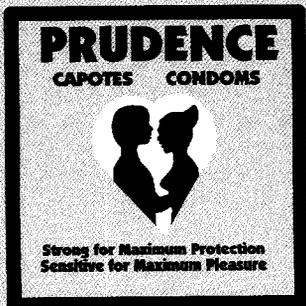




CONFRONTING AIDS

**PUBLIC
PRIORITIES
IN A GLOBAL
EPIDEMIC**

SUMMARY



A World Bank Policy Research Report

Confronting AIDS

Public Priorities in a Global Epidemic

SUMMARY

The World Bank
Washington, D.C.

A Note to the Reader

This booklet contains the summary of *Confronting AIDS: Public Priorities in a Global Epidemic*. It also includes the foreword and introduction to the report and the table of contents for the text of the book.

The full-length report has been published by Oxford University Press for the World Bank. To order copies, please use the form provided at the back of this booklet.

© 1997 The International Bank for Reconstruction
and Development / THE WORLD BANK
1818 H Street, N.W.
Washington, D.C. 20433

All rights reserved
Manufactured in the United States of America
First printing October 1997

Cover credits: Mother and child, Curt Carnemark/World Bank; condom box, Population Services International (PSI); Anti-AIDS Club signboard, Warren Parker/PSI; clinic worker and patient, UNAIDS/Yoshi Shimizu.

ISBN 0-8213-4013-1

∞ Text printed on paper that conforms to the American National Standard for Permanence of Paper for Printed Library Materials, Z39.48-1984

Foreword

AIDS HAS ALREADY TAKEN A TERRIBLE HUMAN TOLL, NOT only among those who have died but among their families and communities. Short of an affordable cure, this toll is certain to rise. Ninety percent of HIV infections are in developing countries, where resources to confront the epidemic are most scarce. But the course of the epidemic is not carved in stone.

This book argues that the global epidemic of HIV/AIDS can be overcome. National governments have unique responsibilities in preventing the further spread of HIV and in mitigating the impact of AIDS. But governments alone cannot overcome the epidemic, nor have they always risen to the task. Nongovernmental organizations and other groups in civil society, including people living with HIV, have played and must continue to play a critical role in shaping government action and in bringing prevention and care to people that governments cannot easily reach. The international community can also do much to support developing countries and regions in financing programs to ensure prevention and improved equity in access to care. It can also support the production and dissemination of information worldwide, and invest in research on prevention approaches, vaccines, and low-cost, effective prophylaxis and treatment that can be used in developing countries.

This report is itself an example of the potential benefits of international cooperation in response to the epidemic. The preparation of this volume by World Bank researchers has benefited greatly from the technical inputs, advice, and financial support provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the European Commission. This research report makes a valuable contribution to the international debate on the role of government in addressing the AIDS epidemic in developing countries. The report's recommendations are those of the authors and do not necessarily reflect the positions of our respective institutions.

The world can overcome HIV. Given the necessary information, means, and a supportive community, individuals can and do alter their

mitigating its impact, and it provides a framework that helps to distinguish among activities that can be undertaken by households and the private sector, including nongovernmental organizations (NGOs), those that should be initiated by developing country governments, and those that should be most strongly supported by the international development community.

Although there are clear arguments in favor of government intervention to slow the spread of HIV, social norms and politics make AIDS policy uniquely challenging. This is especially true during the early stages of the epidemic, when the advantages of government intervention are greatest but the potential severity of the problem is not yet apparent. The report argues that governments have a mandate to endorse and subsidize risk-reducing preventive interventions, especially among those most likely to contract and spread HIV, while protecting them from stigmatization.

This report is a strategic document. It has been written to inform and motivate political leaders, policymakers, and development specialists to support the public health community, concerned civil society, and people living with HIV in confronting the AIDS epidemic. Some readers will already know a great deal about public policy and HIV/AIDS; others may be considering the disease from a policy perspective for the first time. It is just as relevant for countries in the earliest stage of the epidemic as it is for those that have suffered the ravages of the disease for more than a decade. Although the report offers examples of programs from many countries, some of which have worked remarkably well, it is not intended as a how-to guide for designing and implementing specific programs. There are many other sources of such information, and summarizing them is beyond the scope of the report. Rather, the report offers an analytical framework for deciding which government interventions should have high priority for addressing the HIV/AIDS epidemic in developing countries and, based on that framework, advocates a broad strategy that can be adapted by countries according to their resources and the stage of their epidemic.

Chapter 1 AIDS: A Challenge to Government

THIS CHAPTER PROVIDES BASIC INFORMATION ABOUT THE nature of HIV/AIDS, the extent of the epidemic, and its current and likely future impact on such measures of well-being as

life expectancy, health, and economic growth. Because AIDS strikes adults in their economic prime and, despite recent medical advances, is almost always fatal, the disease reduces average life expectancy (sometimes dramatically), increases the demand for medical care, and is likely to exacerbate poverty and inequality. The relationship between economic development policies and HIV is complex: cross-country data and other evidence indicate that the AIDS epidemic is likely to both affect and be affected by economic development.

Nevertheless, policymakers have often been reluctant to intervene. Faced with competing demands for scarce public resources, and aware that HIV/AIDS is spread primarily through private sexual and drug-injecting behavior, governments may conclude that the disease is not a public priority. Drawing on well-accepted principles of the role of government, which have been the subject of the discipline of public economics, the chapter explains why governments must be actively involved in the fight against AIDS.

Starting from the view that government has a mandate to advance economic well-being and to promote a fair distribution of society's output, the chapter applies public economics to argue that government cannot leave the battle against HIV/AIDS to the private sector. First, in countries that wish to subsidize most of the cost of health care, AIDS will generate enormous government health care expenditures; this alone is sufficient justification for early, effective prevention. Second, whenever a transaction between two parties imposes negative effects, or *externalities*, on a third party, as is the case when a sexual encounter between two people increases the risk of HIV infection to their other partners, public economics argues for government intervention. Third, the provision of information about the state of the epidemic or about the effectiveness of alternative remedies meets the economist's definition of a *public good*; that is, something that benefits society but that private entrepreneurs have insufficient incentive to produce on their own. Public economics argues that governments can often enhance the welfare of society by ensuring the adequate provision of such services. Fourth, fairness and compassion for the poor warrant a government role in both preventing and mitigating the epidemic. Finally, governments influence social norms and promulgate legislation that affect the rights of both the HIV-infected and the uninfected. Measures that protect the powerless from prejudice, bigotry, and exploitation will simultaneously help to protect everyone from the AIDS epidemic.

Chapter 2 Strategic Lessons from the Epidemiology of HIV

IN SOME COUNTRIES, HIV HAS INFECTED ONLY A TINY PERCENTAGE of the population and its effects are all but invisible; in others the virus has spread so widely that few families have been spared the tragedy of AIDS illness and death. What accounts for these differences? In reviewing how HIV spreads in populations and the behavioral and biological factors behind the epidemic, this chapter identifies important principles for an effective response, based on the epidemiology of HIV. These provide the foundation for considering government priorities for preventing the spread of HIV (chapter 3).

In order for HIV to sustain itself in a population, an infected person must, on average, transmit the virus to at least one other person over his or her lifetime. Both biological and behavioral factors affect the rate of spread of HIV through the population. The key biological factors include the long asymptomatic period of HIV, the risk of infection per contact by different modes of transmission, and cofactors, such as infection with other sexually transmitted diseases (STDs). However, HIV transmission can be slowed dramatically by changes in behavior: reducing the number of sexual and drug-injecting partners, using condoms during sexual intercourse, and using sterilized injecting equipment. Until there is a vaccine or cure affordable to developing countries, the most effective way to arrest the epidemic will be by enabling individuals to reduce the risky behavior that may lead to their infection and the spread of HIV. The specific measures that can be taken to reduce risky behavior at both the individual and societal levels are discussed in chapter 3.

The epidemiology of HIV/AIDS suggests two important objectives for public programs to slow and stop the spread of HIV:

Act as soon as possible. Nearly half of the world's population lives in areas where HIV is rare, even among people whose behavior might put them at high risk of infection. By investing in prevention when few people are infected with HIV, *before* AIDS becomes a significant health issue, governments can contain the epidemic at relatively low cost. Even in countries where the virus has already spread widely, effective prevention *now* can save the lives of many people who would otherwise have become infected.

Prevent infection among those most likely to contract and spread HIV. Not everyone in the population who contracts HIV is equally likely to spread it to others. People with the highest number of partners and the

lowest levels of protective behavior (such as use of condoms and of sterile injecting equipment) are the most likely to contract and inadvertently to spread HIV. Each case of HIV infection directly prevented among people who practice these high-risk behaviors will indirectly prevent many secondary infections in the rest of the population—a kind of “multiplier” effect. Others in the population who practice lower-risk behavior by having few partners, consistently using condoms, or using sterilized injection equipment are unlikely to spread HIV, even if they contract HIV themselves. The likelihood that an individual will contract and spread HIV is determined by the level of the individual’s risk behavior. Behavioral studies show that observable individual characteristics, such as occupation, age, or sexual orientation, can partially predict risk behavior and therefore can be useful in guiding prevention efforts. However, those with the riskiest behavior vary from country to country and over time. For example, sex workers have large numbers of sexual partners and, if they do not use condoms, are among those who are highly likely to contract and inadvertently spread the virus. However, in places where condom use in commercial sex has become the norm, others may be more likely to contract and spread HIV.

The chapter concludes with an overview of the level and distribution of HIV in developing countries, by region. In countries with “nascent” epidemics, HIV prevalence is very low, even among people whose behavior would put them at high risk of contracting it. In countries with “concentrated” epidemics, HIV has risen to high levels among those practicing the riskiest behaviors and is set to spread more widely in the rest of the population. In countries with “generalized” epidemics, HIV prevalence is high even among those whose behavior is unlikely to spread HIV to others. The stage of the epidemic has important implications for government priorities in preventing the spread of HIV; these are discussed in chapter 3.

Chapter 3 Efficient and Equitable Strategies for Preventing HIV

CAN PUBLIC POLICY AFFECT THE VERY PRIVATE BEHAVIORS that spread HIV? If so, what course of action should governments pursue as a priority to have the largest impact? This chapter addresses these two key issues.

Despite the private nature of the behaviors that spread HIV, governments *do* have options for influencing decisions among those most likely to contract and spread the virus. Public policy can directly influence individual high-risk behavior, either by lowering the “costs” of safer behavior (for example, by subsidizing information of various types, condoms, and access to clean injecting equipment) or by raising the “costs” of behavior that can spread HIV (for example, by attempting to restrict prostitution or the use of injected drugs). The chapter highlights examples of successful programs of the first type. Although the second approach is sometimes politically appealing, enforcement actions can exacerbate the epidemic by making it harder to reach those most likely to contract and spread the virus and encourage them to adopt safer behavior.

An important complementary approach is to promote behavioral change indirectly through policies that remove social and economic constraints to adopting safer behavior. One set of activities involves promoting social norms conducive to safer behavior, including improving the social acceptability of condoms. A second set aims to improve the status of women, whose lower social and economic status reduces their ability to insist upon sexual fidelity and to negotiate safe sex. These policies include those to expand female education and employment opportunities; to guarantee basic inheritance, property, and child custody rights; and to outlaw and severely punish slavery, rape, wife abuse, and child prostitution. Finally, policies that reduce poverty will ease the economic constraints faced by the poor in paying for essential HIV prevention services, such as STD treatment and condoms. Many of these actions address fundamental development objectives and have numerous other benefits besides slowing the spread of HIV. Their benefits are sometimes difficult to quantify, but they are highly complementary to policies that directly affect the costs and benefits of risky behavior.

What prevention strategy should governments pursue to have the maximum impact with limited resources? In keeping with the principles of public economics, governments should either ensure financing for or implement directly those interventions that are essential to stopping the spread of HIV but that private individuals or firms would not have sufficient incentive to pay for on their own. As noted in chapter 1, three major areas in which this is likely to be the case are reduction of the negative externalities of risky behavior, provision or regulation of public goods, and protection of the poor from HIV infection. Programs that address these issues will improve the efficiency and equity of government

prevention efforts. In addition, following the principles of epidemiology discussed in chapter 2, program effectiveness will be improved if governments act as soon as possible and if they succeed in preventing infection among those most likely to contract and spread HIV. Thus both public economics and epidemiological principles argue strongly for giving priority to measures that prevent infection among those most likely to contract and spread HIV. The effect of specific program components may be direct or indirect and their impact immediate or long term, but their effectiveness in slowing the epidemic will depend on the extent to which they contribute to this goal. These recommendations are not meant to limit the scope of government involvement if there are ample resources and public will to undertake even more. Rather, the intention is to point out the minimum set of activities that all governments should engage in to improve the efficiency and equity of prevention programs, and a rational order in which to expand activities if resources permit.

Governments have many tools for implementing this strategy, such as direct provision of services, subsidies, taxes, and regulatory powers. Meeting any one objective will often require a combination of complementary interventions. To maximize the impact of scarce resources, public prevention programs should avert as many secondary HIV infections as possible per public dollar spent. Furthermore, priority should be given to interventions that augment (not substitute for) private sector services. HIV prevention programs often have considerable benefits for society beyond those of preventing the epidemic; these benefits and the synergies between interventions and policies should be taken into consideration in evaluating costs and benefits. Some interventions, such as reproductive health and HIV/AIDS education in schools, offer widespread social benefits in addition to benefits for HIV prevention, are inexpensive, and are therefore often a sound investment. Programmatic targeting criteria are imperfect, and reaching people at high risk of contracting and spreading HIV can be difficult. The cost-effectiveness of government programs for HIV prevention often can be improved by working with NGOs and those severely affected by the epidemic in the design and implementation of programs.

This broad prevention strategy based on epidemiology and public economics offers guidance for countries at all stages of the epidemic. For example, both epidemiology and the need to reduce negative externalities of high-risk behavior argue for heavily subsidizing safer behavior among those most likely to contract and spread HIV. This action alone

may be sufficient to dramatically slow the spread of a nascent epidemic. In countries with concentrated and generalized epidemics, preventing HIV among those with the highest chances of contracting and spreading the virus is still essential to slowing the epidemic and is likely to be highly cost-effective. However, in addition, behavioral change among others who practice risky behavior will be necessary to reverse the course of the epidemic. As the epidemic spreads, the cost-effectiveness of prevention among those who practice moderately risky behavior increases. With respect to the equity of HIV prevention programs, in areas where HIV has not yet spread widely, governments can protect the poor best by taking appropriate early action to prevent an epidemic. In countries with generalized epidemics, governments can ensure that the poor have access to the knowledge, skills, and means to prevent HIV.

While the chapter identifies some basic principles underlying an efficient and equitable national strategy for preventing the spread of HIV, it remains for individual countries to identify the specific combination of programs, policies, and interventions to pursue this strategy in a cost-effective way. Program choices are necessarily country-specific because the costs and effectiveness of interventions are likely to vary widely across settings, depending on factors such as the stage of the epidemic, underlying patterns of sexual and drug-injecting behavior, social and economic constraints on safe behavior, local costs, and implementational capacity. The characteristics and accessibility of those most likely to contract and spread HIV are also highly country-specific.

To what extent are governments already pursuing the strategy suggested by this chapter? Many developing countries have launched HIV prevention programs, representing a constellation of interventions, but little is known about the extent to which they collectively have reached those at highest risk of contracting and spreading HIV and enabled them to adopt safer behavior. A review of the limited evidence found the following.

First, basic data on the patterns of HIV infection and sexual behavior, essential for making sensible decisions about allocating resources among alternative preventive interventions, are deplorably scarce. Many governments, particularly those with nascent or undocumented epidemics, need to expand their collection and analysis of data about HIV infection levels in various groups and about the nature and extent of behavior patterns that could spread the virus. This information is essential for establishing an operational definition of those most likely to contract and

spread HIV. In countries with concentrated or generalized epidemics, governments need to ensure that costs and effects of interventions are more closely tracked to improve the cost-effectiveness of prevention.

Second, despite the best efforts to date, programs to change the behavior of those most likely to contract and spread HIV reach too few of them. Few national programs appear to have systematically assessed the coverage of government and NGO prevention programs—that is, the proportion of people most likely to contract and spread HIV who are reached by prevention interventions. Occupational groups such as the military and police, whose members in many places have more sexual partners on average than the rest of the population, are relatively easy and inexpensive for government to reach. Yet programs to provide members of these groups with condoms and prevention information are often lacking or inadequate.

Finally, the effectiveness of government programs in ensuring access to prevention for the poor has rarely been evaluated. For example, the social marketing of condoms (promoting the sale of subsidized condoms) has been very effective in increasing condom use. However, the extent to which these programs are benefiting the poor, are raising condom use among those with the highest rates of partner change, and are supplementing rather than crowding out private condom supply has not been established.

Taken together, chapters 2 and 3 argue that the effectiveness of government HIV prevention programs depends critically on the extent to which they reduce the risk behavior of those most likely to contract and spread HIV. Chapter 3 concludes that the greatest impediments to improved effectiveness of government HIV prevention programs are the lack of political will: first, to collect the data on HIV prevalence, risk behavior, and cost-effectiveness necessary to mount effective programs and, second, to work constructively with those most likely to contract and spread HIV.

Chapter 4 Coping with the Impact of AIDS

WHILE SOME COUNTRIES STILL HAVE THE OPPORTUNITY to avert a full-scale AIDS epidemic, others already find themselves facing the consequences of widespread HIV

infection. What can be done that is effective and affordable to help people with AIDS in developing countries? What will be the consequences of AIDS morbidity and mortality for health systems and poverty? And what can society and governments do to mitigate those impacts? These are the three issues addressed in chapter 4.

The first and most basic impact of HIV/AIDS is on those who contract the disease. The chapter discusses how medication to relieve symptoms and treat opportunistic infections can ease suffering and prolong the productive lives of people with HIV, sometimes at low cost. But as the immune system collapses, available treatments become increasingly expensive and their efficacy less certain. Antiretroviral therapy, which has achieved dramatic improvements in the health of some individuals in high-income countries, is currently unaffordable and too demanding of clinical services to offer realistic hope in the near term for the millions of poor people infected in developing countries. An analysis of alternative treatment and care options concludes that community-initiated care provided at home, while often shifting costs from the national taxpayer to the local community, also greatly reduces the cost of care and thereby offers hope of affordably improving the quality of the last years of life of people with AIDS.

Second, the epidemic will increase demand for medical care and reduce its supply at a given quality and price. As the number of people with HIV/AIDS mounts, access to medical care will become more difficult and more expensive for everyone, including people not infected with HIV, and total health expenditure will rise. Governments will likely be pressured to increase their share of health care spending and to provide special subsidies for the treatment of HIV/AIDS. Unfortunately, because of the scarcity of resources and the inability or unwillingness of governments to increase public health spending enough to offset these pressures, either of these policies may exacerbate the impact of the epidemic on the health sector and may make it more difficult for the majority who are not infected with HIV to obtain care. However, there are things that governments can do. Governments should ensure that HIV-infected patients benefit from the same access to care as other patients with comparable illnesses and a similar ability to pay. Sometimes, because of discrimination, people with HIV are denied treatment or face barriers to care that others do not encounter. In other situations, people with HIV receive subsidized access to advanced therapies while people sick with other severe and difficult-to-treat diseases lack comparable ac-

cess to therapies of similar cost. Although patients with HIV-related illnesses need and should receive a different mix of services than those with, say, cancer, diabetes, or kidney disease, they should pay the same percentage of their health care costs out of their own pockets as would patients with other diseases. Other measures that governments can and should undertake include providing information about the efficacy of alternative treatments for opportunistic illnesses and AIDS, subsidizing the treatment of STDs and infectious opportunistic illnesses, subsidizing the start-up of blood safety and AIDS care programs, and ensuring access to health care for the poorest, regardless of their HIV infection status.

The third major impact of the epidemic is on households and, in the aggregate, on the extent and depth of national poverty. Households and extended families cope as best they can with the loss of prime-age adults to AIDS. They reallocate their resources, for example, by withdrawing children from school to help at home, working longer hours, adjusting household membership, or selling household assets, and they draw on their friends and relatives for cash and in-kind assistance. Poorer households, having fewer assets to draw on, have more difficulty coping. Their children may be permanently disadvantaged by worsening malnutrition or withdrawal from school. However, in responding, governments and NGOs should not forget that low-income countries have many poor households that have not experienced an AIDS death but are nonetheless so poor that their children suffer similar disadvantages. At the same time, some households will have enough resources to cope with an adult death without government or NGO assistance. The government's equity objective will thus typically be served more effectively by targeting assistance based on both direct poverty indicators and the presence of AIDS in the household, rather than on either indicator alone. The chapter closes with specific recommendations to ensure that available resources reach the households that most need help by coordinating targeted poverty reduction efforts with programs to mitigate the impact of the epidemic.

Chapter 5 Working Together to Confront HIV/AIDS

NATIONAL GOVERNMENTS BEAR THE RESPONSIBILITY FOR protecting their citizens from the spread of the HIV epidemic and for mitigating its worst effects once it has spread. But

they are not alone in the effort. Bilateral and multilateral donors have provided both leadership and major funding for national AIDS prevention programs, especially in low-income developing countries. Local and international NGOs have stepped forward to help, and sometimes to prod reluctant governments into action. The challenge for national governments is to define their role in the struggle against the epidemic in collaboration with these other actors.

This chapter turns from specific national policies to the strategic roles played by various actors in the policy arena. First, it examines the roles that national governments and donors have played in financing AIDS policies within developing countries, arguing that the governments of many low-income countries should confront the epidemic more forcefully, both directly and in collaboration with NGOs. Many types of NGOs are potential and actual contributors to this effort, including for-profit and nonprofit firms, broad-based private charities, and “affinity groups” of those affected by HIV/AIDS. Second, the chapter argues that, despite their substantial contributions to combating the epidemic, bilateral donors and multilateral organizations have invested too little in international public goods, including knowledge about prevention approaches and treatment methods and research on a vaccine that will work in developing countries. Furthermore, both bilateral and multilateral donors have a responsibility to coordinate their activities more effectively at the country level. Finally, the chapter discusses how public opinion and politics shape AIDS policy and how developing country governments can listen to and work with a variety of partners to minimize and overcome the obstacles to sound policies for fighting AIDS.

Chapter 6 Lessons from the Past, Opportunities for the Future

THE FINAL CHAPTER SUMMARIZES THE MAIN POLICY RECOMMENDATIONS of the report and discusses opportunities for countries to change the course of the epidemic at various stages.

For on-line information about the economics of HIV/AIDS, visit <http://www.worldbank.org/aids-econ/>.

Contents of the Report

Foreword

Introduction

The Report Team

Acknowledgments

Definitions

Summary

- 1. AIDS: A Challenge for Government**
 - What Is AIDS and How Is It Spread?
 - The Impact of AIDS on Life Expectancy and Health
 - AIDS and Development
 - The Government Role in Confronting AIDS
 - Social Norms and Politics Make AIDS Challenging
 - Overview of the Book
 - Appendix 1.1 Alternative Estimates of the Current and Future Magnitude of the HIV/AIDS Epidemic

- 2. Strategic Lessons from the Epidemiology of HIV**
 - HIV Incidence and Prevalence, and AIDS Mortality
 - Biology and Behavior Affect the Spread of HIV
 - Implications for Public Policy
 - The Level and Distribution of HIV Infection in Developing Countries

- 3. Efficient and Equitable Strategies for Preventing HIV/AIDS**
 - Influencing Individual Choices
 - Easing Social Constraints to Safe Behavior
 - Setting Government Priorities in Preventing HIV
 - The National Response

4. Coping with the Impact of AIDS

Health Care for the Person with AIDS
Difficult Health Policy Choices in a Severe AIDS Epidemic
AIDS and Poverty: Who Needs Help?
How Governments Can Cope with the Impact of HIV/AIDS on
Health Care and Poverty

5. Working Together to Confront HIV/AIDS

Government, Donors, and NGOs
Bilateral and Multilateral Funding and the Stage of the Epidemic
Who Will Invest in Knowledge and Technology?
Overcoming Political Impediments to Effective AIDS Policy

6. Lessons from the Past, Opportunities for the Future

Lessons from Two Decades of Experience
The Role of Government
Opportunities To Change the Course of the Epidemic
Challenges for the International Community

Appendixes

Appendix A: Selected Evaluations of Interventions To Prevent
Transmission of HIV in Developing Countries
Appendix B: Selected Studies of the Cost-Effectiveness of Prevention
Interventions in Developing Countries
Statistical Appendix

Selected Bibliography

Background Papers
Bibliography

World Bank Publications Order Coupon

CUSTOMERS IN THE UNITED STATES

Complete this coupon and return to:

The World Bank
P.O. Box 7247-8619
Philadelphia, PA 19170-8619
USA.

Charge by credit card by calling (703) 661-1580 or fax this completed order coupon to (703) 661-1501.

CUSTOMERS OUTSIDE THE UNITED STATES

Contact your local Bank publications distributor for information on prices in local currency and payment terms. (See next page for a complete list of distributors.) If no distributor is listed for your country, use this order form and return it to the U.S. address.

Orders that are sent to the U.S. address from countries with distributors will be returned to the customer.

Quantity	Title	Stock #	Price	Total Price
1	Confronting AIDS: Public Priorities in a Global Epidemic	61117	\$30.00	

* If a purchase order is used, actual postage will be charged. If payment is by check or credit card, postage and handling charges are US\$5.00 per order. For air mail delivery outside the U.S., charges are US\$13.00 for the first item and US\$6.00 for each additional item.

Subtotal US\$ _____
 Postage and handling* US\$ _____
 Total US\$ _____

CHECK METHOD OF PAYMENT

- Enclosed is my check payable to the World Bank.
 Charge my VISA MasterCard American Express

_____ credit card account number

Expiration Date _____

Signature (required to validate all orders) _____

- Bill me. (Institutional customers only. Purchase order must be included.)

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Postal Code _____

Country _____ Telephone _____

Distributors of World Bank Publications

ARGENTINA

Oficina del Libro Internacional
Av. Cordoba 1877
1120 Buenos Aires
Tel: (54 1) 815-8354

AUSTRALIA, FIJI, PAPUA NEW GUINEA, SOLOMON ISLANDS, VANUATU, AND WESTERN SAMOA

D.A. Information Services
648 Whitehorse Road, Mitcham 3132
Victoria
Tel: (61) 3 9210 7777

AUSTRIA

Gerold and Co.
Weihburggasse 26
A-1011 Wien
Tel: (43 1) 512-47-31-0

BANGLADESH

Micro Industries Development
Assistance Society (MIDAS)
House 5, Road 16
Dhanmondi R/Area
Dhaka 1209
Tel: (880 2) 326427

BELGIUM

Jean De Lannoy
Av. du Roi 202
1060 Brussels
Tel: (32 2) 538-5169

BRAZIL

Publicações Tecnicas Internacionais Ltda.
Rua Peixoto Gomide, 209
01409 Sao Paulo, SP.
Tel: (55 11) 259-6644

CANADA

Renouf Publishing Co. Ltd.
5369 Canotek Road
Ottawa, Ontario K1J 9J3
Tel: (613) 745-2665

CHINA

China Financial & Economic Publishing House
8, Da Fo Si Dong Jie
Beijing
Tel: (86 10) 6333-8257

COLOMBIA

Infoenlace Ltda.
Carrera 6 No. 51-21
Apartado Aereo 34270
Santafé de Bogotá, D.C.
Tel: (57 1) 285-2798

CÔTE D'IVOIRE

Center d'Édition et de Diffusion Africaines
(CEDA)
04 B.P. 541, Abidjan 04
Tel: (225) 24 6510; 24 6511

CYPRUS

Center for Applied Research
Cyprus College
6, Diogenes Street, Engomi, P.O. Box 2006
Nicosia
Tel: (357 2) 44-1730

CZECH REPUBLIC

National Information Center
prodejna, Konviktska 5
CS - 113 57 Prague 1
Tel: (42 2) 2422-9433

DENMARK

SamfundsLitteratur
Rosenoerms Allé 11
DK-1970 Frederiksberg C
Tel: (45 31) 351942

ECUADOR

Libri Mundi
Libreria Internacional
P.O. Box 17-01-3029, Juan Leon Mera 851
Quito
Tel: (593 2) 521-606; (593 2) 544-185

EGYPT, ARAB REPUBLIC OF

Al Ahram Distribution Agency
Al Galaa Street, Cairo
Tel: (20 2) 578-6083

The Middle East Observer
41, Sherif Street, Cairo
Tel: (20 2) 393-9732

FINLAND

Akateeminen Kirjakauppa
P.O. Box 128, FIN-00101 Helsinki
Tel: (358 0) 121 4418

FRANCE

World Bank Publications
66, avenue d'Iéna
75116 Paris
Tel: (33 1) 40-69-30-56/57

GERMANY

UNO-Verlag
Poppelsdorfer Allee 55
53115 Bonn
Tel: (49 228) 949020

GREECE

Papasotiriou S.A.
35, Stournara Str.
106 82 Athens
Tel: (30 1) 364-1826

HAITI

Culture Diffusion
5, Rue Capois, C.P. 257
Port-au-Prince
Tel: (509) 23 9260

HONG KONG, MACAO

Asia 2000 Ltd.
Sales & Circulation Department
Seabird House, unit 1101-02
22-28 Wyndham Street, Central
Hong Kong
Tel: (852) 2530-1409

HUNGARY

Euro Info Service
Margitszgeti Europa Haz
H-1138 Budapest
Tel: (36 1) 111 6061

INDIA

Allied Publishers Ltd.
751 Mount Road
Madras - 600 002
Tel: (91 44) 852-3938

INDONESIA

Pt. Indira Limited
Jalan Borobudur 20, P.O. Box 181
Jakarta 10320
Tel: (62 21) 390-4290

IRAN

Ketab Sara Co. Publishers
Khaled Eslamboli Ave., 6th Street
Delafrooz Alley No. 8
P.O. Box 15745-733
Tehran 15117
Tel: (98 21) 8717819; 8716104

Kowkab Publishers

P.O. Box 19575-511
Tehran
Tel: (98 21) 258-3723

IRELAND

Government Supplies Agency
Oifig an tSoláthair, 4-5 Harcourt Road
Dublin 2
Tel: (353 1) 661-3111

ISRAEL

Yozmot Literature Ltd.
P.O. Box 56055, 3 Yohanan Hasandlar St.
Tel Aviv 61560
Tel: (972 3) 5285-397

R.O.Y. International

PO Box 13056
Tel Aviv 61130
Tel: (972 3) 5461423

Palestinian Authority / Middle East
Index Information Services
P.O.B. 19502 Jerusalem
Tel: (972 2) 6271219

ITALY

Licosa Commissionaria Sansoni SPA
Via Duca Di Calabria, 1/1
Casella Postale 552
50125 Firenze
Tel: (55) 645-415

JAMAICA

Ian Randle Publishers Ltd.
206 Old Hope Road, Kingston 6
Tel: 876-927-2085

JAPAN

Eastern Book Service
3-13 Hongo 3-chome, Bunkyo-ku
Tokyo 113
Tel: (81 3) 3818-0861

KENYA

Africa Book Service (E.A.) Ltd.
Quaran House, Mfangano Street
P.O. Box 45245
Nairobi
Tel: (254 2) 223 641

KOREA, REPUBLIC OF
Daejon Trading Co. Ltd.
P.O. Box 34, Youida, 706 Seoun Bldg
44-6 Youido-Dong, Yeongchengpo-Ku
Seoul
Tel: (82 2) 785-1631/4

MALAYSIA
University of Malaya Cooperative
Bookshop, Limited
P.O. Box 1127, Jalan Pantai Baru
59700 Kuala Lumpur
Tel: (60 3) 756-5000

MEXICO
INFOTEC
Av. San Fernando No. 37
Col. Toriello Guerra
14050 Mexico, D.F.
Tel: (52 5) 624-2800

NEPAL
Everest Media International Services (P)
Ltd.
GPO Box 5443, Kathmandu
Tel: (977 1) 472 152

NETHERLANDS
De Lindeboom/InOr-Publikaties
P.O. Box 202, 7480 AE Haaksbergen
Tel: (31 53) 574-0004

NEW ZEALAND
EBSCO NZ Ltd.
Private Mail Bag 99914, New Market
Auckland
Tel: (64 9) 524-8119

NIGERIA
University Press Limited
Three Crowns Building Jericho
Private Mail Bag 5095
Ibadan
Tel: (234 22) 41-1356

NORWAY
NIC Info A/S
Book Department, Postboks 6512 Etterstad
N-0606 Oslo
Tel: (47 22) 97-4500

PAKISTAN
Mirza Book Agency
65, Shahrah-e-Quaid-e-Azam
Lahore 54000
Tel: (92 42) 735 3601

Oxford University Press
5 Bangalore Town
Sharae Faisal
PO Box 13033
Karachi-75350
Tel: (92 21) 446307

Pak Book Corporation
Aziz Chambers 21, Queen's Road
Lahore
Tel: (92 42) 636 3222; 636 0885

PERU
Editorial Desarrollo SA
Apartado 3824, Lima 1
Tel: (51 14) 285380

PHILIPPINES
International Booksource Center Inc.
1127-A Antipolo St, Barangay, Venezuela
Makati City
Tel: (63 2) 896 6501; 6505; 6507

POLAND
International Publishing Service
Ul. Piekna 31/37
00-677 Warszawa
Tel: (48 2) 628-6089

PORTUGAL
Livraria Portugal
Apartado 2681, Rua Do Carmo 70-74
1200 Lisbon
Tel: (1) 347-4982

ROMANIA
Compani De Librarii Bucuresti S.A.
Str. Lipscani no. 26, sector 3
Bucharest
Tel: (40 1) 613 9645

RUSSIAN FEDERATION
Isdatelstvo <Ves Mir>
9a, Lolpachniy Pereulok
Moscow 101831
Tel: (7 095) 917 87 49

**SINGAPORE, TAIWAN, MYANMAR,
BRUNEI**
Ashgate Publishing Asia Pacific Pte. Ltd.
41 Kallang Pudding Road #04-03
Golden Wheel Building
Singapore 349316
Tel: (65) 741-5166

SLOVENIA
Gospodarski Vestnik Publishing Group
Dunajska cesta 5
1000 Ljubljana
Tel: (386 61) 133 83 47; 132 12 30

SOUTH AFRICA, BOTSWANA
For single titles:
Oxford University Press Southern Africa
Vasco Boulevard, Goodwood
P.O. Box 12119, N1 City 7463
Cape Town
Tel: (27 21) 595 4400

For subscription orders:
International Subscription Service
P.O. Box 41095, Craighall
Johannesburg 2024
Tel: (27 11) 880-1448

SPAIN
Mundi-Prensa Libros, S.A.
Castello 37
28001 Madrid
Tel: (34 1) 431-3399

Mundi-Prensa Barcelona
Consell de Cent, 391
08009 Barcelona
Tel: (34 3) 488-3492

SRI LANKA, THE MALDIVES
Lake House Bookshop
100, Sir Chittampalam Gardiner Mawatha
Colombo 2
Tel: (94 1) 32105

SWEDEN
Wennergren-Williams AB
P. O. Box 1305
S-171 25 Solna
Tel: (46 8) 705-97-50

SWITZERLAND
Librairie Payot Service Institutionnel
Côtes-de-Montbenon 30
1002 Lausanne
Tel: (41 21) 341-3229

ADECO Van Diermen EditionsTechniques
Ch. de Lacuez 41
CH1807 Blonay
Tel: (41 21) 943 2673

THAILAND
Central Books Distribution
306 Silom Road
Bangkok 10500
Tel: (66 2) 235-5400

**TRINIDAD & TOBAGO
AND THE CARRIBBEAN**
Systematics Studies Ltd.
St. Augustine Shopping Center
Eastern Main Road, St. Augustine
Trinidad & Tobago, West Indies
Tel: (868) 645-8466

UGANDA
Gustro Ltd.
PO Box 9997, Madhvani Building
Plot 16/4 Jinja Rd.
Kampala
Tel: (256 41) 251 467

UNITED KINGDOM
Microinfo Ltd.
P.O. Box 3, Alton, Hampshire GU34 2PG
England
Tel: (44 1420) 86848

VENEZUELA
Tecni-Ciencia Libros, S.A.
Centro Ciudad Comercial Tamanco
Nivel C2, Caracas
Tel: (58 2) 959 5547; 5035; 0016

ZAMBIA
University Bookshop, University of Zambia
Great East Road Campus
P.O. Box 32379
Lusaka
Tel: (260 1) 252 576



THE WORLD BANK

1818 H Street, N.W.
Washington, D.C. 20433 USA
Telephone: 202-477-1234
Facsimile: 202-477-6391
Telex: MCI 64145 WORLDBANK
MCI 248423 WORLDBANK
World Wide Web: <http://www.worldbank.org/>
E-mail: books@worldbank.org



EUROPEAN COMMISSION

Directorate-General for Development
Health, Family Planning and AIDS Unit (VIII/G/1)
Rue de la Loi, 200
B-1049 Brussels, Belgium
Telephone: (32.2) 296.36.98
Facsimile: (32.2) 296.36.97
World Wide Web: <http://europa.eu.int/>



UNAIDS

UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

Joint United Nations Programme on HIV/AIDS
20, avenue Appia
CH-1211
Geneva 27, Switzerland
Telephone: (41.22) 791.3666
Facsimile: (41.22) 791.4187
World Wide Web: <http://www.unaids.org/>



DESIGNED BY EDWARD TOWLES

ISBN 0-8213-4013-1