.8 billion annually by 2005. Between 2001 and 2005, the scale-up costs are US\$ 8.4 billion. The full cost of scaling-up and sustaining the effort to 2010 are about US\$ 27 billion. This is around US\$ 1000 per infection averted.

Title	Access to antiretroviral treatment in Africa: New resources and sustainable health systems are needed
Author(s)	Rene Loewenson ¹ David McCoy ²
Affiliation	¹ tarsc ² EQUINET, Zimbabwe
Source	BMJ VOLUME 328
Date	31 JANUARY 2004
<p>The demand for people living with HIV and AIDS in Africa to access treatment cannot be ignored. At the same time the challenges to meeting this demand are many. The reasons for these challenges are not a mystery. They stem from the chronic under-resourcing of health systems, the underdevelopment of strategic public health leadership, the attrition of health personnel, and the high prevalence of poverty, factors that already limit the delivery of many less complex primary healthcare services. Given this context, how should resources best be allocated to ensure access to treatment for HIV/AIDS in Africa?</p> <p>Approaches to expand access to treatment can simultaneously strengthen health systems; build synergies between treatment, prevention, and primary healthcare services; and reach vulnerable groups.</p> <p>Criteria for selecting patients that explicitly target low income groups or particular subgroups of the population such as health workers and teachers (because their job promotes services for poor people), or that involve communities in decisions about selecting patients, can enhance equity and prevent the development of patronage or corrupt practices around treatment.</p> <p>Such resources should come from national public budgets, overseas development aid, global funds, and from the cancellation of debt.</p> <p>The global recognition of rights to treatment reflects a significant shift in mindset. Another shift is now needed to deliver on those aspirations. Health systems cannot be built from a patchwork of non-government, vertical, ad hoc services around a crumbling public sector core. For treatment access to become a reality for more than a minority, a further step needs to be taken towards an explicit global and national commitment to refinance Africa's public health sector and district health systems.</p>	

Title	Overview of the process of mainstreaming HIV into the PEAP
Author	Kate Butcher
Affiliation	The HIV/AIDS Partnership
Source	John Snow International (UK) Centre for Sexual & Reproductive Health
Date	October 2003
Pages	8
<p>Mainstreaming HIV means that sectors are able to adapt their core business to cope with the realities of HIV and AIDS; in other words, they understand and are able to demonstrate how HIV impacts on their sector's performance, how the sector's work might promote or reduce the spread of the virus and what opportunities exist within the sector's mandate to contribute to prevention, care and impact mitigation efforts. To date most ministries' interpretation of mainstreaming HIV has been around awareness raising and 'sensitisation'. As the Poverty Status Report points out (4.8.5), sensitisation, while important, does not necessarily improve livelihoods. The following questions are useful in determining appropriate approaches to mainstreaming HIV.</p> <ul style="list-style-type: none"> • How might the epidemic undermine the targets set out under the pillar? • How might the focal areas of each pillar actually be contributing to the spread of the epidemic? • What opportunities exist in the pillar's directives to enhance the HIV response including mitigation strategies? <p>The main purpose of this paper is to identify critical entry points for HIV in the PEAP and to suggest appropriate action for effective mainstreaming. It is a further articulation of the 'Mainstreaming HIV into the PEAP' paper (Butcher July 2003), and focuses the case of Uganda.</p> <p>The PEAP (2000) highlighted the need to mainstream several cross cutting issues throughout all pillars, and most of them are complementary. To help determine a strategic and effective approach to mainstreaming HIV in the PEAP this paper outlines 6 key areas for action seeking synergies with other programmes where possible. Each point is discussed in brief and possible strategies suggested in response.</p>	

Title	Meeting Report: International HIV/Aids Communications Forum
Author	BBC World Service Trust and BBC World Service
Affiliation	London School of Hygiene and Tropical Medicine, UK
Source	Meeting Report – Julius Court
Date	24th November 2003

Organized by the BBC World Service Trust (BBS WST), this was a really interesting gathering of senior health officials and broadcasters from across Africa, NGOs working on HIV/Aids, experts in health communications from around the world and broadcasters (BBC and Viacom/MTV). It focused on HIV/Aids campaigning with examples from past campaigns. It included a keynote from Richard Feachem, Executive Director, The Global Fund, a video address by President Bill Clinton and a number of good presentations on approaches and case studies.

Roy Head (Director, Health Division, BBC World Service Trust) noted that there is no answer yet to what works in changing behaviour with regard to HIV/AIDS. He constantly referred to the behaviour change gap – the gap between peoples' awareness of HIV and changing their behaviour in order to reduce risk. *“Take Malawi, as one of many examples: some 92% of men know that condoms prevent HIV, but only 14% use them regularly.”*

Some of the main findings from the meeting are structured according to the RAPID framework

Context:

- There is awareness at the international level / government level e.g. UNGASS.
- Governments are not fully engaged or mobilized (Richard Feachem). Many are waiting for Global Fund money before acting. E.g. India is not putting its own money into prevention.
- HIV thrives in contexts of crisis and weak governance.
- There is a clear correlation between political leadership and turning the tide against HIV (Uganda, Senegal and Thailand). This requires leadership at the most senior level and commitment across the political spectrum.
- Turning the tide requires a response that goes beyond government alone. Non-state actors are key; church often has a better infrastructure than government. (Feachem)

Evidence:

- Family planning issue indicates behavioural change possible on sensitive issues (Head).
- Policymakers have the wrong narratives – (i) the myth of cultural immunity – i.e. our culture will protect us; (ii) AIDS is a curse of god.
- We know enough to mobilize for big campaigns (Feachem) vs We are not yet sure what works in changing behaviour with regard to HIV/AIDS (Head).
- It is tough to confront myth vs reality when it comes to sexual behaviour.
- Local voices are crucial: Indian policy will change due to evidence from Indian experts – researchers, scientists, epidemiologists (Feachem).
- Fear is a good strategy for stimulating change – if you also provide a solution.
- Targetting – messages can be on (i) moral, (ii) necessity or (iii) aspirational.
- In Uganda AIDS case, they “demystified AIDS” – Museveni appreciated the science and pushed the truth. (Kajimba)
- Incremental change can have a major impact, especially if a few key variables change.

Links:

- Media is central, vital to the fight against HIV. They can help with regard to (i) increasing awareness and reducing stigma; (ii) treatments; (iii) prevention. (Feachem)
- Size matters in campaigns to change behaviour at the country level.
- Local messaging is crucial. Fit messages with beliefs and identities.
- But, which media (radio, TV, print) matters in different context (see Head Presentation). E.g. Radio is crucial in Africa, TV in Brazil. Newspapers are better for targeting opinion-makers.
- Multiple formatting works – In the India case, people were 2 times more likely to change view if they heard a message from 3 different sources as from a single source.
- (Note: There was no discussion about media Freedom or NGO freedom.)

Title	Breast-Feeding and HIV Transmission in Developing Countries
Author(s)	Grace John-Stewart, Ruth O. Levine, Marcia Weaver
Affiliation	University of Washington
Source	The Synergy Project: http://www.synergyaids.com/SynergyPublications/Synergypublications.htm
Date	July 2002
Pages	10

Breast-feeding is a basic and extremely successful component in child survival, but it takes on another significance in countries with high HIV prevalence. Although the mechanisms of transmission are not well defined, it is now known that HIV can be transmitted from mother to child via breast-feeding. Therefore, a mother with HIV infection and her spouse must weigh the pluses and minuses of breast-feeding against alternative infant-feeding options, which in many parts of the developing world can be less-than-perfect alternatives.

At the heart of this issue is the need for information that will help pregnant women with HIV infection arrive at a difficult and personal decision about infant feeding. But this is too simple a picture. Mother-to-child transmission prevention programs are relatively new, and they face practical challenges in their implementation and operation, including those of adequate staffing and training, supplies of free or subsidized infant formula, and access to HIV testing facilities and antiretroviral drugs. In the background - driving the public discussion - are two impassioned, polarized camps of advocates: those pressing for exclusive breast-feeding, and those urging formula-feeding. Both are deeply concerned with child survival and maternal health.

This paper examines two recent studies about breast-feeding and HIV transmission in developing countries (Nduati and colleagues [2000] on Kenya and Nduati and colleagues [2000] on South Africa) in an attempt to deepen understanding of the issues involved. It concludes that there is no best answer for HIV-positive women with infants.

Reducing vertical HIV transmission is challenging, particularly in developing countries where mothers with HIV infection do not have access to long-term antiretroviral regimens, formula-feeding, or other preventive strategies that mothers in wealthier countries routinely follow. Mother-to-child transmission research is pointing, however, in a few directions. In settings where formula-feeding is neither possible nor recommended, a policy of exclusive breast-feeding for three to six months is advocated. In acknowledgment that breast-feeding is a feasible, popular, and widely practiced infant feeding method throughout the world, researchers are now turning their attention to strategies for reducing the risk of mother-to-child transmission during breast-feeding. These include further studies to explore the optimal duration of breast-feeding, weaning recommendations, and most prominently, antiretroviral drug therapy for mothers and infants.

Core, crosscutting

Title	Partner Reduction in HIV Prevention: The Neglected Middle Child of “ABC”
Author	James D. Shelton ¹ , Daniel T. Halperin ¹ , Vinand Nantulya ² , Malcolm Potts ³ , Helene D. Gayle ⁴ , K. K. Holmes ⁵
Affiliation	1. Bureau for Global Health, U.S. Agency for International Development; 2. Global Fund to Fight AIDS, Tuberculosis and Malaria 3. University of California at Berkeley; 4. Bill and Melinda Gates Foundation; 5. University of Washington
Pages	6
Date	May 21, 2003

Interest has been growing in the “ABC” approach to sexual behavior change to prevent HIV, especially for generalized, high prevalence epidemics. In this approach, A stands for Abstinence or delay of sexual activity, especially among youth. B literally stands for “Be faithful” - but importantly also includes partner reduction for those having multiple partners. And C represents Condom use, especially for higher-risk sex. In the often dialectical discourse surrounding AIDS prevention, some voices have stressed abstinence whereas others have concentrated on condoms. In our view, however, B has been something of a neglected middle child of behavior change efforts, yet in fact could become the centerpiece of a unifying, evidence-based ABC approach.

Based on the available evidence, we believe that fidelity and partner reduction deserve considerably more attention than they have heretofore received in either research or programs for STD/HIV prevention. We need to develop rigorously evaluated best practices on how to promote “B”, and apply them in conjunction with other ongoing behavior change efforts. Rather than expending energy debating the merits of A versus C, the international health community should unite around the common ground of a balanced ABC approach, tailored to the local epidemiological and socio-cultural contexts. In this way we can build on the partner reduction and other behavioral changes that are already happening, and help reverse the tide of AIDS.

Bridging research and policy

Title	Translating HIV/AIDS research findings into policy: lessons from a case study of 'the Mwanza trial'
Author(s)	Anne Philpott, ^{1,2} Dermot Maher ^{3,4} and Heiner Grosskurth ^{5,6}
Affiliation	¹ Female Health Foundation, Sri Lanka and UK ² International Family Health, UK ³ Department for International Development, UK ⁴ World Health Organisation, Switzerland ⁵ London School of Hygiene and Tropical Medicine, UK ⁶ Population Council, India
Source	Health Policy and Planning; 17(2): 196-201
Date	2002

There is a particularly pressing need to understand better how to ensure the translation into policy and practice of important research findings in HIV/AIDS prevention and care in countries threatened by fast spreading HIV epidemics.

The purpose of this paper is to review the findings and implications of a policy analysis case study of an HIV/AIDS clinical trial that has been successful in influencing HIV prevention policy relevant to low-income countries, in order to identify illustrative lessons for HIV/AIDS researchers in the future. The case study sought to detail the interaction between researchers and policy-makers for this particular case study to ascertain detailed analysis by these two groups on the interaction between research and policy.

The major findings of the policy analysis case study were that policy shift was a cumulative but non-linear process, with the Mwanza trial placing a crucial role in both boosting and confirming existing policy environments. Researchers and policy-makers held similar longitudinal views of the process and political environment. Key moments of communication tended to involve personal contact. The important role played by people and organisations who could work in both the research and policy communities was often mentioned as crucial in enabling research relevant policy shifts.

Researchers may absorb themselves in the technicalities of their study without considering their role in pursuing the wider policy implications. The impact of research on policy must be an integral element of every stage of the research process. The case study illustrates the need to take a contextual view of the interaction between research and policy, and understand how changing political contexts affect receptivity to research outcomes. This will increase the likelihood of research findings having an impact on policy.

Title	Twists in the Mwanza tale: Did one HIV research study shift global policy?
Author(s)	Anne Phillpott
Affiliation	International Family Health, UK
Source	Insights #32
Date	8 December 1999
Number of pages	

A recent study has surveyed and analysed the ways UK-based researchers and policymakers see linkages between research and policy, in relation to a particularly well-known case study arising from 1995 research into HIV prevention in Mwanza, Tanzania. The Mwanza study seems to have had a dramatic impact on policy reformulation in many countries. Did it really exert such leverage? If so, how did it and why? Can existing theoretical models of the research-policy interface account for it?

Participants' interview responses revealed keen awareness of the policy shift and knew that the widely-cited research in question (Grosskurth H. et al, 1995) was perceived as having had a direct impact on policy change. Yet in the main, their answers suggested that research has a cumulative rather than a direct effect on policy.

Many respondents highlighted 'fact creation' or use of 'magic bullet' statements as motivating forces for policy shift. Complex epidemiological data were reduced to a single fact as it came to be translated and relayed within different research and practitioner communities. The Mwanza research became widely known for a particular statistical result, a reduction of HIV incidence by 42 percent. This fact was 'worshipped' as an immutable truth that could be applied wholesale to other contexts, no matter how different. This fact's easy 'digestibility' and intuitive appeal was seen as a vital spur to acceptance of the research findings.

Among the main lessons of this review of the impact on policy of the Mwanza case study, are:

- theoretical frameworks that relate research to its political and historical context, and emerging policy narratives, made more sense in this case than models attributing direct effects of research on policy
- nevertheless, no single model is sufficient to encapsulate the range of perceptions and experiences expressed. At different stages certain frameworks make the research-policy interface easier to understand than others

The policy change process was a narrative within a changing context, not a simple cause-and-effect transaction as many of the models and commentators have suggested. There is no guarantee that in a new context research of similar significance would have the same impact on policy.

Particular theoretical models were more apt at particular stages of the policy-making process. Political models that explain the links between research and policy were more useful in describing the initial stages of the Mwanza trial implementation, for example, gaining donor support for the research idea. Later on in the process, rational models were more apt in explaining the direct effect the trials had in convincing those outside an already convinced core group of policy makers of the wisdom of policy change.

Title	The utilisation of health research in policy- making: concepts, examples and methods of assessment
Author(s)	Stephen R Hanney, Miguel A Gonzalez-Block, Martin J Buxton and Maurice Kogan
Affiliation	Health Research Policy and Systems (BioMed Central)
Date	13 January 2003
Number of pages	28

The importance of health research utilisation in policy-making, and of understanding the mechanisms involved, is increasingly recognised. Recent reports calling for more resources to improve health in developing countries, and global pressures for accountability, draw greater attention to research-informed policy-making. Key utilisation issues have been described for at least twenty years, but the growing focus on health research systems creates additional dimensions.

The utilisation of health research in policy-making should contribute to policies that may eventually lead to desired outcomes, including health gains. In this article, exploration of these issues is combined with a review of various forms of policy-making. When this is linked to analysis of different types of health research, it assists in building a comprehensive account of the diverse meanings of research utilisation.

Previous studies report methods and conceptual frameworks that have been applied, if with varying degrees of success, to record utilisation in policy-making. These studies reveal various examples of research impact within a general picture of under utilisation.

Factors potentially enhancing utilisation can be identified by exploration of: priority setting; activities of the health research system at the interface between research and policy-making; and the role of the recipients, or 'receptors', of health research. An interfaces and receptors model provides a framework for analysis.

Recommendations about possible methods for assessing health research utilisation follow identification of the purposes of such assessments. Our conclusion is that research utilisation can be better understood, and enhanced, by developing assessment methods informed by conceptual analysis and review of previous studies.

Title	HIV and Infant Feeding: A Chronology of Research and Policy Advances and their Implications for Programs
Author(s)	Elizabeth Preble, MPH Ellen G. Piwoz, ScD, MHS
Affiliation	The LINKAGES Project The Support for Analysis and Research in Africa (SARA) Project USAID Bureau for Global Programs, Field Support, and Research USAID Bureau for Africa, Office of Sustainable Development
Date	September, 1998
Number of pages	26

Over the past decade, many studies have been carried out to improve our understanding of the **HIV-breastfeeding relationship**. Several studies have estimated the contribution of postpartum transmission during breastfeeding to the broader spectrum of mother-to-child transmission, which includes transmission before and during delivery. Mathematical models have also been developed to try to compare the risks of mother-to-child transmission of HIV with the additional mortality caused by alternative feeding practices.

The findings of these studies generated a general consensus on these facts: 1) HIV can be found in the breastmilk of HIV-infected mothers; 2) HIV can be transmitted to infants by breastfeeding; and 3) mothers who themselves become infected while breastfeeding are at heightened risk of transmitting the virus to their infants.

The studies, however, do not lead directly to clear policy and program guidance for mothers living in resource-poor settings where HIV is prevalent because many critical questions about HIV and infant feeding still remain unanswered. These unanswered questions exist because of **limitations in HIV test technology**, which make it impossible to determine the precise timing or mode of transmission to newborns at the time of delivery and during the first two months of life, and because of other issues related to the design, analysis, and interpretation of studies on this issue. Also, the mortality and other risks associated with artificial feeding in different environments are largely unknown.

In mid-1998, UNAIDS, UNICEF, and WHO released guidelines on HIV and infant feeding for decision makers, and for health care managers and supervisors. For the first time, the recommendation to provide HIV-seropositive mothers who decide not to breastfeed with replacement feeds has been formally introduced by these organizations. However, the unanswered questions mentioned above leave major gaps in our knowledge and pose major challenges to the adaptation of these guidelines to specific settings and/or to the circumstances of specific mothers, and to the timely, appropriate, and widespread application of these guidelines in countries and communities where HIV exists.

This paper has five major goals with respect to this important issue: 1) review the major advances in the study of HIV and infant feeding and the policy responses to these findings; 2) describe several design and interpretation issues to take into consideration when reading and comparing research studies on this issue; 3) report the findings of several studies and mathematical models which have been developed to guide program and policy recommendations on HIV and infant feeding; 4) summarize what existing studies do and do not reveal about this issue; and 5) recommend areas requiring further research to facilitate adaptation and application of the UNAIDS/UNICEF/WHO guidelines on HIV and infant feeding. **The paper is intended to inform program managers and others who are interested in learning more about HIV and infant feeding but who are not necessarily familiar with all of the technical issues in either of these fields.**

Title	Missing Areas in Health Sector Reform Paper presented to the conference 'What they talk less about in health care reform'. Phuket, Thailand
Author(s)	Anne Mills
Affiliation	Health Economics and Financing Programme, London School of Hygiene and Tropical Medicine
Date	26 - 28 Feb 2003
<p>The presentation continues a discussion about 'New Public Management' (NPM) approaches to policy, and the significant changes in international discussions of health care reform. NPM-type reforms stimulated a lot of thinking and research in areas such as contracting out, the role of the private sector, and regulation. However, issues concerning the functioning of the existing public sector – what improvements might be made if radical change is either not possible or not desirable – have not received enough attention. Although there is a developing body of relevant research and action, compared to our knowledge on areas such as contracting out, we are still at an early stage of clarifying concepts and theories, and testing out approaches.</p> <p>The areas the presentation focuses on are:</p> <ul style="list-style-type: none"> • Improving public service provision • Human resources • Accountability • Central government functioning • Evidence for policy <p>There is generally a lack of systematic attention paid to the context of studies, yet findings are usually contingent – dependent on a particular set of circumstances. There is therefore, need for more empirical research in various settings, and for better ways of understanding what might work where and why. This will all require greater categorisation of country contexts with respect to specific types of policies – such as civil service system configurations. We also need better ways of synthesising research evidence in this area, to reduce our current tendency to quote evidence selectively.</p>	

Title	The politics of 'branding' in policy transfer: the case of DOTS for tuberculosis control
Author(s)	Jessica Ogden ¹ , Gill Walt ² , Louisiana Lush ²
Affiliation	¹ International Center for Research on Women, Washington ² London School of Hygiene and Tropical Medicine, London
Source	Social Science & Medical 57 (2003) 179-188
Date	2003

How and why policies are transferred between countries has attracted considerable interest from scholars of public policy over the last decade. This paper, based on a larger study, sets out to explore the processes involved in policy transfer between international and national levels. These processes are illustrated by looking at a particular public health policy – DOTS for the control and treatment of tuberculosis. The paper demonstrates how, after a long period of neglect, resources were mobilised to put tuberculosis back on international and national public policy agendas, and then how the policy was 'branded' and marketed as DOTS, and transferred to low and middle income countries. It focuses specifically on international agenda setting and policy formation, and the role played by international organisations in those processes. It shows that policy communities, and particular individuals within them, may take political rather than technical positions in these processes, which can result in considerable contestation. The paper ends by suggesting that while it is possible to raise the profile of a policy dramatically through branding and marketing, success also depends on external events providing windows of opportunity for action. Second, it warns that simplifying policy approaches to 'one-size-fits-all' carries inherent risks, and can be perceived to harm locally appropriate programmes. Third, top-down internationally driven policy changes may lead to apparent policy transfer, but not necessarily to successfully implemented programmes.

Title	One up on AIDS - might better data help?
Author(s)	Sally Baden and Heike Wach
Affiliation	Institute of Development Studies, UK
Source	'Gender, HIV/AIDS transmission and impacts: a review of issues and evidence' BRIDGE Report 47, Institute of Development Studies, Brighton
Date	1998
Number of pages	

Gender analysis is central to a deeper understanding of HIV transmission, argues an Institute of Development Studies BRIDGE report, given that sexual behaviour is a crucial factor in spreading the disease. It is now understood that current global levels of HIV and AIDS are far higher than previously thought. Analysis of existing data also reveals that women and children are affected more directly than men and are affected differently, especially in Sub Saharan Africa. There is evidence that heterosexual transmission is on the increase meaning that more women will become infected. Yet, how reliable is current data? What improvements can be made to data collection systems? How will better data help in the battle to reduce transmission of this deadly virus?

There is the possibility of unintentional gender bias in data collection and analysis, for example:

- diagnosis of HIV that may underestimate the number of women infected due to co-infection with other diseases such as TB, and the social stigma attached to AIDS
- selection bias in surveys due to excessive focus on particular sub-groups of women who may require more support, such as sex-workers and women at antenatal clinics, or neglect of others such as women with STDs and post-menopausal women

Better understanding of and response to HIV transmission through gender analysis could be achieved through a deeper understanding of:

- the physiological factors involved in male-female sexual relations that contribute to increased vulnerability of particular groups of women (and in some cases men)
- different socio-economic and socio-cultural individual motivations underlying sexual behaviour
- power relations and how men and women negotiate sexual relations

Recommendations to improve data collection and analysis from a gender perspective include the need to:

- monitor younger age groups (under 15s) by gender, for example, as females tend to be infected 5-10 years earlier than males
- integrate reproductive and sexual health data more closely with HIV/AIDS monitoring and estimation procedures to gain a better understanding of relationships and better accuracy on HIV/AIDS estimates
- integrate HIV/AIDS monitoring with data collection on maternal and child health could highlight where AIDS-related deaths are being missed
- improve data and research on sexual behaviour, including differences in negotiating sexual relations, beginning with gender analysis
- closer links between data-collection and the development of support services for HIV/AIDS victims in order to develop effective gender-sensitive community-based support, including counselling for families

Title	Beating the millennium bugs Balancing policy and research for better health
Author	Louisiana Lush and Gill Walt
Affiliation	London School of Hygiene and Tropical Medicine, UK
Source	id21 Insights
Date	8 December 1999
<p>Research has made us aware how complex the relationships between health and disease can be. Its potential to guide and inform policy is great. But views differ sharply on how far its influence actually extends. Where do mismatches between research and policy, researchers and policymakers occur? Can we do anything to improve the balance? Better health does not depend simply on medicines, doctors and health services. While they are undeniably important, there are many other influences on health, not least:</p> <ul style="list-style-type: none"> • political, economic and social insecurity, witness the rise in mortality and morbidity in Eastern Europe during and after the collapse of Communism • social inequalities; aside from scarce exceptions, such as skin cancers, the rich live longer and suffer less illness than do the poor, within and between countries. <p>The relationship between research and health policy is - we venture to suggest - far from rational. It is based on an interplay of personalities, context and political expediency. It is fluid and cumulative rather than direct and may have a long trajectory. Papers in this Insights explore an array of evidence for this view.</p> <p>How does knowledge help bring policy and research together for better health? And what can be done to correct imbalances in the research-policy relationship? Can acknowledging a gap between research and practice be a starting-point for developing strategies to persuade policymakers to share research results and find ways to apply them more widely?</p> <p>This article concludes that research and policymaking proceed along different trajectories. This separation is desirable, since policy makers are motivated by political necessity while researchers should preferably be relatively independent. Sometimes their trajectories coincide, in which cases new evidence can lead to rapid policy reform. Efforts to engineer better links between the trajectories are rare but can be highly effective. Researchers and policymakers need to work harder to understand one another's priorities and communicate to compare notes wherever and whenever they can. Greater care should also be taken when research from one setting is used to develop policies to be applied in another.</p>	

Context

Title	Commissioned Desk-Based Research Literature Review on HIV/AIDS and Governance
Author(s)	Dominique Moran with Kate Butcher, Donald Curtis and Charlotte Laurence.
Affiliation	DFID Resource centre for Sexual and Reproductive Health GRC
Date	35
Number of pages	
<p>Structured according to the brief provided by DFID GD, this literature review examines a number of specific concerns relating to the governance aspects of HIV in Sub-Saharan Africa, South Asia, China and Russia.</p> <p>The review covers the impact of HIV on certain aspects of the key capabilities of the Governance Target Strategy Paper, including the impact of attrition on service delivery, HIV and corruption, HIV in conflict situations, and 'voice' and marginalisation in the context of HIV.</p> <p>The main lessons drawn from the review are:</p> <ul style="list-style-type: none"> • The absence of information on public sector institutions other than the education sector. • The complexity of the issues and the difficulties of comparing data between countries. <p>There is a notable absence of information both on specific issues, and in specific regional contexts. In particular, there is a lack of information on public services other than education, and there is a general lack of data for regions whose HIV histories are relatively short, such as Russia, China and South Asia. However, even in regions where considerable research has been carried out, data are contradictory and reliability is variable.</p> <p>This review exposes the complex nature of the issues associated with HIV and governance, and in particular the difficulties of designing governance interventions when projections of future impact of HIV are challenging, due in part to a lack of current data, and to the enormous complexity of accurately modelling cause and effect in socio-economic systems. An example here is the difficulty of modelling macroeconomic impact, with different models based on different assumptions giving very different outcomes.</p>	

Title	Institutionalising an Emergency Response: HIV/AIDS and Governance in Uganda and Senegal
Author(s)	Prof. James Putzel
Affiliation	A report submitted to the Department for International Development
Date	May 2003
Number of pages	68
<p>This study examines the impact of governance on controlling HIV/AIDS. The tensions involved in responding to the AIDS crisis - between emergency and developmental action, centralised and decentralised organisation, control and participation, the public good and individual rights - mean that we must look at governance analytically and politically, not merely as a checklist of functions and best practices. Emergency action is called for, but the nature of this emergency is long-term, so we must consider how to institutionalise an emergency response.</p> <p>While the implications of the AIDS crisis are devastating, some countries in Africa have made progress fighting the pandemic. This report examines how governance in Uganda and Senegal may have contributed to that progress. It also identifies reasons explaining why the international community was so late in responding to the crisis.</p> <p>The battle against HIV/AIDS lies squarely at the intersection between 'emergency response' and 'development intervention' making it one of the most difficult policy and programme issues facing national and local governments and the international development community.</p> <p>National and Central Leadership A detailed analysis of what led Presidents Museveni and Diouf to engage with HIV/AIDS is presented and four central aspects of leadership are identified</p> <p>Multi-Sectoral Approaches and 'mainstreaming' HIV/AIDS Mainstreaming HIV/AIDS across government and developing a cooperative effort between government and non-government sectors can only be achieved through <i>political</i> action. The organisational template being imposed by UNAIDS, the World Bank and the Global Fund is not necessarily conducive to developing an effective battle against the epidemic.</p> <p>HIV/AIDS and the governance agenda Success or failure in the fight against HIV/AIDS is determined significantly within the realm of politics. Nine dimensions of the battle against the pandemic are identified as central to the governance agenda.</p>	

Context: gender

Title	Gender and HIV/AIDS Political drivers
Author(s)	Eldis
Affiliation	
Source	www.eldis.org/gender/dossiers/Politicaldrivers.htm
Date	November 26, 2003 (printed)
<p>Politics play an important role in the enabling environments for HIV/AIDS, and within this, women's access to political power is important. The political will to establish HIV/AIDS policies to help women and girls is lacking in many countries. This is often due to fact that women do not have access to decision making or do not have representation in the government. Women's lack of formal power may mean that HIV/AIDS policies are ill-suited to meet their needs. Today, women make up only 13.8% of the seats in national parliaments.</p>	

Context

Title	Feasibility of Scaling-up Interventions: The Role of Intervention Design
Author(s)	Christian A. Gericke ^{1,2} , Christoph Kurowski ³ , M. Kent Ranson ¹ , Anne Mills ¹
Affiliation	¹ London School of Hygiene and Tropical Medicine, UK ² University of Cambridge, UK ³ World Bank, USA
Source	Disease Control Priorities Project, LSHTM Background Paper No. 3
Date	July 2003
Number of pages	34
<p>This article is a continuation of the efforts to scale up priority health interventions, recommended by the Commission on Macroeconomics and Health (CMH). Its purpose is twofold. In order to understand the role of intervention design in expanding access and utilisation of health services, a conceptual framework to study interventions in a systematic way is proposed. Its main purpose is to indicate research and development priorities in order to simplify interventions.</p> <p>The second purpose of this paper is to gather and analyse existing evidence and experiences of simplifying interventions in ways that place least burden on scarce capacity in low resource settings. The review of interventions is not meant to be comprehensive, but rather serves to illustrate successful case studies and the usefulness of the conceptual framework in analysing health interventions with a view to scaling up.</p>	

Title	The spread and effect of HIV-1 infection in sub-Saharan Africa
Author(s)	Anne Buvé, Kizito Bishikwabo-Nsarhaza, Gladys Mutangadura
Affiliation	
Source	The Lancet, Vol 359
Date	June 8, 2002
Number of pages	7

Africa is the continent most severely affected by the global HIV-1 epidemic, with east and southern Africa in general more severely affected than west and central Africa. Differences in the spread of the epidemic can be accounted for by a complex interplay of sexual behaviour and biological factors that affect the probability of HIV-1 transmission per sex act. Sexual behaviour patterns are determined by cultural and socioeconomic contexts. In sub-Saharan Africa, some traditions and socioeconomic developments have contributed to the extensive spread of HIV-1 infection, including the subordinate position of women, impoverishment and decline of social services, rapid urbanisation and modernisation, and wars and conflicts. Populations in many parts of Africa are becoming trapped in a vicious circle as the HIV-1 epidemic leads to high mortality rates in young and economically productive age groups, and thus leads to further impoverishment. **Interventions to control HIV-1 should not only target individuals, but also aim to change those aspects of cultural and socioeconomic context that increase the vulnerability to HIV-1 of people and communities.**

Context: Sexuality and Gender

Title	<u>AIDS, Sexuality and Gender in Africa. The Struggle Continues</u>
Author	Carolyn Baylies and Janet Bujra
Publisher	Routledge
Date	February 2001
Pages	248

The book draws on first hand research and in-depth investigations carried out by a team of researchers from Britain, Zambia and Tanzania, and focuses on the gendered aspect of the struggle against AIDS.

"Drawing on first-hand accounts in a continent where about 70% of the world's HIV-positive persons reside, these nine contributions explore the challenges that African women face in the AIDS epidemic as a particularly vulnerable group and their traditional source of strength as members of community groups.." –SciTech Book News, December 2001

Title	Fighting HIV: The Global AIDS Strategy and Zambian national policy
Author	Charlotte Laurence
Affiliation	University of Bath University Studentship (1996-1999) and UK Department for International Development (Escor)
Source	Id21 society & economy http://www.id21.org/society/5aCL1.html
Date	10 January 2001

What impact have international AIDS interventions had on individual countries' health policies? Have international objectives been met?

Research at the University of Bath assessed the impact of the World Health Organisation's Global Programme on AIDS (GPA) on Zambia's response to HIV/AIDS, and found that although it initiated a programme that was ostensibly in-line with the liberal and non-discriminatory objectives of the GPA, the UN programme goals were only partially achieved.

The GPA was set up in 1987 to co-ordinate an integrated and non-discriminatory global policy on HIV and AIDS. The GPA's main objectives were to (a) prevent the transmission of HIV, (b) minimize the personal and social problems caused by HIV infection and AIDS and (c) mobilise and unify national and international efforts.

What were the achievements of the GPA in Zambia and what was the programme's legacy after it was abandoned in 1995? The GPA influenced Zambia's HIV and AIDS policies in a number of ways, including:

- establishing a donor-funded National AIDS Control Programme, structured on liberal, public health principles.
- increasing the involvement of the international community in policy development, thereby altering indigenous responses to HIV and AIDS.

Nevertheless, Zambia has only had limited success in achieving the goals of the GPA. The following drawbacks were encountered:

- Zambia's AIDS programme has had the greatest impact on organisations that are directly involved in providing health-care. It has been less successful in gaining the support traditional systems of government and of organisations not involved in healthcare.
- AIDS workers' perception that senior members of government are hostile to liberal AIDS interventions sometimes discouraged them from high profile activity.
- families, households and communities are still largely responsible for looking after people living with AIDS.
- discrimination, although decreasing, is still widespread.

The report suggests that greater success might be achieved if:

- donors (a) avoided creating small, specialist policy networks dependent on external funds and (b) developed closer links with local organisations, which would also be more cost-effective.
- civil society and community organisations are more actively involved in the development of policies designed to control HIV transmission as well as caring for people with AIDS-related illnesses.
- clear, anti-discriminatory legislation is drawn up to enable NGOs to represent the interests of vulnerable groups.

Title	Gender, poverty and intergenerational vulnerability to HIV/AIDS
Author	Mohga Kamal Smith
Affiliation	Oxfam
Source	Gender and Development Vol 10 No 3, Oxfam
Pages	9

HIV/AIDS is one of the major obstacles to achieving the 2015 development targets in Africa, where it is now the leading cause of death. Women's limited economic options, and relative powerlessness, may force them into sex work in order to cope with household economic crisis. This exposes them to HIV infection and they in turn will transmit HIV to their clients. Young girls are particularly vulnerable to HIV infection, because of intergenerational sexual relationships, violence, and limited access to information. In addition, discrimination and stigma obstruct young girls' access to health services. Poverty causes increased migration to look for work. In some contexts, such as in Southern Africa, it is men who migrate, while in others such as Central America and Nepal, it is women. Migration increases the risk of infection to both the partner who leaves, and the partner who stays behind.

This article looks at HIV/AIDS, poverty and gender, and focuses on young girls and old women. It starts with some basic facts about HIV/AIDS, and then provides a framework for analysing vulnerability to the infection and to its impact, in relation to gender and age. It briefly outlines institutional responses, and ends up with conclusion and recommendations for development planners to combine gender and age analysis in any development or humanitarian work.

Title	<u>Prevention of Mother to Child Transmission of HIV: A Guidance Note</u>
Author	Department for International Development
Date	November 2001
Pages	24

This note makes clear that DFID should be engaged in supporting mother to child transmission (MTCT) prevention and provides guidance on how to engage in this complex issue.

It makes clear that DFID should be considering MTCT prevention from a health systems and broader development perspective.

Support for MTCT prevention should be considered where:

- Governments demonstrate their commitment to HIV prevention and care.
- National HIV/AIDS strategies are in place and give an appropriate priority to primary prevention, especially among young people.
- MTCT prevention is identified as part of that framework.
- MTCT prevention is reflected in the national health sector policy and not as a stand-alone, vertical programme, but part of broader mother and child health services that provide basic palliative care and treatment of opportunistic infections.

Efforts by governments and partners to improve health systems should contribute to the conditions in which MTCT prevention could operate effectively and cost-effectively in the future.

Title	No quick fix: tackling the AIDS epidemic through combating poverty
Author(s)	Elaine Ireland and Douglas Webb
Affiliation	Save the Children UK
Source	id21 society & economy
Date	10 June 2002
<p>How is the HIV/AIDS epidemic affecting children and young people? What is being done to address the consequences of the epidemic and what are the possible ways forward? Save the Children UK research suggests that HIV/AIDS is now the greatest threat to child development in many parts of the world and that it is only by combating the root causes of poverty that the HIV/AIDS epidemic can be tackled.</p> <p>At the end of 2000, there were an estimated 36.1 million people living with HIV/AIDS worldwide, of which 1.4 million were children. Each day approximately 3,500 children are infected by, or die from, HIV/AIDS while a total of around 100 million children under the age of 18 would have been orphaned or living in AIDS affected households at the start of the new century.</p> <p>HIV/AIDS has an impact on children directly and indirectly in many different ways, ranging from the psychological impact of losing one or both parents, to the less obvious impact of reduced access to quality education and health services. The impact of HIV/AIDS on the health of children relates not only to the growing number of children being infected with HIV, but also to the effect HIV/AIDS has on access to healthcare for children who are HIV-negative.</p> <p>Findings on how the epidemic is affecting children and young people include the following:</p> <ul style="list-style-type: none"> • disintegration of traditional support structures and social safety nets • loss of quality education due to loss of school teachers to HIV/AIDS • reduced survival and development rates of children through its impact on health, family livelihoods, social welfare and protection • discrimination and exclusion from the community as a result of stigmatisation • HIV has a detrimental affect on the education of children due to exclusion, loss of earnings or the need to re-direct household spending towards medical treatment, which severely limits funds for schooling. <p>In protecting the rights of children affected by HIV/AIDS, Save the Children suggests a number of principles to provide a framework for the development of a broader holistic response to orphans and vulnerable children. Policies include:</p> <ul style="list-style-type: none"> • combating the root causes of poverty • starting to inform children about HIV at a younger age, to equip them with the knowledge and skills that will reduce their risks to contracting STDs, including HIV • ensuring that exclusion and discrimination of children affected by HIV/AIDS is not tolerated • addressing the underlying factors contributing to the epidemic, including the lack of accessible and effective youth-friendly health services for people living with HIV and for those at risk. 	

Title	Critical Reflections on Human Capacity Development for HIV/AIDS Prevention, Care, and Support
Author(s)	Ann Downer, Ruth O. Levine, Marcia Weaver
Affiliation	University of Washington
Source	The Synergy Project: http://www.synergyaids.com/SynergyPublications/Synergypublications.htm
Date	May 2003
Pages	8

In response to the HIV epidemic, efforts are underway worldwide to increase the human capacity to deliver HIV/AIDS prevention, care, and support services. HIV/AIDS program planners have turned to training as one solution to the workforce shortage, whether in medical settings, in community-based organizations, or through courses offered by training institutions.

This paper focuses less on the operational issues related to training and more on the point at which knowledge and experience are shared with learners—the engaged space between a teacher and an adult learner. Why is this critical? The effects of HIV/AIDS on the workforce, a maturing HIV epidemic, and the flight of educated professionals to more prosperous countries has led to a great demand for trained health care providers and caregivers. In order to meet this need, HIV/AIDS training efforts must be significant, yet many assumptions underlying the effectiveness of these programs remain unchallenged.

In identifying questions that may help trainers to strengthen their practice and to advocate for meaningful assessment in advance of designing training programs, this paper urges a more critical and rigorous approach to assessment prior to the design and delivery of training. People are the key resource in programs designed to improve the care, treatment, and support of people living with HIV/AIDS. Although the concept of capacity development goes beyond the need for training and retention of health care providers, training remains a challenge throughout the developing world and should be addressed critically and vigorously. The approaches currently employed to plan and deliver training rarely assess these forces adequately or question how culture and environment may influence the learning process.

Title	Letting them die - why HIV/AIDS intervention programmes fail
Author(s)	Cathy Campbell
Affiliation	LSE, UK
Publisher	Oxford: James Currey
Date	2003

This book addresses the question: “ Why do people knowingly engage in sexual behaviour that could lead to a slow and painful premature death?”. It also asks: “Why do the best-intentioned HIV - prevention programmes often have so little impact?”

The book is an examination of the social constructs and unique contexts of sexuality, participation and social change, compiled through detailed study of the processes yielded by a large-scale participatory HIV/AIDS intervention strategy undertaken in Summertown, a small mining township in the South African province of Gauteng, over a three-year period during the late 1990s.

A forceful presentation of the earliest and most comprehensively researched critique of the participatory community development approach to HIV prevention, *Letting them die* also contains recommendations that reshape and invigorate the approach so as to promote health-enabling community contexts, and to strengthen social capital so that survivors of the epidemic might reconstruct their lives with some prospect of success

Evidence

Title	The Cost-Effectiveness of HIV Prevention In Developing Countries
Author(s)	Elliot Marseille, DrPH, MPP; Steve Morin, PhD; Chris Collins; Todd Summers; Thomas Coates, PhD
Source	Extracted from background material prepared for the <i>Leadership Forum on HIV Prevention</i> (Commissioned and published by The Henry J. Kaiser Family Foundation.)
Date	June 22, 2001

There is overwhelming evidence that HIV prevention strategies can reduce the incidence of new infections and be cost-effective in developing countries. Various findings about the cost-effectiveness of HIV prevention. No matter what new resources are brought to bear to fight the global AIDS epidemic, little gain will be realized if they are used inefficiently. It is imperative that funds be spent for interventions that prevent the most infections per dollar spent.

This article introduces the “**cost-effectiveness ratio**”, the ratio of program costs to health-related outcomes such as lives saved, life-years saved, or cases of HIV prevented. One measure of health benefits is the Disability-Adjusted Life Year or “DALY.” DALYs are weighted to reflect quality of life and economic productivity.

While data have not been gathered on all potential interventions, there are a number of HIV prevention approaches have been found to be cost-effective in resource-poor countries, including: commercial sex worker interventions; sexually transmitted disease control; voluntary HIV counseling and testing; male condom promotion; female condom promotion; improving blood supply safety; prevention of mother-to-child transmission; intervening with injection drug users

This article asserts that a comprehensive approach that includes prevention, treatment and research is urgently needed in the global response to HIV/AIDS. Yet despite the wealth of empirical evidence on the cost-effectiveness of HIV prevention interventions, current funding is approximately \$0.8 billion, though it is estimated by UNAIDS that \$4.8 billion is needed annually. Political will to use and fund evidence-based approaches to prevention is key to reducing the incidence of new HIV infections.

Title	Discovering Global Success: Future Directions for HIV Prevention In the Developing World
Author	Stephen F. Morin, Ph.D; Margaret A. Chesney, Ph.D; Thomas J. Coates, Ph.D (In collaboration with the Participants in The Fogarty Workshop on International HIV/AIDS Prevention Research Opportunities)
Affiliation	AIDS Policy Research Center & Center for AIDS Prevention Studies, AIDS Research Institute, University of California, San Francisco
Date	Revised April 2000

Workshop on International HIV/AIDS Prevention Research Opportunities (April 18-20 1998) to identify a package of effective HIV prevention interventions and develop a list of priority research goals that combine biomedical, behavioral and social interventions for HIV prevention in developing countries. The goal was to encourage research that would be feasible and relevant for developing countries with limited resources.

The main products of the workshop were the development of a package of essential HIV prevention strategies, a model for country-level HIV prevention planning and a listing of priorities for international HIV prevention research.

Skill-building workshops immersed participants in the process of strategic prevention planning. Workshop participants attended plenary presentations by prominent HIV prevention researchers. Participants were then divided into six groups and instructed to analyze a specific country profile and devise a prevention plan for that country. These groups met for four sessions, each focusing on one aspect of prevention research: epidemiological, biomedical, behavioral and a focus on injection drug use. Researchers from various prevention fields served as facilitators during the group planning sessions. The plans developed by the workshop participants are included in appendix C along with the corresponding country profiles.

In an effort to receive feedback from the global HIV/AIDS community the materials from the workshop are available on the web at <http://hivinsite.ucsf.edu/ari/fogarty>. Copies of the workshop materials also have been distributed to educational institutions, health authorities, foundations and non-governmental organizations in both developed and developing countries.

The Essential Prevention Package

The workshop produced what constitutes an essential package of HIV prevention strategies. County-level prevention planners will inevitably give various elements of the package higher priority depending on the specific characteristics of each country. The components below are not presented in order of priority. The inclusion of any element and its relevant priority would be established through a country-level planning process. The essential package of HIV prevention strategies includes the following: positive policy environments; widespread public education about HIV; promotion of prevention skill; condom availability & social marketing; sex education; sentinel surveillance; HIV counseling & testing; treatment for Sexually Transmitted Diseases (STDs); treatment for HIV; treatment for drug and alcohol abuse; screening the blood supply.

Title	HIV/AIDS in Africa: Conference Report What Works
Author	The Center for Global Development and JSI
Affiliation	
Number of pages	20
Date	January 8, 2003

The Center for Global Development and John Snow, Inc. (JSI) convened the conference **HIV/AIDS in Africa: What Works** in the interest of highlighting successful strategies in response to the growing HIV/AIDS crisis in Africa. The conference was designed to counter the perception that nothing can be done in the face of the daunting situation in the continent. **Participants examined successful programs currently being implemented at the community, district, and national levels across Africa and identified the factors that can help expand these pockets of success into a comprehensive international, national, and regional response to the epidemic.** For the Center for Global Development and John Snow, Inc. the HIV/AIDS epidemic is a topic in which our respective areas of expertise —economic development and public health—are inextricably linked. AIDS is both a direct threat to the physical and mental health of many Africans and an overwhelming challenge to the economic development of African families, communities, and nations. Although manifested in the individual, HIV/AIDS affects health systems, family and community structures, education, agricultural production, national budgets, business development, national security, and global trade. Addressing the challenge of AIDS requires attention to a full range of policy issues and responses. This conference builds on the Center's tradition of fostering dialogue on research-based policy analysis between policymakers and development professionals to address pressing development issues of our time. Participants at the conference emphasized that success in combating and even reversing HIV/AIDS is evident in programs from the community to the national level around Africa. They outlined seven key elements that have contributed to these successes and that must be expanded to reach other people, communities, and nations affected by HIV/AIDS:

1. Leadership and political will are central to combating the HIV/AIDS epidemic effectively.
2. A continuum of care—integrating prevention, care, treatment, and support—is the most effective approach to managing HIV/AIDS.
3. A multisectoral approach is the foundation for a strong national HIV/AIDS program.
4. Infrastructure is essential to sustaining and replicating programs, and programs should build on infrastructure already in place.
5. Research, monitoring, and evaluation are key to combating the epidemic because they allow for the replication of best practices.
6. HIV/AIDS has far-reaching consequences beyond the health sector; it affects the productive resources crucial to human and economic development.
7. More financial resources are needed.

Transcripts of the presentations and discussions, and biographies of the participants, available at www.cgdev.org.

Title	HIV/AIDS: What are the implications for humanitarian action? A Literature Review (DRAFT 1)
Author(s)	Paul Harvey
Affiliation	ODI Humanitarian Policy Group
Date	July 2003
Number of pages	90
<p>This report reviews the growing literature on HIV/AIDS and food security, examines where emergency relief should be situated within the wider response to the HIV/AIDS epidemic and considers how humanitarian aid agencies need to take HIV/AIDS into account in the programming of emergency aid. An understanding of the complex and diverse ways in which the epidemic affects livelihoods is necessary to begin to map the ways in which the epidemic is increasing underlying vulnerability and potentially contributing to emergencies.</p> <p>Food security and AIDS The literature suggests that the possibility of substantially increased vulnerability to other shocks, such as drought or conflict, the emergence of new types of vulnerability, the erosion of some capacities and skills for coping with shocks and adaptation and emergence of new capacities in response to these threats. Therefore, HIV/AIDS must be considered across the full spectrum of the sustainable livelihoods framework.</p> <p>HIV/AIDS and Humanitarian Crises Is the growing vulnerability to food insecurity caused by HIV/AIDS a development or a relief problem? The HIV/AIDS epidemic requires us to re-examine our understandings of famine, emergencies and development.</p> <p>Humanitarian Programming The report takes a preliminary look at the experience of the international community in dealing with the links between HIV/AIDS and acute food insecurity in southern Africa. It will be built upon following field work in southern Africa.</p> <p>Programme cycle The report highlights ways in which HIV/AIDS needs to be addressed throughout the programme cycle and across various sectors.</p>	

Title	GLOBAL SPENDING ON HIV/AIDS: Tracking Public and Private Investments in AIDS Prevention, Care, and Research
Author(s)	Priya Alagiri, Chris Collins and Todd Summers Steve Morin PhD and Thomas Coates PhD
Affiliation	Progressive Health Partners AIDS Research Institute, UCSF
Date	July 2001
Number of pages	14
Comment	Mostly about the need for more funding. Little data about research

Though it has increased, global funding for HIV/AIDS in the developing world remains woefully inadequate to take advantage of the many opportunities to prevent new infections and improve and prolong the lives of tens of millions of people.

This monograph presents various estimates of spending on HIV/AIDS prevention, care and research by countries, multilateral organizations, private foundations, and companies. It is intended as a guide for policy makers and advocates seeking to better understand the status of funding for HIV/AIDS in developing countries. The analysis is hampered by serious limitations in the available information about global AIDS-related spending. Better data concerning the sources and uses of HIV/AIDS funding is needed to help policy makers and program planners use resources most effectively and coordinate a comprehensive prevention, treatment and research response in developing countries.

According to UNAIDS, current estimates, based in part on the successes of some countries, show that a global campaign against the epidemic needs \$7-10 billion annually for an effective response in low and middle income countries. Such a funding level would represent a dramatic increase in global resources for HIV/AIDS, but it would equal **only 1% of the world's yearly military spending**. At this writing, the United States, United Kingdom and France have made financial pledges to a new global health fund, though advocates have criticized these commitments as far below the need.

Now at the 20th anniversary of the discovery of HIV/AIDS, the international community has an historic opportunity to marshal growing public support to fight AIDS in developing countries. **What is needed most urgently is the political will to provide adequate financial resources.**

Title	AIDS: Science at a Crossroads: The science of AIDS and its impact on the developing world
Author(s)	Panos AIDS Briefing No. 3
Affiliation	
Date	June 1995
Number of pages	22
Comment	Interesting perspective of 10 years ago, as well as a good history of the disease
<p>This briefing looks at the main scientific issues the epidemic has raised so far and the challenges ahead. It reviews the basic information about HIV and AIDS and the available treatments for the disease, setting out what is known and what is still uncertain. And it analyses some of the controversies surrounding HIV.</p> <p>Some scientists now believe that it is now time to re-emphasise basic research, to try and answer some of the enigmas posed by HIV. For instance, how does HIV attack the immune system, the body's first line of defence against infection? Why do some people with HIV stay healthy for many years, while others develop AIDS quickly and die? Until we hold the answers to these questions, it may prove impossible to find an effective cure for the disease, or a successful vaccine.</p> <p>For the short to medium term, the outlook is difficult. Few scientists believe it is realistic to expect to find an outright cure for AIDS. But many hope it will become possible to devise therapies that will dramatically slow down the disease process and buy many years of healthy life. Even that more modest goal, however, is still a long way off. Moreover, even if new therapies and vaccines are designed, will they be affordable and available for developing countries?</p> <p>Beyond the biomedical problems, there are complex behavioural and social difficulties. Even though there are technically simple means such as condoms to stop the virus from spreading, those means are not available or acceptable to many. Poverty and cultural constraints continue to deprive people of control over their own lives and the power to protect themselves. It is not enough, for example, to advise people to use condoms when many women have no say in their partners' behaviour and when childbearing defines a woman's identity and status.</p>	

Title	Africa isn't dying of AIDS
Author(s)	Rian Malan
Affiliation	
Source	The Spectator
Date	13/20 December 2003
Number of pages	3

This article questions the claims made by the AIDS lobby, and asserts that the authority they derive from computer-generated estimates is flawed. The figures are computer-generated estimates and they appear grotesquely exaggerated when set against population statistics.

The author claims that when you read that 29.4 million African's are 'living with HIV/AIDS', it doesn't mean that millions of living people have been tested. It means that modellers assume that 29.4 million Africans are linked via enormously complicated mathematical and sexual networks to one of those women who tested HIV positive in one of those annual pregnancy-clinic surveys. He gives the example of modellers' estimates a few years ago that predicted that 9.5% of Rand Afrikaans University graduates (and one in four overall graduates) would die from AIDS within the next ten years. However, real-life tests on a random sample of 1,188 RAU students rendered a prediction of on-campus prevalence of just 1.1%.

The author questions the policy of spending \$400 a year providing an African AIDS victim with life-extending AIDS medication, when much larger numbers of people in the continent are dying from malaria (about 350 million), even though malaria medicine is not a human right. Two million get TB, but spending on Aids research exceeds spending on TB by a factor of 90 to one.

He also implies that UNAIDS and the pharmaceutical companies, NGOs, scientists and charities involved have a vested (self-serving) interest to overestimate the extent of the epidemic's prevalence.

Evidence

Title	HIV prevention before HAART in sub-Saharan Africa
Author(s)	Elliot Marseille, Paul B Hofmann, James G Kahn
Source	The Lancet, Vol 359
Date	May 25, 2002
Number of pages	6
<p>Data on the cost-effectiveness of HIV prevention in sub-Saharan Africa and on highly active antiretroviral therapy (HAART) indicate that prevention is at least 28 times more cost effective than HAART. We aim to show that funding HAART at the expense of prevention means greater loss of life. To maximise health benefits, the next major increments of HIV funding in sub-Saharan Africa should be devoted mainly to prevention and to some non-HAART treatment and care. Funds should be allocated to HAART primarily for demonstration projects that will help prepare for scaled-up HAART provision following broad population coverage by prevention programmes. UNAIDS and the London School of Hygiene and Tropical Medicine recently estimated that at least US\$9.2 billion annually is required to mount an appropriate response to the HIV pandemic, including substantial funding for HAART. To date, US\$1.96 billion has been committed to the newly-established UN Global Fund to Fight AIDS, Tuberculosis, and Malaria. It is a moral imperative that expanded programmes to control HIV be implemented without delay, and that the goal of US\$9.2 billion or more in annual spending be attained as rapidly as possible. The findings and recommendations of this analysis pertain to the phasing in of additional HIV-related activities during the current period of improved but inadequate funding.</p>	

Evidence

Title	Tackling HIV in resource poor countries
Author(s)	J S Mukherjee, P E Farmer, D Niyizonkiza, L McCorkle, C Vanderwerker, P Teixeira, J Y Kim
Affiliation	
Source	BMJ VOLUME 327 8 NOVEMBER 2003
Date	8 NOVEMBER 2003
Number of pages	3
<p>Focusing on prevention of HIV will not prevent the deaths of the millions already infected. The international community must adopt a strategy that links treatment and prevention.</p> <p>Despite recent proposals to expand access to antiretroviral treatment for people with HIV in resource poor settings, debate continues about the cost effectiveness of prevention and treatment strategies. This debate delays the urgent action needed to implement a comprehensive global AIDS strategy. To underscore the need to link prevention with treatment, this article reviews the effect of HIV on economic and human development, the ways in which HIV prevention and treatment are mutually reinforcing, and the requirements for scaling up the response.</p>	

Title	Condom gap in Africa: evidence from donor agencies and key informants
Author(s)	James D Shelton, Beverly Johnston
Affiliation	
Source	BMJ VOLUME 323
Date	21 JULY 2001
Number of pages	1
<p>Public discussions on combating HIV in Africa seem to be focusing on antiretroviral drugs rather than condoms, which are the mainstay of prevention. In sub-Saharan Africa most condoms are bought with funds from donors, although a few countries (such as South Africa and Botswana) buy them from national funds. We assessed provision of condoms in these countries.</p> <p>The article found that the overall provision of condoms was 4.6 per man per year, which seems low. Another 1.9 billion condoms need to be provided a year for all countries to equal the level of provision of the six highest providing countries.</p> <p>How much would it cost to close the 1.9 billion condom gap for sub-Saharan Africa? At the international price of \$0.025 per condom, the annual cost would be only \$47.5m (£34m). However, as with drugs to treat HIV, the commodity costs are only the beginning. Service delivery costs (including promotion) are a greater challenge. Nevertheless, effective models for delivery are known and much infrastructure is in place or can be scaled up through existing successful mechanisms such as condom social marketing and clinics.</p> <p>But health programming of any sort requires concerted effort and resources. Finding ways to promote condom use and other prevention among high transmitting people is particularly important. Experience in Thailand shows such an approach can greatly reduce sexually transmitted infection and HIV.</p> <p>Relative to the enormity of the HIV/AIDS pandemic in Africa, providing condoms is cheap and cost effective. All aspects of HIV control are important, but a first priority must be prevention.</p>	

Title	Assessing the HIV/AIDS Policy Environment in Kenya: The 1998 AIDS Policy Environment Score and the 2000 AIDS Program Effort Index A Draft Report
Author(s)	POLICY Project
Affiliation	The POLICY Project is sponsored by USAID and is implemented by The Futures Group International in collaboration with Research Triangle Institute and The Centre for Development and Population Activities
Date	November 2000
Pages	54
<p>The AIDS Policy Environment Score (APES) tool measures the perceptions of knowledgeable respondents concerning the AIDS policy environment. It was administered in Kenya in 1998 to provide a baseline measure for future evaluation of changes in the policy environment over time, and to identify specific strengths, weaknesses, and gaps in the policy environment to inform the design of policy and program interventions.</p> <p>In May 2000, a second policy environment assessment was conducted, this time using a new instrument, the AIDS Program Effort Index (API). The API is based on the APES and the Family Planning Effort Index, and is intended to measure not only the policy environment, but more broadly the amount of effort put into national HIV/AIDS programs by domestic organizations, individuals, and international organizations.</p> <p>This report analyzes separately the APES and API data regarding those components receiving the highest absolute scores and showing the most improvement, as well as those receiving the lowest absolute scores and showing the least improvement. The two sets of results are then compared as appropriate.</p> <p>Based on APES and API responses, this report concludes that attention needs to be given to the role evaluation and research activities are playing in the national program and if and how this role can be strengthened. Multisectoral involvement in the response, including that of religious organizations and the private sector, needs to be increased. With policies, strategies, structures, key players, and other inputs in place, the next two- to three-year period should be characterized by considerable improvement in the AIDS policy environment and the overall effort dedicated to the national AIDS program.</p>	

Title	The costs of HIV prevention strategies in developing countries
Author(s)	N. Soderlund, J. Lavis, J Broomberg, A. Mills
Affiliation	University of Oxford, UK McMaster University, Hamilton, Ontario, Canada London School of Hygiene and Tropical Medicine, London, UK
	Bulletin of the World Health Organisation, 71 (5): 595-604
Date	1993
Pages	10

Since many evaluations of HIV prevention programmes do not include data on costs, a preliminary analysis of the costs and outputs of a sample of HIV prevention projects was attempted. Case studies, representing six broad HIV prevention strategies in developing countries with differing levels of per capita gross domestic product, were sought on the basis of availability of data and potential generalizability. The six prevention strategies studied were mass media campaigns, peer education programmes, sexually transmitted disease treatment, condom social marketing, safe blood provision, and needle exchange/bleach provision programmes. Financial cost data were abstracted from published studies or were obtained directly from project coordinators. Although estimates of cost-effectiveness were not made, calculations of the relative cost per common process measure of output were compared. Condom distribution costs ranged from US\$0.02 to 0.70 per condom distributed, and costs of strategies involving personal educational input ranged from US\$0.15 to 12.59 per contact.

Title	THE ART OF POLICY FORMULATION: EXPERIENCES FROM AFRICA IN DEVELOPING NATIONAL HIV/AIDS POLICIES
Author(s)	John Stover Alan Johnston
Affiliation	The POLICY Project, Washington
Date	August 1999
Pages	47

The purpose of this report is to describe some of the country experiences and to highlight areas of similarity and difference as well as major problems addressed by Anglophone African countries. The hope is that the experiences detailed here will prove useful in future policy development efforts.

This report presents case studies of the policy process in nine Anglophone African countries. The information has been distilled into a framework that captures key elements of the policymaking process. The major components of the framework are as follows: problem identification and need recognition, information collection, drafting, review, approval and implementation.

The key lessons that have emerged from the case studies are:

- Identifying AIDS as a problem does not translate into recognition of the need for a comprehensive AIDS policy.
- There are many approaches to drafting and review. Some countries rely on a high level of participation.
- Once approved, policies can be implemented in many ways.

Title	Interim Findings on the national PMTCT Pilot Sites Lessons and Recommendations
Author	David McCoy, Mitch Besser, Ronel Visser and Tanya Doherty
Affiliation	Health Systems Trust for the national Department of Health.
Source	www.hst.org.za
Date	February 2002
<p>This report primarily describes the process, progress and extent of service implementation in the 18 pilot PMTCT sites, so as to help improve the effectiveness and efficiency of PMTCT services and inform any planned expansion of the programme. Data and information is based on discussions and interviews with managers, coordinators and clinicians; site visits; routine statistics; document reviews; and attendance of national PMTCT steering committee meetings. The report does not provide data on the impact of the programme on HIV transmission or health outcomes, mainly because the programme is still too young for this. However, Section 6 presents and discusses what is currently known about mother-to-child transmission, including the proven efficacy of NVP. It also discusses the effects of different forms of infant feeding on HIV transmission and child health, and raises a number of important policy issues.</p>	

Title	Provision of antiretroviral therapy in resource-limited settings: a review of experience up to August 2003
Author	Kathy Attawell and Jackie Mundy
Affiliation	WHO and the UK's Department for International Development
Source	Download PDF file in English (111 pages, 310 kb)

This paper was developed by HSRC on behalf of DFID and in collaboration with the World Health Organization (WHO). Special thanks are due to the following individuals and organizations for their contributions: the DFID-funded HIV/AIDS Knowledge Programme at Imperial College and the Liverpool School of Tropical Medicine; Matt Boxshall, Lighthouse Trust; Kate Butcher (JSI); Charles Lacey, Imperial College; Jos Perriens, WHO; Eric van Praag, Family Health International (FHI); Oscar Picazo, World Bank.

This background paper aims to increase understanding of the requirements for introducing and scaling up provision of antiretroviral therapy (ART) as part of comprehensive HIV/AIDS programmes in resource-poor countries. The paper provides an overview of experience and lessons learned with regard to:

- The feasibility of ART in resource-poor settings.
- The different approaches being taken to delivery of ART.
- The issues to be considered in scaling up ART provision.

The review is based on published and unpublished literature, interviews with key informants, web searches and country information. It also draws on a review conducted by the Health Systems Resource Centre (HSRC) and John Snow International (JSI) for the Government of Kenya in late 2002 (under the DFID supported HAPAC Project managed by the Futures Group) and a review of the impact of HIV on health systems conducted by HSRC and JSI in early 2003.

Title	Be Meeting of countries of the Dubrovnik pledge on infectious disease: report on a WHO meeting, Vlora, Albania 28-30 August 2002
Author	World Health Organization. Regional Office for Europe.
Affiliation	London School of Hygiene and Tropical Medicine, UK
Source	http://www.euro.who.int/document/e78908.pdf
Date	2003
Comment	This document is useful in that it discusses the availability of data.
<p>The meeting of countries of the Dubrovnik Pledge on infectious disease control was held from 28-20 August 2002 in Vlora, Albania. The objectives of the meeting were to review the recent trends in the capacity of national public health surveillance systems, to respond to health needs or inform about the control of infectious diseases in the population, including the early warning systems for the timely detection of the occurrence of epidemics, including HIV/AIDS; to review the current surveillance systems, including training opportunities; to identify the needs and agree on the mechanisms to strengthen the capacity of national surveillance systems; and to identify and agree on the ways national systems might be better linked to regional and global alert and response networks. All participating countries made a presentation on their current epidemiological situation as well as social economical, geographical and demographical characteristics. The participants were then divided into two working groups on strengthening national surveillance systems and the training needs for surveillance systems. In a plenary session results and recommendations were presented and a summary table of proposed activities was adopted.</p>	

Title	Monitoring and Evaluation in UNAIDS Monitoring the DoC UNGASS on HIV/AIDS
Source	http://www.unaids.org/UNGASS/index.html
<p>At the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, in June 2001, governments from 189 countries committed themselves to a comprehensive programme of international and national action to fight the HIV/AIDS pandemic by adopting the Declaration of Commitment (DoC) on HIV/AIDS. The Declaration established a number of goals for the achievement of specific quantified and time-bound targets, including reductions in HIV infection among infants and young adults; improvements in HIV/AIDS education, health care and treatment; and improvements in orphan support.</p> <p>The Declaration of Commitment also included a pledge, on the part of the United Nations General Assembly, that it would itself devote at least one full day per annum to reviewing the progress achieved in realizing the goals established. To facilitate this ongoing review process, UNAIDS and its partners have developed a set of core indicators that permit monitoring of measurable aspects of the various international and national actions, national programme outcomes, and national impact objectives envisaged in the Declaration of Commitment. Information obtained on these indicators will also be incorporated into reports and publications produced for broader dissemination and debate.</p> <p>It includes: Core indicators for measuring the implementation of the Declaration of Commitment Guidelines on Construction of Core Indicators</p>	

Evidence

Title	Acting Early to Prevent AIDS: The Case of Senegal. Geneva: UNAIDS.
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/epidemiology/determinants/una99e34.pdf
Date	1999

This paper describes the experience of Senegal. It discusses the situation in Senegal before AIDS began its rapid spread across much of Africa. It looks at how the country reacted to the threat of the disease, and examines whether that reaction had any effect on people's behaviour and, ultimately, on rates of HIV infection in the country.

Evidence

Title	HIV/AIDS in Africa: Beyond Epidemiology
Author	Ezekiel Kalipeni ¹ , Susan Craddock ² , Joseph Oppong ³ , Jayati Ghosh ⁴
Affiliations	1. University of Illinois, Urbana-Champaign; 2. University of Minnesota; 3. University of North Texas; 4. Dominican University of California
Date	2003
Publisher	Blackwell Publishing

HIV and AIDS in Africa: Beyond Epidemiology is a collection that seeks to further our understanding of AIDS by shifting the predominant understandings generated by biomedical and epidemiological research.

- Brings together international contributors--including often overlooked African scholars and activists--from across the social sciences to examine HIV and AIDS from angles previously unexplored.
- By presenting on-the-ground evidence and ethnographic cases, emphasizes that HIV transmission in sub-Saharan Africa is a complex and regionally specific phenomenon rooted in local economies, deepening poverty, migration, gender, war, global economies, and cultural politics.
- Recognizes that AIDS in Africa cannot be stemmed until social, gender, and economic inequities are addressed in meaningful ways.

Title	The Economic burden of illness for households. A review of cost of illness and coping strategy studies focusing on malaria, tuberculosis and HIV/AIDS
Author	Steven Russel
Affiliations	Review of studies for the DCPD workshop in Johannesburg, South Africa
Date	July 2003
Pages	44

The aim of the paper is to review and summarise studies that have measured the economic costs and consequences of illness for patients and their families, focusing on malaria, tuberculosis and HIV/AIDS. This was the broad remit of the DCPD terms of reference, which more specifically requested a review of studies that have examined:

- The costs of illness for households, including both direct (expenditure) costs and indirect (wage and production) costs
- Household responses to these illness costs (borrowing and asset strategies etc..)
- The impact of illness costs on household livelihoods and processes of impoverishment
- Plus any evidence or discussion among studies that indicate health service characteristics exacerbate or mitigate illness costs for poor households.

Nearly all the studies reviewed presented evidence on the costs of illness, and highlighted ways in which health service weaknesses had contributed to high direct and indirect costs for patients. No studies had been designed to research how different health service provision arrangements affected household costs of illness. Thus there was no clear evidence to show how health services had reduced household costs.

Policy-makers need to support both household assets and coping strategies, and wider community responses, that enable households to cope, particularly with the heavy cost burdens of HIV/ AIDS. Government agencies must link with NGOs and community-based organisations that work to support people, not only with the 'hard' matters of savings and assets, but also through counselling and caring initiatives. A particularly urgent priority for governments is to support the future assets of the community – children orphaned by AIDS and withdrawn from school.

Links

Title	AIDS in South Africa: The Invisible Cure
Author(s)	Helen Epstein
Source	The New York Review
Date	July 17, 2003
<p>This article identifies the factors that can create a societal and individual mind-shift necessary to bring the immediate threat of AIDS into recognition. Comparing the plight of Uganda with that of South Africa, the author highlights the social and historic discrepancies that inhibit the latter's attempts to emulate the former's relative success in confronting the AIDS crisis. Ultimately, the author questions the feasibility of being able to prevent the spread of HIV without addressing the needs of HIV-positive people.</p> <p>Uganda's success in combating HIV is generally believed to have been accompanied by powerful social activism, which swept the country in the aftermath of the civil war in the early 1980s. Part of the problem in South Africa is the government's adversary relationship with many NGOs.</p> <p>Some progress is being made, however. In 1998, loveLife, South Africa's largest and most ambitious HIV prevention campaign was initiated. However, although the activities promoted by loveLife are well received, its programmes may well be reinforcing the denial that poses so many obstacles to preventing HIV in the first place. A more realistic programme to prevent AIDS should pay greater attention to the real circumstances in people's lives that make it hard for them to avoid infection. It should also be more frank about the real human consequences of the disease.</p> <p>The persistent denial of AIDS in South Africa is striking and deeply mysterious and has to be confronted. Overcoming such denial is what seems to have made the greatest difference in Uganda, and may well be the factor that will have the greatest impact on the epidemic elsewhere in Africa.</p> <p>Western nations are now planning to spend several billion dollars on AIDS in Africa in the coming years. The problem with these programmes and other huge initiatives to do something about the AIDS crisis in Africa is that the mechanisms to distribute the funds often involve governments with a poor record of dealing with AIDS. In addition, the small community-based groups are likely to be overlooked in favour of the overly ambitious megaprojects.</p>	

Title	Gender and HIV/AIDS Political drivers
Author(s)	eldis
Source	www.eldis.org/gender/dossiers/Politicaldrivers.htm
Date	November 26, 2003 (printed)
<p>Politics play an important role in the enabling environments for HIV/AIDS, and within this, women's access to political power is important. The political will to establish HIV/AIDS policies to help women and girls is lacking in many countries. This is often due to fact that women do not have access to decision making or do not have representation in the government. Women's lack of formal power may mean that HIV/AIDS policies are ill-suited to meet their needs. Today, women make up only 13.8% of the seats in national parliaments.</p>	

Title	Mobilising NGOs and CBOs
Author	Mandeep Dhaliwal
Affiliation	
Source(s)	' Handbook on access to HIV-related treatment ' by C. Green et al., International HIV/AIDS Alliance, Brighton, UK (2001) ' Access to treatment ' Alliance News 4, no. 3 (2000) Insights Health #2: Delivering the goods More information.

Health systems are under-funded and overburdened in many developing countries. Non-governmental and community-based organisations (NGOs/CBOs), individuals and families are key providers of HIV treatment and care. The need for treatment is rising as increasing numbers of people become infected. What support will NGOs, CBOs and groups of people living with HIV/AIDS need to address this growing demand?

The International HIV/AIDS Alliance is an NGO that supports and promotes community action on AIDS in Asia, Africa and Latin America. The Alliance assessed treatment needs and resources among groups who are both providers and consumers of treatment and care in Cote d'Ivoire, India and Zambia. They identified barriers to access to treatment and strategies to tackle these problems.

In collaboration with WHO and UNAIDS, the Alliance developed a practical resource to assist these organisations in improving access to HIV/AIDS treatment. The 'Handbook on access to HIV/AIDS-related treatment' provides practical tools, information and other resources for groups who are planning or starting to provide treatment and care. It will also be useful for experienced organisations who are evaluating their work. It aims to help groups to:

- make decisions on providing treatment, by outlining the main issues involved
- access and exploit existing local and national drug supply systems
- explore the use of alternative systems and drugs where necessary and useful
- understand the benefits and constraints associated with donated drugs
- address practical issues of drug supply and financing, focusing on cost, quantification, quality and sustainability
- adopt good practice in the use of HIV/AIDS related drugs, including clinical requirements, the use of treatment protocols, and technical and psycho-social support
- develop and sustain links with other organisations and resources.

Title	The Impact of the Heart Campaign
Author	The John Hopkins Institute
<p>The Helping Each other Act Responsibly Together (HEART) Campaign, designed specifically for youth and by youth, informs young people about HIV/AIDS, discusses ways to protect oneself from HIV/AIDS and promotes abstinence and condom use. The Campaign was designed to provide a social context in which prevailing social norms are discussed, questioned and reassessed. By creating an atmosphere conducive to changes in social norms as well as in individual sexual behaviour the campaign was intended to contribute to the nation-wide effort to enhance the likelihood that young people would reduce their risk of HIV infection through either abstinence or consistent condom use and, thereby, reduce the incidence of HIV/AIDS and other sexually transmitted infections (STIs). Young people ages 13-19 were the intended audience for the campaign. The purpose of this report is to evaluate the impact of phase one of the campaign on young people in Zambia, and a number of salient findings are presented in this report.</p> <p>The HEART Campaign is one among a range of programs designed to enable young people to protect their reproductive health. Community mobilisation efforts, faithbased projects, school curricula and several media programs have addressed many of the issues central to the HEART Campaign. While the independent correlation between exposure to the HEART Campaign and positive reproductive health choices has been demonstrated, positive secular changes also occurred over the same time frame that could not be attributed to the campaign, which one could argue reflects the synergistic effect of multiple campaigns and interventions. The data show that, while important progress has been made, there is still much to be done. The HEART Campaign should continue to expand the depth and breadth of its reach. Future research should be designed to capture the synergistic effects of reproductive health programs for young people by asking respondents about their involvement in community-based programs and exposure to the whole gamut of HIV-related mediated messages.</p>	

International Influences

Title	The Economics of HIV in Africa
Author(s)	The Lancet, Editorial Volume 360, Number 9326
Number of pages	1
Comment	Describes the impact HIV is and is likely to have on the economic development of SSA countries and calls for a commitment to much greater budgets to tackle HIV
<p>Until a pragmatic public health approach to HIV/AIDS is taken, it will be impossible to tackle the pandemic head on, and all attempts to promote development in Africa will be wasted.</p> <p>The G8 leaders allocated US\$6 billion to Africa, not all of it new, and a paltry sum compared with the US\$40–50 billion annually that the World Bank estimates is needed. Unfortunately Africa, and hence AIDS, seems to have dropped down the G8 leaders' list of priorities.</p> <p>Unless action is taken soon there will be no workforce to develop Africa. To begin with, the developed nations in general, and the G8 group in particular, must be prepared to raise Africa to the top of their list of priorities. Africa must be financed as never before, with HIV/AIDS control as a central part of the plan. As the UNAIDS report says in its preface: "effective responses are possible, but only when politically backed and full scale".</p> <p>In parallel, a shift in thinking about the disease is necessary. With all the money in the world, the HIV/AIDS pandemic will continue to grow unless everyone is encouraged to know their HIV status and be prepared to get treatment. HIV should be considered an infectious disease like any other, with testing and treatment being the norm, rather than the exception.</p>	

Title	Health in Poverty Reduction Strategy Papers (PRSPs): an introduction and early experience
Author(s)	Veronica Walford
Affiliation	DFID, Health Systems Resource Centre
Source	DFID
Date	2002
Pages	25
Comment	Not much specific information about HIV/AIDS

Poverty reduction is at the core of international and national development objectives. Countries are developing poverty reduction strategies, reflected in Poverty Reduction Strategy Papers (PRSPs), to describe action in all sectors. The PRSP also sets out how funds released by the international debt relief initiative for the Heavily Indebted Poor Countries will be invested in pro-poor initiatives, including in health and education. This paper outlines how health policy and strategy are addressed in PRSPs, and suggests roles for external partners, in the country-owned PRSP process.

Title	AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments
Author(s)	Olusoji Adeyi ¹ Robert Hecht ¹ Elesani Njobvu ¹ Agnes Soucat ²
Affiliation	¹ Department of Policy, Strategy and Research, UNAIDS, Geneva, Switzerland ² Africa Region, The World Bank, Washington, DC, USA
Source	Joint United Nations Programme on HIV/AIDS
Date	March 2001
Pages	48
Comment	

The potential benefits of giving HIV/AIDS a prominent place in PRSPs and HIPC agreements are substantial. They include greater political attention to and increased domestic funding for the national HIV/AIDS programme, as well as a focus on achieving results in implementing a national HIV/AIDS programme. Crucially, it helps to forge greater consensus among stakeholders on the main strategies and medium-term goals in tackling the HIV/AIDS epidemic. Ideally, the HIV/AIDS contents of PRSPs and HIPC documents would include the following aspects:

- HIV/AIDS as a cause of poverty, plus a discussion of poverty and income inequalities, and their contributions to conditions that make persons vulnerable to HIV infection and less able to cope with the consequences of being infected;
- the main strategies in the national HIV/AIDS plan as a central part of the overall national poverty reduction programme, justified and costed;
- medium-term goals and poverty monitoring indicators derived from the national HIV/AIDS plan; and
- short-run actions for successful implementation of the national HIV/AIDS plan, with specific and monitorable targets that form agreements for debt relief.

This toolkit will serve as a resource for training at the country and subregional levels for country teams and their partners from NGOs and donor agencies. It will enable country teams to develop useful materials on scaled-up HIV/AIDS programmes for inclusion in the PRSPs and HIPC documents. More work will be done to continually improve the toolkit and the processes for building coalitions of partners in support of national responses to HIV/AIDS.

Title	The vicious circle: AIDS and third world debt Report by the World Development Movement for the UN Special Session on HIV/AIDS 25 June 2001
Author(s)	Alison Marshall with Tom Pravda
Affiliation	World Development Movement
Date	June 2001
Pages	12

In this article, The World Development Movement (WDM) argues that debt and AIDS must be tackled simultaneously if there is to be any chance of improvement for developing countries.

The AIDS epidemic in Sub-Saharan Africa is inextricably linked to the debt crisis. The vicious circle between debt and AIDS can only be broken by a serious international commitment to tackling both crises simultaneously.

Despite world leaders' promises to end the debt crisis, developing countries are still paying out millions of pounds each year to service debts, while the health of their populations suffers. WDM suspects world leaders of "debt fatigue", and is concerned that world leaders' professed enthusiasm for the new global trust fund for HIV/AIDS might deflect attention away from the need to end the debt crisis.

Although the new global trust fund for AIDS is welcome, WDM believes that more and faster debt relief and debt cancellation are a vital and effective way of helping developing countries to combat HIV/AIDS.

The article concludes that debt and AIDS are inextricably linked through a vicious circle of cause and effect. Therefore, countries struggling with a debt crisis and an AIDS crisis will only see improvement if both are tackled simultaneously. They need substantial new resources and new thinking. WDM believes debt relief and cancellation are a vital and effective way to deliver resources to developing countries for the fight against HIV/AIDS.

Title	HEALTH IN PRSPs WHO Submission to World Bank/IMF Review of PRSPs
Author(s)	World Health Organization Department of Health and Development
Source	WHO
Date	December 2001
Pages	31
<p>There is a growing international consensus that improving health status is an essential part of improving human capabilities and livelihoods, and therefore of poverty reduction. As ill health is linked to poverty, so better health can be an engine for prosperity – both for the individual and for the nation. A series of UN conferences and the Millennium Development Goals (MDGs) have recognised this link, and committed the world's leaders to concrete action to improve the health of the poor.</p> <p>Poverty Reduction Strategy Papers (PRSPs) provide an opportunity to translate this recognition into action. Many donors are now using PRSPs to guide their aid programmes, and many are also moving to direct budgetary support in their financing of PRSPs. This has important implications for the way that health and health-related programmes are designed and funded. Thus the place of health in PRSPs is significant, and requires close attention.</p> <p>This paper presents the results of a rapid desk review of PRSPs from 10 countries: Bolivia, Burkina Faso, Mauritania, Mozambique, Nicaragua, Tanzania, Uganda (full-PRSPs), Ghana (draft full-PRSP) and Cambodia and Vietnam (interim-PRSPs). The review looked at the process of PRSP development in each country, the content of the PRSP, and the financing of the health sector under PRSPs.</p> <p>The review looks at what PRSPs say explicitly about health (i.e., in their health components) and what they say implicitly; in particular, it assesses whether PRSPs maximise the potential of better health to reduce poverty. This reflects the important distinction between the health sector (activities under the jurisdiction of Ministries of Health) and health status, which has many determinants.</p> <p>The links between ill health and poverty, and good health and economic growth, are now firmly established. The PRSPs reviewed in this paper recognise this link, but do not reflect it in their strategies. Improved health outcomes must be acknowledged as central to the achievement of poverty reduction objectives. It is also important to distinguish improved health outcomes from provision of health services. A more strategic approach to protecting health status and improving health outcomes is needed.</p>	

Title	The HIV/AIDS Crisis: How Are Trade and Commerce Ministries Responding?
Author(s)	The Africa Bureau of the U.S. Agency for International Development sponsored the preparation of the background papers.
Source	One of four background papers prepared for the Plenary Session on HIV/AIDS, African Growth and Opportunities Act (AGOA) Forum, Washington, DC, October 30, 2001.
Date	2001
Pages	23
<p>Trade between the United States and sub-Saharan Africa has been increasing in recent years. The Trade and Development Act of 2000 is intended to encourage this trend through increased trade and investment incentives. The HIV/AIDS epidemic, however, may have an impact on the ability of the 35 AGOA countries to take advantage of the opportunities provided by the Trade and Development Act. What can the ministries of trade and commerce do to address the potential impact of HIV/AIDS?</p> <p>Ministries should be aware of the opportunities available through the TRIPS Agreement and negotiations with the pharmaceutical companies to increase access to essential HIV/AIDS drugs.</p> <ul style="list-style-type: none"> • Certain tariff and nontariff-related barriers exist that have an impact on the transmission of HIV/AIDS, such as high tariffs on condoms and delays at border crossings. Policies can be implemented to address these barriers, including lowering relevant tariffs and standardizing various customs rules and regulations to facilitate border crossings. • Foreign exchange earnings may be at risk due to fluctuations in tourism receipts due to HIV/AIDS. Information and condom campaigns for both tourists and workers in the tourism industry may be effective in fighting the epidemic. • Ministries may explore the relevance of the newly adopted Code of Practice on HIV/AIDS and the World of Work for domestic workplace guidelines. • Certain sectors are particularly vulnerable to the HIV/AIDS epidemic, such as mining, transport, water, and export agriculture. Awareness of this vulnerability may increase the incentive to institute workplace programs and to develop plans to address the possible consequences of HIV/AIDS. 	

Title	The HIV/AIDS Crisis: How Are Finance and Planning How Are Finance and Planning Ministries Responding?
Author(s)	The Africa Bureau of the U.S. Agency for International Development sponsored the preparation of the background papers.
Source	One of four background papers prepared for the Plenary Session on HIV/AIDS, African Growth and Opportunities Act (AGOA) Forum, Washington, DC, October 30, 2001.
Date	2001
Pages	20

Further delay in addressing the AIDS epidemic will only increase its devastating impact on the societies and economies of Africa. A first step is to integrate plans to confront HIV/AIDS into overall frameworks for government programs.

Twenty-one AGOA governments have completed their interim PRSP documents; and all of them mention HIV/AIDS, though with varying degrees of thoroughness. The World Bank and IMF have reviewed and approved the interim PRSPs of seven of these countries. Other countries are close behind them and will soon qualify for debt relief and enhanced donor support. However, many countries need to revisit these documents to ensure adequate attention to the HIV/AIDS crisis. Where appropriate, sectorwide assistance programs, PRSPs, and debt relief instruments can be refocused to include a more vigorous program for confronting HIV/AIDS. Finance and planning ministries face the challenge of demonstrating effective use of what may well be unprecedented amounts of financial resources in the next few years.

An enormous global reservoir of goodwill is available to the nations of sub-Saharan Africa as they embark on the challenge of bringing HIV/AIDS under control. Technical cooperation in the form of assistance in priority setting, resource allocation, and monitoring and evaluation will be available through multilateral and bilateral organizations. There is perhaps no higher priority among advocates for effective development assistance than the need to control the HIV/AIDS epidemic.

International influences: pharmaceutical companies

Title	Drug Deals: Medicines, Development and HIV/AIDS
Author(s)	Dr Anna Thomas. Edited by Liz Orton, Ken Bluestone and Penny Amerena.
Affiliation	VSO
Source	British Library Cataloguing in Publication Data
Date	2000
Pages	49

Medicines for opportunistic infections which commonly affect people with HIV/AIDS are a critical part of treatment and care. They enable people to live a normal life for longer and make bouts of illness more bearable. Yet, the experience of VSO health volunteers and VSO's partner organisations in developing countries is that effective treatment is often unavailable or unaffordable.

VSO believes that access to treatment should be a right, not a privilege. This Paper examines two key reasons for low access to treatment:

- high prices of drugs for opportunistic infections;
- and poor resourcing for health and drugs budgets in developing countries, and presents VSO's recommendations for positive action to improve access to treatment for HIV/AIDS.

While much of the debate on fairer access to treatment and medicines in developing countries is about drug prices, some of the medicines needed by people living with HIV are not expensive. Many drugs, such as painkillers and simple antibiotics, are now very cheap. But even these drugs are sometimes unavailable.

Internal distribution and supply systems are part of the problem, but under-resourcing is a critical factor for the majority of developing countries. Economic adjustment and the international debt crisis have led, in most cases, to cuts in health expenditure and privatisation of health systems. This has hit the poorest people hardest. Many responses are needed to tackle HIV/AIDS, of which access to treatment is only one.

VSO believes that greater access to essential medicines would make an immediate impact on the lives of those people most affected by HIV/AIDS in developing countries. It recommends that:

- access to palliative care and medicines for opportunistic infections be prioritised as a realistic approach to treatment in order to meet the immediate needs of people with HIV/AIDS in developing countries;
- the UK government lead an international response to the HIV/AIDS epidemic.

International influences: pharmaceutical companies

Title	Drugs and Development, editorial
Author(s)	Ken Bluestone
Source	Bi-monthly newsletter of ENCOD (European NGO Council on Drugs and Development)
Date	22, June 2000

According to industry apologists, the high profits of the pharmaceutical industry are justified due to the unusual nature of the business: research and development costs for new drugs require huge investments (sometimes upwards of \$300 million) with equally large amounts of risk that the investment will pay off. Critics though, claim that prices are maintained artificially high even when the initial investment is recovered. They also criticise the industry for its failure to develop drugs which would most benefit developing countries, such as effective vaccines for tuberculosis, malaria and AIDS. Most of the industry's profits come from products marketed for the health needs of industrialised countries, for example: drugs to reduce cholesterol levels, obesity and the risk of heart attack.

The role of pharmaceutical companies in addressing the AIDS crisis is impossible to ignore. One response has been to encourage pharmaceutical companies to bring the price of anti-retroviral drugs down to a level affordable by most people everywhere. These drugs can be prohibitively expensive and require an advanced level of healthcare to administer. Recent announcements made by 5 pharmaceutical companies with UNAIDS show that price cuts are possible, but these drugs still remain out of the reach of most. Even if prices were cut by 80 percent, AIDS drugs would still cost more than the total income per annum of many Africans.

So what can be done? A lot of emphasis is being placed on public-private partnerships between pharmaceutical companies, individual governments and multilateral agencies such as UNAIDS. New research into an AIDS vaccine is being explored in this way and it has already been demonstrated that price reductions can also be achieved. Pharmaceutical companies also donate substantial amounts of drugs to specific programmes – most recently, Pfizer announced that it would provide Fluconazol, a key anti-fungal drug for treating AIDS-related meningitis and thrush, free of charge in South Africa to those who cannot normally afford it.

The pharmaceutical industry has demonstrated that price reductions are possible, but now it must see how to bring prices down to realistic levels for the world's poor, open up opportunities to embrace all poor people, and finally work together with governments and civil society to ensure that such efforts take place in a context of strengthened health infrastructures guaranteeing effective delivery.

Title	Fighting HIV: The Global AIDS Strategy and Zambian national policy
Author	Charlotte Laurence
Source(s)	'The Impact of the Global AIDS Strategy on National Policy Networks in Zambia', Department for International Development Research Project (R7090) by Charlotte Laurence (1998) 'International Policy Co-ordination and HIV/AIDS', doctoral thesis, University of Bath, UK by Charlotte Laurence (2000)

What impact have international AIDS interventions had on individual countries' health policies? Have international objectives been met? Research at the University of Bath assessed the impact of the World Health Organisation's Global Programme on AIDS (GPA) on Zambia's response to HIV/AIDS. The research found that though it initiated a programme that was ostensibly in-line with the liberal and non-discriminatory objectives of the GPA, the UN programme goals were only partially achieved.

The GPA was set up in 1987 to co-ordinate an integrated and non-discriminatory global policy on HIV and AIDS. The GPA's main objectives were to (a) prevent the transmission of HIV, (b) minimize the personal and social problems caused by HIV infection and AIDS and (c) mobilise and unify national and international efforts.

What were the achievements of the GPA in Zambia and what was the programme's legacy after it was abandoned in 1995? The GPA influenced Zambia's HIV and AIDS policies in a number of ways, including:

- establishing a donor-funded National AIDS Control Programme, structured on liberal, public health principles.
- increasing the involvement of the international community in policy development, thereby altering indigenous responses to HIV and AIDS.

Nevertheless, Zambia has only had limited success in achieving the goals of the GPA. The following drawbacks were encountered:

- Zambia's AIDS programme has had the greatest impact on organisations that are directly involved in providing health-care. It has been less successful in gaining the support traditional systems of government and of organisations not involved in healthcare.
- AIDS workers' perception that senior members of government are hostile to liberal AIDS interventions sometimes discouraged them from high profile activity.
- families, households and communities are still largely responsible for looking after people living with AIDS.
- discrimination, although decreasing, is still widespread.

The report suggests that greater success might be achieved if:

- donors (a) avoided creating small, specialist policy networks dependent on external funds and (b) developed closer links with local organisations, which would also be more cost-effective.
- civil society and community organisations are more actively involved in the development of policies designed to control HIV transmission as well as caring for people with AIDS-related illnesses.
- clear, anti-discriminatory legislation is drawn up to enable NGOs to represent the interests of vulnerable groups.

Author	World Health Organization. Dept. of HIV/AIDS
Source	Geneva : World Health Organization, 2003. WHO/HIV/2002.16 2003

This document is a basic overview of the changing challenges of HIV and AIDS, and the steps WHO is taking to meet them.

Despite falling prevalence rates in some countries and advances made in treatment and care, the global HIV/AIDS epidemic shows no signs of abating. AIDS has taken more than 20 million lives in just 20 years and in the worst affected countries is now beginning to damage key sectors, erode economic development and jeopardize national security. More than 42 million people are currently infected, 95% of them in the developing world. It is estimated that, in the absence a massive scaling up of current efforts, another 45 million people will be infected with the human immunodeficiency virus by 2010. Up to 30 million more will have died. The World Health Organization (WHO) has been centrally involved in the fight against HIV/AIDS from the beginning. In its role as a cosponsor of the Joint United Nations Programme on HIV/AIDS, its mandate is to lead the health sector response to the epidemic.

As the international community strives to mobilize a global effort commensurate with the scale of the epidemic, WHO is working harder than ever to translate its expertise into action.

Title	Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis
Author	World Bank
Source	World Bank, 2000. ISBN: 0-8213-4578-8
Date	2000

Tragically, mass killers are nothing new in Africa. Malaria still claims about as many African lives as AIDS, and preventable childhood diseases kill millions of others. What sets AIDS apart, however, is its unprecedented impact on regional development. Because it kills so many adults in the prime of their working and parenting lives, it decimates the workforce, fractures and impoverishes families, orphans millions, and shreds the fabric of communities. The costs it imposes force countries to make heartbreaking choices between today's and future lives, and between health and dozens of other vital investments for development. Given these realities, African governments and their partners must act now to prevent further HIV infections and to care for and support the millions of Africans already infected and affected. As part of the World Bank's effort to play a stronger role, the first part of this publication introduces the Bank's new strategy to combat the epidemic in partnership with African governments and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The second part documents the growing epidemic, its impact on various sectors, and the imperative of urgent action. Additional sections define building blocks for an effective response, delineate the strategic plan for intensifying the actions against AIDS in Africa, discuss the implementation of the suggested measures, and outline further steps that will be necessary after the strategies have been inculcated. English and Portuguese editions also available.

Title	Global Health-Sector Strategy for HIV/AIDS 2003-2007 Providing a Framework for Partnership and Action
Author	World Health Organization
Source	World Health Assembly. (56th : 2003: Geneva, Switzerland Geneva : World Health Organization, 2003. WHA56.30
Date	2003

Conscious of the need to define and strengthen the role of the health sector within a broad multisectoral response to HIV/AIDS, the World Health Assembly adopted a resolution in May 2000 (WHA53.14) requesting the Director General of WHO to develop a strategy for addressing HIV/AIDS as part of the United Nations systemwide effort to combat the pandemic. The resulting Global Health-Sector Strategy (GHSS) for HIV/ AIDS described in this document is only one of a number of important initiatives that have emerged since the United Nations Special Session on HIV/AIDS in 2001, and has been developed by WHO, in consultation with a wide range of stakeholders, in a spirit of renewed determination. The World Health Assembly will consider this GHSS document in May 2003. The global community in general and the health sector in particular now have an exceptional opportunity to redouble their efforts against a devastating global pandemic and to show what can be achieved through bold leadership and concerted action.

The aim of the Global Health-Sector Strategy (GHSS) is to strengthen the response of the health sector to the challenges posed by HIV/AIDS as part of an overall multisectoral effort. Within this overarching aim four specific objectives have been identified: to advise health ministries on the core components of an effective health-sector response to HIV/AIDS; to support health ministries in developing the policy, planning, priority-setting, implementation and monitoring frameworks needed to generate such a response as part of overall national strategic plans; to enhance and promote the comparative advantages, expertise and experience that health ministries can contribute to national strategic planning for HIV/AIDS; to help the health sector to meet the goals contained in the United Nations General Assembly Declaration of Commitment on HIV/AIDS.

In support of these objectives the Strategy describes the support that WHO will offer, outlining a series of steps, issues and Action Points for health ministries and others in the health sector to consider, especially during the development or updating of national strategic plans for HIV/AIDS. The Strategy can be used on a section-by-section basis to review policies and actions on specific topics – for example, priority-setting; human resourcing; or the allocation of roles and responsibilities.

Title	The President's Emergency Plan for AIDS Relief. US Five-Year Global HIV/AIDS Strategy
Author	Office of the United States Global AIDS Coordinator
Pages	103
Date	February 23, 2004

Inadequate leadership and enduring stigma keep HIV spreading swiftly and surely under cover of silence. Combined, these challenges necessitate a complex response to delivering prevention, treatment, and care services to the many who are in need.

President Bush has responded to the challenge of global HIV/AIDS with his Emergency Plan for AIDS Relief. The Emergency Plan targets \$9 billion in new funding to dramatically ramp up prevention, treatment, and care services in 15 of the most affected countries of the world representing at least 50 percent of HIV infections worldwide. The Emergency Plan also devotes \$5 billion over five years to ongoing bilateral programs in more than 100 countries and increases our pledge to the Global Fund to Fight AIDS, Tuberculosis, and Malaria by \$1 billion over five years.

President Bush's Emergency Plan also demands a new way of doing business that will transform U.S. Government HIV/AIDS activities worldwide. It makes a revolutionary commitment to providing integrated prevention, treatment, and care services to those infected with and affected by HIV/AIDS, and establishes measurable goals against which progress will be tracked and evaluated. Policy and program decisions will be evidence-based and results-driven. New partners and innovations will be actively sought and rigorously evaluated. The President's Emergency Plan will be implemented under new leadership from the U.S. Global AIDS Coordinator, coordinating, in the United States and in the field, the work of all U.S. agencies fighting HIV/AIDS globally.

This article describes the policy focus of the Bush Emergency Plan and the processes that underlie the approach taken.

Title	The HIV/AIDS Crisis: How Are Finance and Planning How Are Finance and Planning Ministries Responding? Ministries Responding?
Author	USAID (prepared for the Plenary Session on HIV/AIDS, AGOA Forum, Washington, DC)
Pages	20
Date	October 30, 2001
<p>A combination of events globally and in sub-Saharan Africa highlights a new awareness of the HIV/AIDS epidemic as a development issue that must be addressed by governments of the region.</p> <p>The Africa Growth and Opportunities Act (AGOA) Forum offers a unique opportunity to address the challenge of HIV/AIDS. Materials in this and accompanying documents lay out areas for priority action by governments and the private sector in these 35 countries. Experience from selected countries demonstrates that governments can meet the challenge of HIV/AIDS and successfully pursue development objectives. Ministries of finance and planning as well as ministries of health, education, trade, commerce, and tourism have critically important roles to play in the face of this challenge. Text and data below identify opportunities for action that can enhance development prospects.</p>	

Title	AIDS and the PRSP - Marrying Key Parts of the Development Agenda
Author	PRSP Review Seminar Series, Washington DC, World Bank
Date	December 13, 2001
Source	http://www.worldbank.org/poverty/strategies/review/semseries/aids.htm

AIDS matters greatly because it has grown from being a health issue to forming a serious challenge to development.

AIDS has been shown to destroy human capital, weaken institutions, and provoke deeper, wider poverty in society. There is also increasing evidence that AIDS causes poverty, and that some dimensions of being poor can increase the risk and vulnerability to the disease. Speakers mapped out the observable impact of HIV on economic growth in some 80 countries from 1990-1997. They also demonstrated how AIDS can worsen income distribution (Botswana); have devastating effects on households (Cote d'Ivoire); and reduce agricultural productivity by about 50 per cent (Zambia).

Faced with the serious effects of AIDS on developing countries, the PRSP is seen as an instrument with the potential to change the way in which HIV/AIDS is addressed. The PRSP is country-specific and focuses on both short and long term goals and indicators. As evidenced by a review of existing I-PRSPs and PRSPs, poverty/AIDS analyses tend to be weak, but some countries are making good progress. Weaknesses may be due to poor databases in-country, limited local capacity for data collection and analysis, and inadequate technical support from donor partners. Examples of how Malawi, Madagascar, and Mozambique, and Cameroon integrated the issue into their PRSP documents were showcased, including the perspective of how debt relief savings affected country budget allocations to fighting AIDS. In Cameroon, for example, the Emergency Three Year Plan targets resources to achieving 100 per cent condom use in vulnerable groups, scaling up VCT and PMTCT therapies, and a communications campaign for behavior change.

Countries

Title	Behaviour and communication change in reducing HIV: is Uganda unique?
Author(s)	Daniel Low-Beer and Rand L Stoneburner
Affiliation	Cambridge University
Source	African Journal of AIDS Research 2003, 2(1): 9-21
Date	
Number of pages	

The clearest example of declines in HIV prevalence and changes in sexual behaviour comes from Uganda. Are there lessons to learn for other countries or is Uganda unique?

In this paper, the authors assess the **epidemiological and behavioural data on Uganda comparatively to other African countries** and then analyse data from other populations where HIV has declined. In Uganda, HIV prevalence declined from 21% to 9.8% from 1991-1998, there was a reduction in non-regular sexual partners by 65% and greater levels of communication about AIDS and people with AIDS through social networks, unlike the comparison countries.

There is evidence of a basic population level response initiated at community level, to avoid risk, reduce risk behaviours and care for people with AIDS. The basic elements - a continuum of communication, behaviour change and care - were integrated at community level. They were also strongly supported by distinctive Ugandan policies from the 1980s.

The authors identify a similar, early behaviour and communication response in other situations where HIV has declined: Thailand, Zambia and the US Gay community. In Thailand, visits to sex workers decreased by 55% and non-regular partners declined from 28% to 15% (1990-1993): as important as the -100% condom use policy - Similarly, in Zambia and Ethiopia risk behaviour has decreased and analysis of Sexually Transmitted Disease (STD) rates among Gay populations in the USA shows a decline from as early as 1985 in White Gay populations, with later declines in Hispanic and Black Gay populations.

These responses preceded and exceeded HIV prevention. However, where they were built on by distinctive HIV policies, HIV prevention has been scaled and led to national level declines in HIV. **It is not easy to transfer the lessons of these successes.** They require real social and political capital in addition to financial capital. Nevertheless, similar characteristics are present in community responses in Africa, Asia and USA, and even in fragmented signs of HIV declines in other African cities. Only in a few situations has this behaviour and communication process been recognised, mobilised and built on by HIV prevention policy. Where this has occurred, HIV prevention success has been greater than biomedical approaches or methods introduced from outside. It represents a social vaccine for HIV from Africa, and is available now.

Countries: Uganda

Title	Uganda's AIDS Crisis: Its Implications for Development
Author	Jill Armstrong
Source	World Bank Discussion Paper No. 298.
Publisher	World Bank ISBN: 0-8213-3437-9 SKU: 13437
Date	December 1995

Traces the social and economic channels through which the AIDS epidemic is likely to have its impact on Uganda's development prospects. In 1988 the World Bank adopted an agenda for addressing the AIDS epidemic in Africa. It soon became evident that the syndrome is not solely a health problem, nor can it be treated as such. This paper traces the social and economic channels through which AIDS is likely to have its impact on the development prospects of Uganda, one of the first African countries to confront the seriousness of the epidemic. The paper revises and updates an earlier study to incorporate results of the country's 1991 population census. The study recommends that key policymakers in ministries other than health, such as finance and planning, must factor in the consequences of AIDS when considering development strategies. It examines the effects of AIDS on health expenditures in light of projections of essential drugs required for treatment, as well as the impact of the epidemic on agricultural production from a household and farming system perspective. Recommendations and suggestions of areas for further research conclude the study.

Countries: Uganda

Title	Knowledge is power: Voluntary HIV counseling and testing in Uganda.
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/health/counselling/knowledgecse.pdf
Date	1999

The AIDS Information Centre (AIC) was established in February 1990 to provide anonymous, voluntary and confidential HIV testing and counseling services to the people of Uganda. The centre operates with the understanding that knowledge of one's own HIV infection status is an important intervention in controlling HIV infection. This study has been prepared to share AIC experiences with HIV testing, counseling and associated services in Uganda.

Countries: Uganda

Title	A Measure of Success in Uganda: The value of monitoring both HIV prevalence and sexual behavior
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/epidemiology/determinants/una98e8.pdf
Date	1998

This case study looks at the tools that Uganda uses to track trends in HIV and in reported sexual behavior. It also demonstrates the links between the two. Uganda is a clear example of what can be achieved even in a country with few resources and poor infrastructure – and offer experience from which other countries can benefit

Countries: Uganda

Title	HIV/AIDS in Uganda
Author(s)	Lisa Garbus, MPP Elliot Marseille, DrPH, MPP
Affiliation	AIDS Policy Research Center, University of California San Francisco
Date	November 2003
Number of pages	128

Since the mid-1990s, overall HIV prevalence among ANCs attendees has been declining. The most consistent HIV prevalence declines are among the youngest age groups. However, despite strong political support, Uganda has limited resources to spend on prevention and mitigation of the epidemic. It is one of the world's poorest countries and its economic prospects are threatened by a variety of factors. Uganda (and its HIV/AIDS program) remains heavily dependent on external donors. The country faces the enormous task of concurrently mobilizing resources, meeting donor/lender conditions, expanding and sustaining prevention interventions, providing ART, and reaching underserved populations to maintain prevalence declines as well as achieve future targets.

This article explores the political economy and socio-behavioral context of the AIDS epidemic in Uganda. It then addresses the impact HIV/AIDS has had on the country and its population. Finally, it looks at the positive response of the Ugandan authorities to tackle HIV/AIDS. The report also details the response of other actors, such as international donors and civil society groups.

Title	Responses to an emerging threat: HIV/AIDS policy in Pakistan
Author(s)	Omar A Khan, Adnan A Hyder
Affiliation	John Hopkins University
Number of pages	5

A decade has passed since the discovery of HIV in Pakistan. In the presence of a susceptible population, 'high-risk' behaviours and potential for further spread, the policies and programmes addressing HIV/AIDS need to be further developed. This paper explores the response to HIV/AIDS in Pakistan and describes the contributions of the public and private sectors towards AIDS prevention. A review of the contextual and social factors of HIV/AIDS in Pakistan is followed by a structural analysis of the response, an assessment of the impact, and policy recommendations for a more integrated approach to this emerging threat. The conclusion calls for better epidemiological information on HIV/AIDS in the country, development of proactive, evidence-based policies, and socially appropriate implementation of prevention and care measures.

Efforts such as the National AIDS Program, the success of particular provincial AIDS programmes, and responses by other private and non-governmental sectors require greater collaboration and the reduction of redundancies. There is a need for action based on sound policy to deal with HIV/AIDS in the country at its relatively low prevalence. Targeting of awareness programmes to improve the understanding of HIV in the general population, preventive strategies for groups at higher risk, and universal blood screening measures need to form part of HIV control in the country. If the disease is allowed to progress unchecked in Pakistan it will show its epidemic potential, as it has done in many other parts of the world and in neighbouring countries. Timely action is needed to prevent such an eventuality.

Title	Fighting HIV: The Global AIDS Strategy and Zambian national policy
Author(s)	Charlotte Laurence
Affiliation	
Date	
Number of pages	
<p>What impact have international AIDS interventions had on individual countries' health policies? Have international objectives been met? Research at the University of Bath assessed the impact of the World Health Organisation's Global Programme on AIDS (GPA) on Zambia's response to HIV/AIDS. The research found that though it initiated a programme that was ostensibly in-line with the liberal and non-discriminatory objectives of the GPA, the UN programme goals were only partially achieved.</p> <p>The GPA was set up in 1987 to co-ordinate an integrated and non-discriminatory global policy on HIV and AIDS. The GPA's main objectives were to (a) prevent the transmission of HIV, (b) minimize the personal and social problems caused by HIV infection and AIDS and (c) mobilise and unify national and international efforts.</p> <p>Zambia has only had limited success in achieving the goals of the GPA, and this report suggests that greater success might be achieved if:</p> <ul style="list-style-type: none"> • donors (a) avoided creating small, specialist policy networks dependent on external funds and (b) developed closer links with local organisations, which would also be more cost-effective. • civil society and community organisations are more actively involved in the development of policies designed to control HIV transmission as well as caring for people with AIDS-related illnesses. clear, anti-discriminatory legislation is drawn up to enable NGOs to represent the interests of vulnerable groups. 	

Title	The politics of AIDS in South Africa: beyond the controversies
Authors	Didier Fassin, Helen Schneider
Number of pages	3

Discussion of AIDS in South Africa needs to move beyond a simplistic “for or against” stance on President Mbeki’s denial of a connection between HIV and AIDS. The authors propose ways to widen the debate and hence to increase understanding of the epidemic

- Until recently the international medical community's view of HIV/AIDS in South Africa has been dominated by the argument over President Mbeki's stance on the epidemic
- Applying the tools of political economy and anthropology to an analysis of AIDS in South Africa will bridge the gulf between positions and will help in the management of the epidemic
- Suspicion of Western drugs and denial of the epidemic can be understood as deeply embedded effects of the actions of the apartheid regime

Key conclusions:

- South Africa’s AIDS crisis manifests the legacy of the politics of the past.
- Need to take into consideration the interdependence of inequality, mobility, and violence, and not limit explanation of HIV infection to poverty
- Conversely, should not focus attention solely on behaviour change. Also take into consideration the powerful social determinants of HIV in South Africa.
- An effective politics of AIDS entails a “politics of recognition”: contrary points of view should be understood rather than discredited.
- In South Africa, AIDS is not just a tragic and dramatic phenomenon: through the mobilisation of activists as well as lay people and through the fight for social justice it has also come to be a resource for democracy.

Title	Unknown threat? The looming HIV crisis in China
Author(s)	Tim Manchester
<p>The UN predicts that 10 million Chinese could be infected with HIV by 2010. Without a speedy government response, HIV could spread quickly through the general population. What are the barriers facing HIV prevention programmes in China? Researchers from the Futures Group investigate the appropriate prevention strategies needed to avoid a catastrophe.</p> <p>Researchers surveyed 6777 adults living in 10 cities and 10 towns throughout China and the evidence is presented in this report.</p> <p>China faces a number of challenges in responding effectively to the epidemic:</p> <ul style="list-style-type: none"> • The government's population policy's promotion of long-term contraceptive methods has led to a lack of knowledge and understanding about the role of condoms in preventing disease. • The policy encourages later marriage that may increase pre-marital sex. • There are growing numbers of migrant workers who are away from their families for long periods of time and are more likely to use sex workers. • Sex and sexuality are not openly discussed and sex education is not part of the school curriculum. • There is still room for improvement in the safety of blood supplies. <p>Policy-makers must aim to increase awareness of HIV/AIDS issues to enable people to protect themselves, to reduce stigma and discrimination against those infected and to bring the crisis under some form of control in China.</p>	

Title	For Botswana, No Easy Answers in Dealing With Burgeoning AIDS Epidemic
Author(s)	Allison Tarmann
Affiliation	Population Today
Source	Population Today
Date	August September 2002

Beginning this year, Botswana is undertaking a countrywide anti-HIV program. Despite its economic success, Botswana has the highest prevalence of HIV/AIDS in the world (39 percent of adults ages 15 to 49 have the disease), and is now struggling to channel its wealth into developing its people's health.

In some ways, prosperity makes for tougher choices. As appealing as it would be to fund a massive and immediate medication program, such an effort alone would yield only short-term gains and could encourage risky behavior.

Warren C. Sanderson, professor of economics and history at the State University of New York at Stony Brook and senior research scholar at the International Institute for Applied Systems Analysis in Laxenburg, Austria cautions that, before the program advances, policymakers must know more about its potential effects. For instance, would it make a difference whether more money went to medication or to behavioral change? And what kind of difference? "It is not obvious," he notes, "what the right mix of the two is. Poorly designed programs can pile more suffering upon those who have already suffered gravely."

Sanderson's extensive research shows the limitations of medication and behavior-change programs in controlling the epidemic. Unlike many of its neighbors, Botswana can afford to sustain a large, expensive medication program begun with international aid. But large medication-only programs compete with behavior-change programs for resources, and they may hasten the development of medication-resistant strains of the virus. In the long run, implementing a modest medication program while emphasizing education that promotes behavior change is probably the best approach, although many people now living with AIDS won't be around to see its merits.

Countries: Thailand

Title	Funding priorities for the HIV/AIDS crisis in Thailand
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/economics/costeffec/una99e9.pdf
Date	1999
<p>This paper introduces the conceptual framework of interrelated consequences of the economic crisis on HIV/AIDS prevention and control. On the basis of document research and in-depth interviews with officials at national and provincial levels, the paper explains how the Government of Thailand has dealt with the AIDS epidemic during the period of economic hardship. The paper describes how programme managers at national and provincial levels have responded to budget cuts and discusses the impact the cuts may have on the effectiveness of programmes.</p>	

Countries: Thailand

Title	Reducing Girls' Vulnerability to HIV/AIDS: The Thai approach
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/children/young/reducingcse.pdf
Date	1999
<p>In Thailand, too many girls find themselves at an early age in the sex industry, usually for lack of other options for earning a living. Young girls are desirable because they are thought to be "safe" and uninfected with HIV, but the risk of infection to them, and thence to their clients, is very high. This case study describes some responses to that problem, focusing on changing the attitudes of girls and their parents in regard to prostitution, and on providing means for girls to avoid becoming sex workers through improved education and career opportunities.</p>	

Countries: Thailand

Title	Connecting lower HIV infection rates with changes in sexual behavior in Thailand: Data collection and comparison
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/epidemiology/determinants/ una98e15.pdf
Date	1998
<p>Few countries are able to draw the link between behavior and HIV infection as unambiguously as Thailand. This case study looks at the tools Thailand uses to track the virus and the behaviors related to it. It describes trends in infection and behavior recorded in Thailand, and shows links between the two. The case study also points to the importance of continued tracking of behavior and infection to keep up with a constantly changing epidemic.</p>	

Countries: Thailand

Title	The Relationship of HIV and STD Declines in Thailand to Behavioral Change: A synthesis of existing studies
Author	UNAIDS
Source	http://www.unaids.org/publications/documents/epidemiology/determinants/una98e2.pdf
Date	1998
<p>This paper undertakes a review of the available literature in order to: summarize existing epidemiological and behavioral data, documenting changes over time on both national and regional levels; examine the relationships found between behavior and HIV/STD infection; determine the feasibility of linking behavioral and epidemiological aspects of the epidemic; examine the correlation of behavioral change with epidemiological change; and determine the practical implications of these findings for continuing Thai national programme and policy needs.</p>	

Title	The Strategic Use and Potential Demand for an HIV Vaccine in Southern Africa
Author	Christopher Desmond, and Robert Greener
Source	Working Paper No: 2977
Date	February 21, 2003
<p>HIV prevalence in Southern Africa is the highest in the world and the impact of HIV/AIDS in the region are devastating at all levels of society, including the wider economy. Government response has lagged behind the pace of the epidemic, but programs are now beginning to focus on a broad range of interventions to combat its further spread and to mitigate its impact.</p> <p>Desmond and Greener investigate the issues around the targeting of an eventual HIV vaccine. There is at present no vaccine against HIV. Although several candidates are in the trial stage, it is not likely that a vaccine effective against the sub-type of the virus prevalent in Southern Africa will be available for 10–15 years. When it is, it may be expensive, only partially effective, and confer immunity for a limited period only. Vaccination programs will need to make the best use of the vaccine that is available and effective targeting will be essential.</p> <p>The authors identify potential target groups for a vaccine, and estimate how many individuals would be in need of vaccination. They develop a method for estimating how many cases of HIV infection are likely to be avoided for each vaccinated individual. The cases avoided are of two kinds: primary—the individual case that might have occurred in people who are vaccinated, and secondary—the number of people that the vaccinated individual would otherwise have caused to become infected. Both of these depend on assumptions about the efficacy and duration of vaccine protection and the extent and nature of sexual risk behavior in the population groups. The authors distinguish between the HIV cases averted per vaccination and the cases averted per 100 recruits into a vaccination program.</p> <p>The cases averted per 100 recruits is used to develop a priority ranking of the identified population groups for vaccination. The authors discuss the issue of ease of access to those groups and how the differential costs would affect the vaccination strategy. They conclude that an expensive vaccine should be administered to commercial sex workers first, while an inexpensive vaccine would be better administered first to general population groups, in particular, schoolchildren.</p> <p>Desmond and Greener conclude with a discussion of current levels of public and private expenditure on HIV prevention and treatment, and the implications for an assessment of the willingness to pay for an eventual HIV vaccine.</p> <p>This paper – a product of Public Services, Development Research Group—is part of the research project “The Economics of an HIV/AIDS Vaccine in Developing Countries: Potential Impact, Cost-Effectiveness, and Willingness to Pay” sponsored by the European Commission and the World Bank. The project was launched in response to recommendations of the World Bank’s AIDS Vaccine Task Force.</p>	

Title	Twenty years of HIV/AIDS in the world: Evolution Of The Epidemic And Response In Uganda
Author	Uganda AIDS Commission Secretariat
Pages	5
Date	June 2001
<p>Timeline of Uganda's AIDS epidemic and the how it was responded to.</p>	

Title	<u>The politics of action on AIDS: a case study of Uganda</u>
Author	James Putzel
Affiliation	LSE
Date	December 13, 2001
Source	http://www.worldbank.org/poverty/strategies/review/semseries/aids.htm
<p>This article examines the political dimensions of Uganda's progress in bringing a generalised HIV/AIDS epidemic under control. The article documents the history of the political processes involved in Uganda's battle against HIV/AIDS and analyses the complexities of presidential action and the relation between action at the level of the state and that taken within societal organisations. By the mid-1980s, Uganda was experiencing a full-blown epidemic, the virulence of which was connected with social dislocation and insecurity related to economic crisis and war. Political authorities faced the same challenge as other regimes experiencing the onslaught of AIDS in Africa. The epidemiological characteristics of HIV and AIDS - transmission through heterosexual activities, with a long gestation period, affecting people in the prime of their productive life - meant that action required wide-reaching changes in sexual behaviour, and the educational activities to achieve this, as well as relatively complex systems to monitor the virus and control medical practices (blood supplies, injection practices, mitigating drug delivery). The centralist character of the Museveni regime was crucial not only to mobilising state organisations and foreign aid resources, but also to ensuring significant involvement from non-state associations and religious authorities. The Ugandan experience demonstrates that there is a tension between the requirements for systematic action that a strong public authority can deliver and the need to disseminate information requiring a degree of democratic openness. The President was able to forge a coalition behind an HIV/AIDS campaign in part because the virus largely ignored the privileges of wealth and political power. With the development of antiretroviral therapy and the access that the wealthy can gain to these drugs, this basis for the broadest possible coalition to fight HIV/AIDS may be weakened in the future. Copyright © 2004 John Wiley & Sons, Ltd.</p>	

Websites

Websites

Actionaid <http://www.actionaid.org/resources/hivaids/hiv.shtml>

Actionaid <http://www.actionaid.org/stratshope/tp.html>

'Stepping Stones'. An award-winning training package on HIV/AIDS, gender issues, communication and relationship skills.

AEGIS <http://www.aegis.org/>

Alliance for Health Policy and Systems Research

<http://www2.alliance-hpsr.org/jahia/Jahia/cache/off>

BBC World Service Trust <http://www.bbc.co.uk/worldservice/trust/>

DFID http://www.dfid.gov.uk/Pubs/files/hiv_isp.pdf

HIV/AIDS Strategy. May 2001. *This paper provides a strategic framework for DFID staff on how to approach tackling the HIV/AIDS pandemic.*

ELDIS <http://www.eldis.org/hivaids/index.htm>.

Has a very good resource guide for HIV/AIDS issues

European Union <http://europa.eu.int/comm/development/aids/limelette/html/limcontents.htm>

HIV/AIDS programme in developing countries.

FHI <http://www.fhi.org/en/aids/impact/pubs/handbooks/rhap/rhap1.html>

<http://www.fhi.org/en/aids/impact/impactpdfs/rhapassessmentguide.pdf>

HIV/AIDS RAPID ASSESSMENT GUIDE. IMPACT 2001. *This guide consists of five prevention tools: 1) A mapping guide. 2) A site inventory. 3) An ethnographic guide. 4) A focus group guide. 5) Rapid behavioural surveys. Available in html*

Harvard Publications, Inventory of HIV and AIDS Programmes in Sub-Saharan Africa.

http://www.aids.harvard.edu/africanow/pdfs/inventory_hiv_aids_programs.pdf

Id21 HIV/AIDS <http://www.id21.org/>

IFRC <http://www.ifrc.org/what/health/archi/strategy/toolkits.htm>

African Red Cross & Red Crescent Health Initiative 2010. (ARCHI) Toolkits.

IFRC <http://www.ifrc.org/what/health/hivaids/vulnerability/index.asp>

Reducing household vulnerability to HIV/AIDS and other infectious diseases

International AIDS Economic Network <http://www.iaen.org>

International Labour Office <http://ilo.org/public/english/protection/trav/aids/index.htm>

HIV/AIDS and the World of Work

IPPF http://www.ippf.org/hivaids/advocacyguide/pdf/IPPF_HIV_AIDS_Advocacy.pdf

HIV/AIDS Advocacy Guide; Produced by IPPF Global Advocacy, Scientific Expertise, Gender, Youth and STI/HIV/AIDS Division (GLAD) Written by Jeremy Hamand, London, June 2001

Johns Hopkins Centre for Communication Programmes. HIV/AIDS

<http://www.jhuccp.org/resources/hiv/about.html>

SynergyAIDS Resource Center <http://www.synergyaids.com>

Synergy "Advances Through HIV/AIDS Research" Series

SynergyAIDS Resource Center

<http://www.synergyaids.com/SynergyPublications/Synergypublications.htm>

UNAIDS <http://www.unaids.org/>

UNDP AIDS and Development <http://www.undp.org/hiv/publications/>

WHO Aids <http://www.who.int/hiv/en/>

Mother to Child Transmission

Reproductive Health for Refugees Consortium <http://www.rhrc.org/resources/>

UNAIDS <http://www.unaids.org/publications/documents/mtct/index.html>

Mother-to-child transmission publications

UNFPA Preventing HIV infection in pregnant women <http://www.unfpa.org/aids/prevention/hivprev2a.htm>

UNICEF prevention of MTCT. Interventions: http://www.unicef.org/programme/hiv/focus/mtct/mtct_int.htm

WHO Publications <http://www.who.int/hiv/pub/mtct/en/>

WHO Reproductive Health Resources <http://www.who.int/reproductive-health/publications/>

Uganda: HIV / AIDS Information Sources

Uganda AIDS Commission <http://www.aidsuganda.org/>

Ministry of Health HIV/AIDS Control Programme <http://www.health.go.ug>

The AIDS Support Organisation (TASO) <http://www.tasouganda.org/>
See the Strategic Plan 2003-2005 for useful overview of AIDS activities in Uganda

Mildmay <http://www.mildmay.org.uk/UgandaCentre.html>

National Strategic Framework for AIDS http://www.tasouganda.org/publ_non.php

The Health Sector Strategic Plan <http://www.health.go.ug/pubs.htm>