

Public Disclosure Authorized

DEVELOPMENT

Outreach

PUTTING KNOWLEDGE TO WORK FOR DEVELOPMENT



JULY 2004

29646

Public Disclosure Authorized

ACCESS FOR ALL

Public Disclosure Authorized



Public Disclosure Authorized

FIGHTING HIV/AIDS

WORLD BANK INSTITUTE

Promoting knowledge and learning for a better world

ABOUT THIS ISSUE

Last year the AIDS epidemic killed more than 3 million people around the world. In addition, an estimated 5 million were infected with HIV. This brought to 40 million the number of people living with the killer virus.

Notwithstanding an increase in available funds and international efforts toward prevention and treatment of the disease, the epidemic in Sub-Saharan Africa remains rampant. Even more discouraging is the fact that more recent epidemics continue to grow—most notably in East and South Asia, Central Asia, Russia, Eastern Europe, Latin America, and North Africa. It is now clear that in order to achieve the Millennium Development Goal of reversing the course of the disease by 2015, a more radical and aggressive approach is needed.

This issue of *Development OUTREACH* explores ways of scaling up the fight against HIV/AIDS, in view of the upcoming International AIDS Conference in Bangkok, Thailand. We have adopted the conference's main theme, Access for All, to emphasize the right of all people living with HIV/AIDS to take advantage of the resources available to the international community. Antiretroviral treatment accessibility remains dismal in most developing countries. But Access for All is more than just treatment. As the conference stated purpose points out: "It is access for all infected and affected groups. It is access to education, information, and medication. It is access to the people who write policies, give support, and offer care."

Some of the articles included in the special report present a regional overview. Others focus on case studies. Still others discuss general issues related to prevention and control. All authors, however, share the view that the world is at a crossroads, and the response to HIV/AIDS must be bold and resolute to prevent a global catastrophe.

I want to acknowledge the great contribution of my predecessor, Mary McNeil, who created the magazine five years ago and made it grow to its present status. We are lucky that she will remain with us as the Founding Editor and will continue to contribute to relevant topics.



Sunetra Puri
EXECUTIVE EDITOR

MARY MCNEIL
FOUNDING EDITOR

EDITORIAL BOARD

SWAMINATHAN S. AIYAR
ECONOMIC TIMES OF INDIA, NEW DELHI, INDIA

MICHAEL COHEN
NEW SCHOOL UNIVERSITY, NEW YORK, USA

PAUL COLLIER
THE WORLD BANK, WASHINGTON, DC, USA

JOHN GAGE
SUN MICROSYSTEMS, PALO ALTO, CALIFORNIA, USA

JOSEPH K. INGRAM
THE WORLD BANK, GENEVA, SWITZERLAND

KWAME KARIKARI
SCHOOL OF JOURNALISM AND COMMUNICATIONS,
THE UNIVERSITY OF GHANA, LEGON, GHANA

VIRA NANIVSKA
INTERNATIONAL CENTER FOR POLICY STUDIES, KIEV, UKRAINE

PEPI PATRON
CATHOLIC UNIVERSITY, LIMA, PERU

J. ROBERT S. PRICHARD
TORSTAR, TORONTO, CANADA

RAFAEL RANGEL SOSTMANN
MONTERREY TECH UNIVERSITY SYSTEM, MONTERREY, MEXICO

ADELE SIMMONS
CHICAGO METROPOLIS, CHICAGO, IL, USA

VIVIENNE WEE
CENTRE FOR ENVIRONMENT, GENDER AND DEVELOPMENT, SINGAPORE

Development OUTREACH is published three times a year by the World Bank Institute and reflects issues arising from the World Bank's many learning programs. Articles are solicited that offer a range of viewpoints from a variety of authors worldwide and do not represent official positions of the World Bank or the views of its management.

SUNETRA PURI
EXECUTIVE EDITOR

ANNA LAWTON
MANAGING EDITOR

MOIRA RATCHFORD
PUBLICATION DESIGN

PHOTO CREDITS Cover: Jack Star/Photolink; Page 3: UNAIDS/WHO; Page 4: Agence France Presse; Page 7: AFP/Shawkat Khan; Page 8: AFP/Hoang Dinh Nam; Page 10: Getty/Paula Bronstein; Pages 12-13: The World Bank; Page 15: Itar-Tass Photos/Alexander Yakovlev; Page 16: Reuters/Alexander Demianchuk; Pages 18-20: The World Bank; Page 22: AFP/Pornchai Kittiwongsakul; Page 25: Reuters/Jayanta Shaw; Page 28: WHO; Page 29: WHO/P. Viot.

This magazine is printed on recycled paper, with soy-based inks. 

ISSN 1020-797X © 2004 The World Bank Institute

WORLD BANK INSTITUTE

Promoting knowledge and learning for a better world

World Bank Institute
Frannie Léautier, Vice President
The World Bank
1818 H Street NW
Washington, DC 20433, USA

www.worldbank.org/wbi
www.worldbank.org/devoutreach
devoutreach@worldbank.org



THE WORLD BANK

DEVELOPMENT Outreach

VOLUME SIX, NUMBER TWO JULY 2004



PAGE 10



PAGE 18



PAGE 25

2 Development News

SPECIAL REPORT

ACCESS FOR ALL—Fighting HIV/AIDS

4 Access for All: Making AIDS Related Services Accessible to Everyone

Guest Editorial

DEBREWOK ZEWDIE

Despite commitment of resources and country and global efforts, access to AIDS related services remains limited. It is time to deliver the message, the services, and the help to all.

7 The Time Is Now to Avert a Major AIDS Epidemic in Asia and the Pacific

PETER PIOT

Asia and the Pacific stand at a crossroads. There will be an imminent explosion in HIV infections, unless concerted action is taken now.

10 Fighting HIV/AIDS on All Fronts: Cambodia's Multisectoral Approach

MEAN CHHI VUN

The Cambodian government recognized that HIV/AIDS is a socio-economic issue, and therefore all the relevant sectors should be involved. This approach yielded good results.

12 Scaling up the Struggle: Barbados HIV/AIDS Prevention and Control

PATRICIO V. MARQUEZ

Barbados has a window of opportunity to prevent the spread of HIV/AIDS, as its government is now publicly committed to vigorous action. This action could be a model for developing countries.

15 Mixed Signals: Responses to HIV/AIDS in the Russian Federation

DAVE BURROWS AND ANYA SARANG

The HIV virus is spreading faster in the Russian Federation and Eastern Europe than in any other part of the world. But the federal government has not yet acted decisively to address the epidemic.

18 Learning by Doing: Uganda's AIDS Control Project Empowers Local Managers

JOSEPH J. VALADEZ AND PETER NSUBUGA

The Learning by Doing approach to the management of HIV/AIDS programs empowers local managers to guide their own programs, so that solutions can be tailored to specific local conditions.

22 Democratizing HIV Communication

THOMAS SCALWAY

There remain serious divides and disconnects between those creating AIDS information and agendas and those silently affected. The media can democratize, illuminate, and energize the response to the pandemic.

25 Unprotected Women: Gender and the Legal Dimensions of HIV/AIDS

A. WAAFAS OFOSU-AMAAH

Gender differences affect risk and vulnerability factors for HIV/AIDS in complex ways because gender norms influence people's attitudes, and therefore men's and women's relative ability to protect themselves.

28 Free by Five: The View of an African Woman Activist

ROLAKE ODETOYINBO NWAGWU

It is expected that this year about ten percent of Nigerians living with HIV would get ARV. Most of them belong to the privileged class. If we want to make AIDS related services available to all, we must remember the poor, marginalized, and hard to reach groups.

31 VOICES FROM THE FIELD

Hope Amidst a Crisis: Zambian Youth at Risk

NAMVULA MUNTEMBA RENNIE, with art work by PAUL OLAJA

Currently, there are close to a million orphans of AIDS in Zambia. New grass root organizations are reaching out and helping children who may otherwise be left to fend for themselves.

35 KNOWLEDGE RESOURCES

39 BOOKSHELF

40 CALENDAR OF EVENTS

News highlights on development issues from around the world

An Urgent Need to Scale Up Action

The World Bank/IMF Spring Meetings held in April kept the focus firmly on the development agenda and the fight against global poverty. Jim Wolfensohn articulated the Bank's message in an opinion piece that appeared in the International Herald Tribune (April 24, 2004), "The Growing Threat of Global Poverty." The message was underpinned by a series of reports: Global Development Finance, World Development Indicators, and Global Monitoring of the MDGs, which stressed that to meet the Millennium Development Goals by 2015 all partners in the development community would need to step up their game. Developing countries need to expand and improve delivery of basic services such as health care, education, water and sanitation, roads, electricity, and protection from diseases. Developed countries need to lower their trade barriers and increase development aid.

Visit: www.worldbank.org

Low-Cost AIDS Drug Deal Extended To All Poor Nations

The foundation of former U.S. President Bill Clinton announced in April that it has extended a deal providing low-cost AIDS drugs to all poor nations. The deal is supported by UNICEF, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The New York-based foundation had negotiated the prices for 16 countries in Africa and the Caribbean last year, bringing basic HIV treatment down to as little as \$140 per person per year. Up to 122 countries will now benefit from the low prices — one-third to one-half of the lowest price available elsewhere. The Global Fund focuses more than 60 percent of the \$2.1 billion committed for two years, the Bank has committed \$1.6 billion to and UNICEF spent \$111 million during 2003 in the fight against AIDS.

Visit: www.clintonpresidentialcenter.com,
www.theglobalfund.org, www.unicef.org,
www1.worldbank.org/hiv_aids

Progress in the Fight against TB

On the occasion of World TB Day, a global summit opened in New Delhi to discuss next steps in the fight against the disease. Efforts will be

made to expand to more countries the drug cure administered via DOTS Strategy (Directly-observed Treatment, Short course), which costs as little as \$10 for six months of treatment. The World Bank is supporting TB control via TB-specific projects, HIV/AIDS, or broader health systems projects in 18 of the highest burden countries, including very large-scale TB investments in China, India, and Russia. New studies suggest that TB will not be brought under control there without effective AIDS prevention and treatment efforts.

Visit: www.stoptb.org

Sesame Street Educates about HIV/AIDS

Sesame Street, Ulitsa Sezam, Takalani Sesame, Alam Simsim, Zhima Jie: in different languages, these words mean the same thing to children all over the world. Sesame Street provides 'edutainment' by using innovative communications technology, and educational methods to fight diseases such as HIV/AIDS. A Sesame Workshop partners with governments, the private sector, NGOs, the EU, UNDP and academic institutions to spread positive messages in the countries they work in. In South Africa's Takalani Sesame, the lessons are focused on issues of diversity, literacy, life skills and HIV/AIDS. Takalani Sesame uses a powerful muppet, Kami, a five year-old who is HIV positive. She is asymptomatic, actively involved with friends, and also sports a memory necklace to remind her of her mother whom she lost to HIV/AIDS. This helped to open the dialogue on children orphaned to the disease.

Visit: www.worldbank.org/children/africa/pdffiles/wv1etmma.pdf

Accelerated growth in East Asia

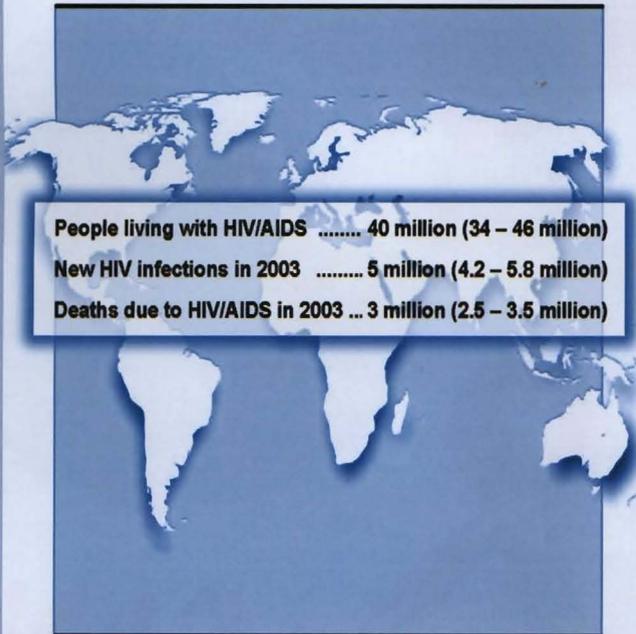
A recent report by the World Bank raised its 2004 forecasts for eight of nine major East Asian economies, but cautioned that the region's expansion could be imperiled if China's booming economy overheats. East Asia, excluding Japan, is set to pick up this year from 5.7 percent growth in 2003 to its fastest expansion since 7.4 percent in 2000, then slow to a still-healthy 5.9 percent for 2005.

Send your views and comments
on *Development OUTREACH* to:
devoutreach@worldbank.org
Visit us on the web at:
www.worldbank.org/devoutreach

UNAIDS/WHO Estimates as of December 2003

The UNAIDS/WHO estimates shown below are based on the most recent available data. They are provisional. UNAIDS and WHO, together with experts from national AIDS programs and research institutions, regularly review and update the estimates as improved knowledge about the epidemic becomes available. Because of these and future advances, the current estimates cannot be compared directly with estimates from previous years, nor with those that may be published subsequently.

GLOBAL ESTIMATES FOR ADULTS AND CHILDREN, END 2003



ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV/AIDS, END 2003

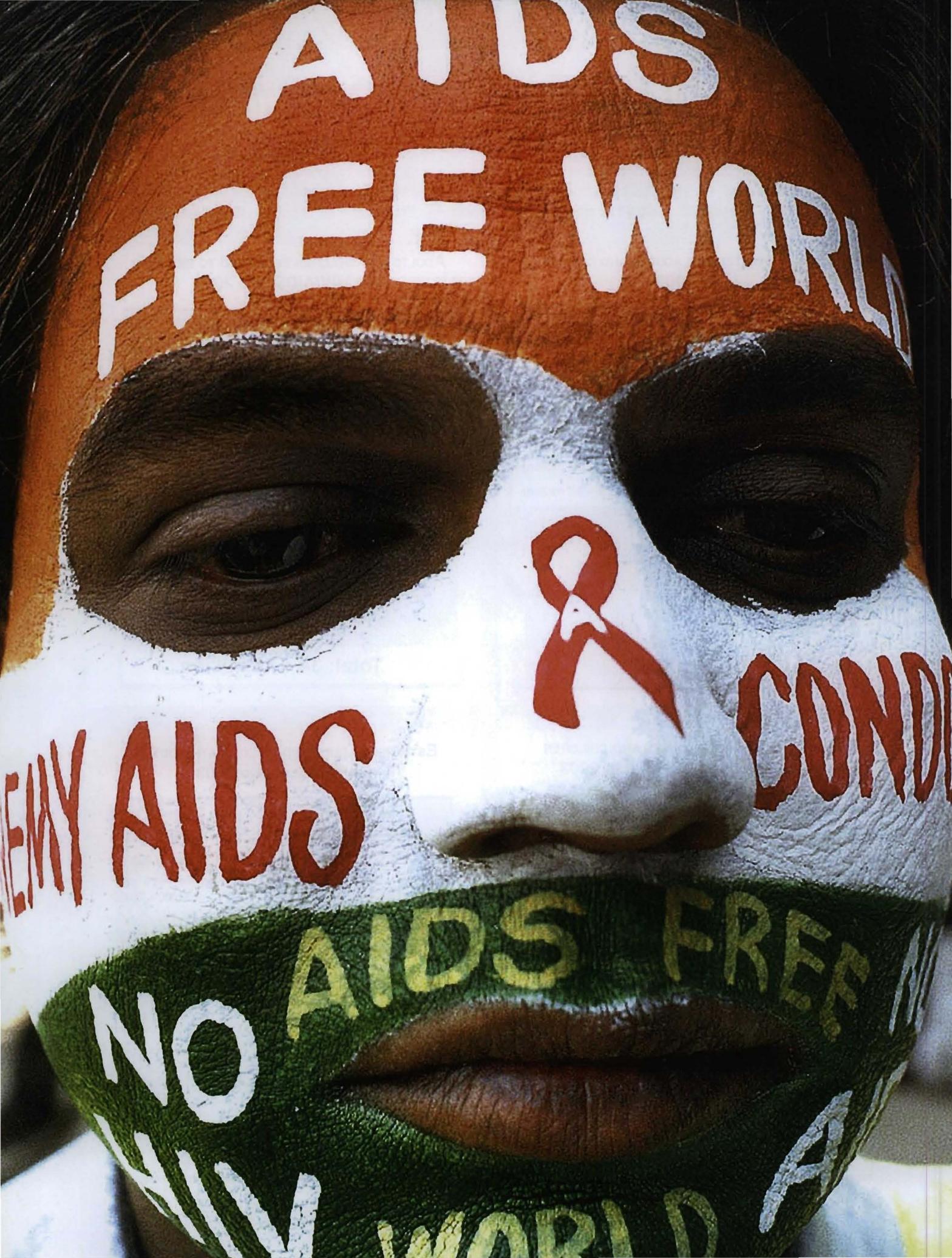


ESTIMATED NUMBER OF ADULTS AND CHILDREN NEWLY INFECTED WITH HIV DURING 2003



ESTIMATED ADULT AND CHILD DEATHS DUE TO HIV/AIDS DURING 2003





AIDS

FREE WORLD



CONDOMS

CONDOMS

NO AIDS FREE

WORLD

ACCESS FOR ALL

Making AIDS Related Services Accessible to Everyone

Guest Editorial

BY DEBREWOK ZEWDIE

THIS ISSUE OF *DEVELOPMENT OUTREACH* is dedicated to all those infected with HIV, their families and their communities. The theme "Access for All" reflects the vision that, despite unprecedented commitment of resources and unprecedented country and global efforts, access to AIDS related services remains limited. Two years after the historic UN session on HIV/AIDS, progress of member nations towards their 2005 goals for tackling HIV/AIDS falls short. These goals, which focus on the rapid expansion of HIV prevention, care, treatment and impact mitigation programs, are seen as a vital foundation to achieving the UN Millennium Development Goal of halting and reversing the epidemic by 2015. Currently, only a fraction of people who are at risk of contracting HIV have meaningful access to basic prevention services, especially women who are disproportionately affected and infected. Services to prevent mother to child transmission are reaching less than one per cent of pregnant women who need them. Globally, more than

14 million children under the age of 15 have lost one or both parents to HIV/AIDS, resulting in an impoverished generation who rarely has access to school or health services, or the love and nurturing they need to face the future. Of the approximately 6 million people infected with HIV, who need lifesaving and prolonging antiretroviral drugs, only 400,000 currently have access to them. Stigma and discrimination continue to be the major barriers to improving access.

The articles in this issue point out that it is access to information about the epidemic, appropriate policies, and HIV/AIDS services for all affected and infected groups that make a difference in fighting HIV/AIDS. The special report opens with an article by Peter Piot urging an exceptional response to HIV/AIDS in Asia and the Pacific to take advantage of the current window of opportunity to curtail the epidemic, because this region has the second highest numbers of HIV/AIDS cases in the world. Patricio Marquez also presents a window of opportunity—one that was seized by the Barbados government, who acted early and with remarkable success to

AT THE PRESENT TIME, THERE IS GROWING POLITICAL PRESSURE TO RESPOND TO AIDS,
NEVER SEEN BEFORE FOR A HEALTH OR A DEVELOPMENT PROBLEM.

scale up access to antiretroviral treatment for those needing it. Dave Burrows and Anya Sarang present a different picture for the country with the world's fastest growing HIV epidemic, Russia. They point out that Russia has lost serious ground in the fight against HIV, and discuss the reasons for this. Joe Valadez and Peter Nsubuga utilize Ugandan data on "learning by doing" to demonstrate that a success story in the fight against the epidemic is not just a decline in HIV prevalence, but rather one in which managers are empowered to scrutinize

their programs and courageously make tactical changes in an attempt to address their own conditions.

Echoing the importance of "Access for all" Thomas Scalway notes that the distribution pattern of HIV infections neatly echoes the distribution pattern of people with "poor information" and that a critical component of access must include access to information for communities affected by HIV/AIDS. A. Waafas Ofosu-Amaah focuses on the gender and legal dimensions of HIV/AIDS, and points out that the sub-

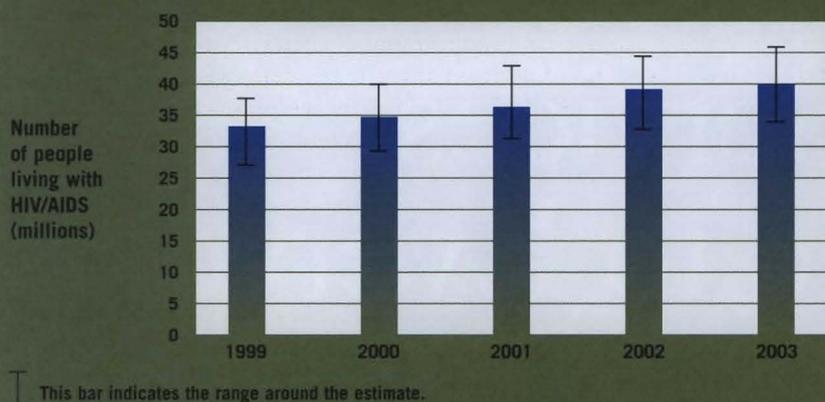
ordinate role of women in many segments of society places them at a disadvantage in relation to HIV/AIDS—a role often reinforced under the law making it difficult to guarantee equal rights. Rolake Nwagwu also compellingly articulates the inequities the poor and vulnerable face in accessing services, but from the perspective of an HIV positive African woman waiting for access to treatment to extend her life.

With HIV/AIDS, business as usual simply will not do. It is about time to deliver the message, the services, and the help to all. As the largest long-term investor in fighting HIV/AIDS in developing countries, the World Bank Group is working with its partners to spur action against HIV/AIDS globally. Today, the World Bank supports HIV/AIDS programs in every continent and provides grant financing for HIV/AIDS programs to all the poorest countries in the world. Twenty-four countries in Africa and six country programs in the Caribbean, including three sub-regional programs (one for the Caribbean and two for sub-Saharan Africa) are grant funded. In Asia, countries such as Bhutan, Afghanistan, Bangladesh, Maldives, Nepal, and Sri Lanka, and the Central Asian and Balkan countries are also eligible for grant funding. Today, thousands of villages in Ethiopia, Kenya, Ghana and Burkina Faso have access to resources for prevention, care and treatment.

At the present time, there is growing political pressure to respond to AIDS, never seen before for a health or a development problem. In addition, the possibility of bringing the epidemic under control is being bolstered by success stories emerging from all continents. What we collectively do today in improving "Access for all" will remain critical to winning the fight against the epidemic. ▲

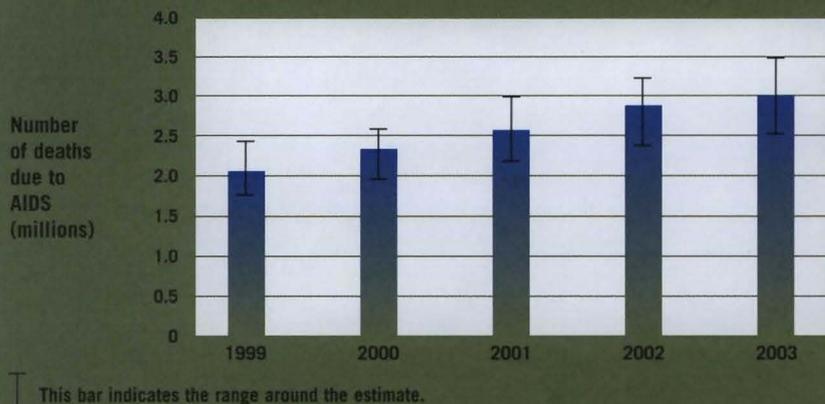
Debrework Zewdie is the Director, Global HIV/AIDS Program, Human Development Network, The World Bank, and *Development OUTREACH* Guest Editor.

FIGURE 1—ESTIMATED NUMBER OF PEOPLE LIVING WITH HIV/AIDS, 1999–2003



Source: UNAIDS/WHO 2003

FIGURE 2—NUMBER OF DEATHS DUE TO AIDS GLOBALLY, 1999–2003



Source: UNAIDS/WHO 2003

THE TIME IS NOW

to Avert a Major AIDS Epidemic in Asia and the Pacific

BY PETER PIOT

IN JULY, THE WORLD'S ATTENTION will turn to the AIDS epidemic and the particular threat it poses to Asia, as the fourteenth International Conference on AIDS is held in Bangkok. The biannual conference is a centerpiece of the world's efforts to combat AIDS, bringing together thousands of scientists, physicians, activists, companies, journalists and political leaders. As well as taking stock of our global efforts in the last two years, this is the first such conference to take place in mainland Asia and affords an unprecedented opportunity to highlight the challenges faced by the region.

HIV is already well established

ASIA AND THE PACIFIC STAND AT A CROSSROADS. There will be an imminent explosion in HIV infections, unless concerted action is taken now. There are already an estimated 7.4 million people now living with HIV across Asia. These figures mask very different epidemics emerging across the region. Cambodia, Myanmar and Thailand have already had to contend with serious nationwide epidemics and although prevention efforts have helped reduce prevalence rates in recent years, these three countries remain some of the most affected in the region. Several countries, primarily China, India and Indonesia, are so large and populous that apparently low over-



FIGHTING HIV/AIDS ON ALL FRONTS

Cambodia's Multisectoral Approach

BY MEAN CHHI VUN

THE FIRST HIV POSITIVE WAS DETECTED IN 1991 at the National Blood Bank in Phnom Penh and the first AIDS case was diagnosed at Calmette Hospital in 1993. The HIV epidemic quickly spread countrywide. The peak of the epidemic was in 1998 with about 179,000 people living HIV/AIDS. By 1998, however, as people progressed to advanced and symptomatic HIV disease, it also became clear that prevalence rates were starting to fall. The increased number of people dying partly explains the

reduction in the overall prevalence of HIV in the country, as people already infected started to disappear. However, the number of new HIV infections each year has also dropped, particularly among young people, as prevention strategies take effect.

Using the HIV Sentinel Surveillance and Behavioral Sentinel Surveillance data combined, the estimated HIV prevalence among adults (15-49) has been declining consecutively from 3.3 percent in 1998 to 2.8 percent in 2000 and 2.6 percent in 2002. But projections suggest that in 2002 164,000 people in Cambodia were infected with HIV.



How Cambodia responded to the HIV epidemic

WHEN THE HIV EPIDEMIC was first recognized in 1991, the government responded quickly, setting up an HIV Working Group to develop a short term plan of action to fight the epidemic. In 1993, a National AIDS Program (NAP) and a National AIDS Committee (NAC) were established to manage the response to HIV in the country. The inter-ministerial response started with 6 line ministries.

To integrate the two National Programs, the NAP and the Sexually Transmitted Disease control program, the Ministry of Health created the National Center for HIV/AIDS, Dermatology and STI (NCHADS) in 1998. This Center has been responsible for managing the HIV/AIDS and Sexually Transmitted Infection control program in the health sector, and providing technical support to the line ministries as required. It also plays an important role managing HIV surveillance and research. The Center comprises 7 Units: Behavior Change Communication Unit, AIDS Care Unit, STI Unit, Surveillance and Research Unit, Planning Monitoring and Evaluation Unit, Program Coordination and Technical Support Unit, and the National STD Clinic for Venereology and Dermatology.

The government recognized that HIV/AIDS is more than a health issue. It is a socio-economic issue, and therefore all the relevant sectors should be involved. In 1999, the National AIDS Authority was set up to coordinate and mobilize resources for the multi-sectoral response to HIV/AIDS. Sixteen ministries are members of this entity.

The Strategic Plan for HIV/AIDS and STI Prevention and Care, 2004 to 2007

TO HAVE A COHERENT STRATEGY for the response to HIV/AIDS and to effectively use resources to fight this disease, NCHADS has developed the MOH Strategic Plan for HIV/AIDS and STI Prevention and Care for the years 2004 to 2007, as part of the Ministry of Health Strategic Plan for the same period.

- This health sector strategy responds to three main challenges: While transmission routes are changing in emphasis as the epidemic matures, the continuing concentrations of sex services, the behaviour of significant groups of men, and the high HIV prevalence levels among sex workers, continue to create situations of high risk of transmission of HIV, and thus significant pools of infection.
- While prevalence rates appear to be falling, prevalence among men throughout the country is sufficiently high that the spread of HIV to their wives and girls friends, and to their children, is already taking place.
- The numbers of HIV infections already existing in the country are causing a significant burden of increased morbidity and mortality, which requires urgent and effective increases in access to care, including antiretroviral therapy.

Interventions

THE 100 PERCENT CONDOM USE PROGRAM AT BROTHELS is our priority strategy to interrupt HIV transmission in high-risk

situations. It also creates an important enabling environment for all stakeholders to work together. This Program started in 1998 and was extended countrywide in late 2001. In addition a nationwide campaign for condom promotion has been conducted, and a robust condom social marketing program, managed by Population Services International, distributes over 20 million condoms a year.

BCC activities are becoming more sophisticated and targeted as general awareness levels rise in the population. Recent BSS data showed that over 94 percent of all groups had heard of HIV/AIDS; the 2000 Demographic Health Service showed that over 70 percent of rural women had heard of HIV/AIDS. So BCC concentrates both on mass media programs, and on special, targeted campaigns using peer education and community outreach approaches.

The STI program is two-pronged, integrating STI care in health centers for the general population, and using 28 special clinics with laboratory facilities for targeted STI services for high risk populations. Blood safety is managed by the National Blood Transfusion Centre; this has been strengthened and new blood transfusion centers have been built in provinces. Universal precautions have been introduced in all referral hospitals and health centers.

A comprehensive continuum of care to support Peer Leaders for HIV/AIDS has recently been designed and approved by the Ministry of Health, to be implemented at the Operational District (the basic unit of health care coverage) level. The continuum links home-based care, health centre care, counseling and testing, institutional care, peer support groups, coordination and collaboration with the TB/DOTS program, treatment of Opportunistic Infections and Anti-retroviral Therapy.

HIV/AIDS and STD surveillance and research provide the evidence base for the program. They signal when we need to change strategy, identify the need for specific interventions, and provide the basis for our planning of interventions.

The other crucial element in our program is partnerships. We work with 72 NGOs, coordinated through the HIV/AIDS Coordinating Committee; CPN—the PLWHA umbrella organization; bilateral donors—the International Financial Institutions (World Bank and ADB), UN agencies; and the private sector.

Conclusion

AS A RESULT OF THESE EFFORTS, condom use rates have increased dramatically in the last few years, especially in commercial sex situations, the numbers and proportions of men purchasing sex has fallen, STI prevalence rates have fallen, and HIV prevalence has decreased. By the end of 2002, however, over 94,000 young people had already died as a result of HIV infection; and over 25,000 were living with AIDS. During 2003 another 22,000 developed serious AIDS related illnesses requiring medical care. It has been estimated that presently in Cambodia over 50 percent of all deaths among men aged 25-35, and 46 percent among women in the same age group, are HIV-related.

Dr. Mean Chhi Vun is Deputy Director General of Health, and Director of the National Center for HIV/AIDS, Dermatology and STD, Ministry of Health, Cambodia.

Scaling up the Struggle

Barbados HIV/AIDS Prevention and Control Program

"AIDS in the Caribbean has reached a watershed moment."

—Dr. Peter Piot, Executive Director, Joint United Nations Program on HIV/AIDS, UNAIDS (2001)

BY PATRICIO V. MARQUEZ

THE FIRST CASE OF HIV/AIDS in Barbados was detected in 1984. At that time, HIV/AIDS was viewed more as a consequence of risky personal behavior by men who have sex with men than as a public health issue that affects the general population. The number of reported HIV cases rose continuously particularly among 15-49 year olds and the most economically active group, 25-49 year olds. Now, prevalence among adults in Barbados is conservatively estimated at over 3 percent. But people who test positive are estimated to represent only one-fifth of the infected population.

Barbados has a window of opportunity to prevent the spread of HIV/AIDS, as its Government is now publicly committed to vigorous action. A National Commission on HIV/AIDS (NACHA) was established in the Prime Minister's Office in 2001 with a mandate to implement a broad program to limit further spreading of the epidemic into the general population, by preventing HIV infection among vulnerable and high-risk groups, without stigmatizing them, and treating infected persons.

The Caribbean multi-country HIV/AIDS program

IN JUNE 2001, the Barbados HIV/AIDS Prevention and Control project was the first approved under the US\$155 million Multi-Country HIV/AIDS Prevention and

Control Adaptable Program Loan (APL) for the Caribbean. The APL offers individual countries separate loans and/or credits and grants for their national HIV/AIDS Prevention and Control projects.

The development of the APL began with the report *HIV/AIDS in the Caribbean: Issues and Options* (World Bank, 2001). This report provided an overview of the HIV/AIDS epidemic in the Caribbean and the challenges and opportunities in addressing it. It compared country responses to the epi-



SIGNING OF A LOAN AGREEMENT TO SUPPORT THE DOMINICAN REPUBLIC'S HEALTH PROGRAMS
In the front, Jesus Ferris Iglesias, Executive Director, CERSS, Dominican Republic; and Caroline Anstey, Director, Caribbean Department, World Bank. In the back, Patricio V. Marquez and Juan Carlos Alvarez, Legal Counsel, World Bank.

dem, and discussed options for addressing the crisis, highlighting strategies for donor coordination and cooperation, including the World Bank's proposal to finance a multi-country program. The report was presented to Prime Ministers, Finance Ministers, and other key decision-makers from member countries at the Caribbean Group on Cooperation in Economic Development (CGCED) meeting, June 12-16, 2000. Participants, including senior representatives of other bilateral development partners and international organizations, agreed to assign the highest priority to dealing with HIV/AIDS in the region. Prime Minister Arthur of Barbados, thereafter, became a "champion" of the regional initiative.

Barbados leads the way

ALTHOUGH BARBADOS GRADUATED from the World Bank in 1993, the World Bank Team obtained approval from the Board of Directors to include Barbados in the APL program as an exceptional case. This was justified on several grounds: Barbados is one of the countries in the region most severely affected by HIV/AIDS; it plays a strong regional leadership role and provides a center for technical expertise and health infrastructure; there would be transferable development lessons; and the funding would provide public goods and positive externalities.

In 2001, Barbados became the first country to receive World Bank funding for a multi-sectoral HIV/AIDS Prevention and Control Project that includes scaling-up of antiretroviral drug therapy (ARV), a cocktail of drugs that decreases HIV levels in the blood, enabling people living with AIDS to live healthier, longer lives.

Achievements

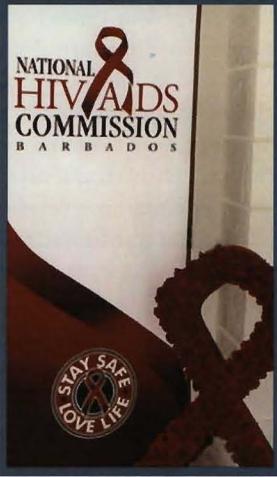
THE PROJECT, implemented through the National HIV/AIDS Commission, has built working partnerships with sector ministries, trade union representatives, business leaders, and persons living with AIDS.

Substantial progress has been made toward the stated goal of reducing HIV/AIDS mortality by 50 percent by 2004. The basic physical and institutional infrastructure for scaling up HIV/ADS treatment and care is in place. The Government is committed to universal and free provision of antiretroviral therapy for all citizens living with AIDS who require treatment, and has allocated the required funds.

A dedicated care and support out-patient facility, the Ladymeade Reference Unit, opened

Millions of dollars
that we now devote to
care and treatment,
especially behind the
active anti-retroviral
therapy program,
will be of no
consequence unless
there is a dramatic
and drastic change
in personal behavior,
especially among
members of society
who are most at risk.

*Owen Arthur,
Barbados Prime
Minister, Second
National Consultation
on HIV/AIDS (2003)*



in early 2002. Staff for Ladymeade were trained and deployed. Services include voluntary HIV counseling and testing, family counseling, anti-retroviral therapy (HAART), medication adherence counseling, medical diagnosis, assessment and monitoring, state-of-the-art laboratory service including CD4 and Viral Load testing, and pharmacy services for storage, monitoring, and dispensing treatment. A clinical psychologist and senior counselor provide psychological interventions and staff training. Community involvement is emphasized and community nurses follow-up non-attendee patients and defaulters.

The procurement process for increased quantities of ARV drugs has been clearly established at the Barbados Drug Service. Evidence-based Treatment Guidelines developed by WHO are in use, and have proven easy to comply with; adherence to the standard three drug regimes has been very good.

Expanded laboratory services, including Elisa testing, CD4, CD8, and viral load estimations have been essential for offering and monitoring treatment. The Government of Barbados gave this priority, since adequate monitoring allows earlier detection of virological and treatment failure.

A computerized HIV/AIDS case management, monitoring, evaluation, and surveillance system has been established, that captures real-time comprehensive information on patient treatment, care and social support of person living with HIV/AIDS (PLWHA). It also collates comprehensive surveillance data, including risk factor and transmission details for all persons tested for HIV whether positive or negative. It will be expanded to polyclinics to capture data on sexually transmitted infections (STIs).

Outcomes

THE NUMBER OF AIDS PATIENTS being followed has grown to 520, including 260 patients on HAART. Available data on patient adherence to treatment regimes and clinical outcomes (comparing May 2001-April 2002 before Ladymeade Center opened, with 12 months of unit operations May 2002-April 2003) indicate:

- 85 percent of patients achieved an adherence rate greater than 95 percent of treatment regime recommendations,
- 69 percent achieved virologic success,
- baseline socio-demographic data are not correlated with adherence or virologic success,

The theme of the 2003 National Consultation of the National HIV/AIDS Commission of the Barbados was "THE EXPANDED RESPONSE TO HIV/AIDS: GET INVOLVED!"

THE CONSULTATION BROUGHT MINISTERS OF GOVERNMENT AND THEIR CORE HIV/AIDS IMPLEMENTATION GROUPS TOGETHER WITH STRATEGIC PARTNERS FROM INTERNATIONAL AND PRIVATE AND COMMUNITY ORGANIZATIONS:

- ▶ PAHO
- ▶ UNAIDS CARIBBEAN
- ▶ CDC
- ▶ UNICEF
- ▶ UNDP
- ▶ CAREC
- ▶ BARBADOS EMPLOYERS' CONFEDERATION
- ▶ CONGRESS OF TRADE UNIONS AND STAFF ASSOCIATIONS OF BARBADOS
- ▶ AIDS SOCIETY OF BARBADOS
- ▶ BARBADOS FAMILY PLANNING ASSOCIATION
- ▶ PAREDOS
- ▶ MEN'S EDUCATIONAL SUPPORT ASSOCIATION
- ▶ NATIONAL ORGANIZATION OF WOMEN
- ▶ CARE BARBADOS
- ▶ ARTISTS AGAINST AIDS BARBADOS
- ▶ NATIONAL CULTURAL FOUNDATION
- ▶ SMALL BUSINESS ASSOCIATION
- ▶ BARBADOS CHAMBER OF COMMERCE AND INDUSTRY
- ▶ REPRESENTATIVES FROM 19 HIV/AIDS COMMUNITY COMMITTEES
- ▶ BARBADOS REGISTERED NURSES' ASSOCIATION
- ▶ MEMBERS OF THE AIDS MANAGEMENT TEAM, AND
- ▶ THE NATIONAL HIV/AIDS COMMISSION.

"I was a bit wowed by the degree to which Barbados has truly institutionalized a multi-sector approach to addressing HIV/AIDS. You are not only a role model for the Caribbean, truly and honestly Barbados is a global role model. [I've] worked on HIV/AIDS in several countries in the former Soviet Union, south Asia and East Africa. . . . Barbados has surpassed all. In fact, Barbados has surpassed US and Western European efforts in this area!"

—Rebecca J. Rohrer, Director, USAID HIV/AIDS, Caribbean Regional Program (2003)

A PHRD GRANT FROM THE GOVERNMENT OF JAPAN AT THE END OF 2000 SUPPORTED THE PREPARATION OF COUNTRY PROJECTS IN:

THE DOMINICAN REPUBLIC (total project cost US\$30 million; approved June 2001),
 JAMAICA (total project cost US\$20 million; approved in 2002),
 GRENADA (total project cost US\$7 million, approved in 2002),
 ST. KITTS AND NEVIS (total project cost US\$4 million, approved in 2003) and
 TRINIDAD AND TOBAGO (total project cost US\$25 million, approved in 2003).

ALL OF THESE PROJECTS ARE CURRENTLY UNDER IMPLEMENTATION. IN ADDITION, PROJECT PREPARATION HAS CONCLUDED IN:

GUYANA (to be financed through a 100% grant), and is underway in ST. LUCIA (25% grant), ST. VINCENT AND THE GRENADINES (25% grant) for approval in the first semester of 2004, along with an US\$9 million Regional HIV/AIDS IDA Grant to support regional institutions and foster horizontal cooperation and sharing of experiences among countries.

- mean Karnofsky scores increased 5.8 (-20 to 90),
- AIDS patients showed a median CDS₄ rise over 10 cells/mm³, increasing their health status and decreasing the risk of getting sick or dying from an opportunistic infection,
- hospital admissions for treatment of opportunistic infections among HIV+ patients decreased by 44.2 percent from 316 to 183,
- total hospital days fell by 59.4 percent, and average length of stay fell 30 percent,
- outpatient visits rose 228 percent from 4,727 visits per year to 10,782,
- inpatient cost post-HAART fell 41 percent (with an average length of stay of 27.8 days, inpatient costs for AIDS are over four times higher than for general medical care),
- AIDS related events fell overall,
- deaths of clinic-registered patients fell by 56 percent overall,
- mother-to-child transmission fell six-fold, maintaining levels of less than 6 percent transmission over five years.

Also:

- the number of patients attending the clinic increased 56 percent and uptake of the various services has been significant,
- patient satisfaction is high and increasing. For example, 90 percent

of more than 1,000 people living with HIV/AIDS rated the quality of medical care received as excellent or very good (HIV/AIDS Social Services Utilization Study; two-year survey using structured interviews and focus groups, of needs, health status and experiences of PLWHA).

Multisectoral activities

THE PROJECT HAS HELPED to institutionalize a multisectoral approach to HIV/AIDS. For example, led by Prime Minister Arthur, the National HIV/AIDS Commission has organized two annual National Consultations on HIV/AIDS.

The Barbados HIV/AIDS Commission has led national campaigns to dispel the myth that people with AIDS can be identified on sight, and to encourage condom use. These have been well received by the general public, and survey results demonstrate their impact. The Ministry of Health has directed a condom social marketing campaign, and over the past 6 months, condom distributors have noted a significant increase in male condom sales. Recently the Ministry began promoting female condoms as part of the Commission's "Speak Sister" campaign,

SCALING UP THE STRUGGLE
 continued on page 24

MIXED SIGNALS

Responses to HIV/AIDS in the Russian Federation

BY DAVE BURROWS AND ANYA SARANG

ALTHOUGH THE FORMER SOVIET UNION came late to the HIV pandemic, the virus is now spreading faster in Eastern Europe than in any other part of the world, with large-scale epidemics in the Russian Federation (RF) and Ukraine, and burgeoning epidemics in neighboring countries in Eastern Europe and Central Asia. The first documented AIDS case in the USSR was in Leningrad (now St. Petersburg) in 1987 and

there were fewer than 10,000 registered cases of HIV infection in the RF by the end of 1998 (Burrows, Holmes, and Schwalbe 2002; Burrows and Weber 2001).

HIV spreading is rampant

BY FEBRUARY 2004, the number of registered HIV infections in the RF was 265,296 (Federal AIDS Centre 2004) but UNAIDS has estimated the number of people living with



WE CHOOSE LIFE WITHOUT DRUGS
Youth demonstration in Moscow on World Day of Struggle against AIDS



ST. PETERSBURG SPECIAL ORPHANAGE FOR HIV/AIDS INFECTED CHILDREN

HIV/AIDS in the RF at up to 1.5 million or around 1 percent of the Russian population (Peter Piot quoted in Connor 2004). A recently declassified U.S. government report warns that AIDS could kill as many as 50 million people worldwide by 2010, and forecasts the effects of the disease in several countries of strategic interest to the United States, finding that by 2010 the RF could have as many as 8 million AIDS cases (National Intelligence Council 2002).

These predictions come in spite of lower numbers of new registered HIV cases in 2003 and 2002 than in 2001. Dr. Vadim Pokrovsky, chief of the Russian Federal AIDS Centre, has stated that he believes the decline is the result of reductions in the number of at-risk people reached by the surveillance system. He said that, at the same time that the number of registered new infections fell by 41 percent (from 2001 to 2002), the number of drug users tested also fell by 38 percent. Thus, changes in "the number of newly registered cases of HIV infection may be associated merely with changes in the constitution of the tested group" (Pokrovsky 2003 quoted in UNDP 2004).

Transmission of HIV among injecting drug users (IDUs) remains the driving force behind the Russian HIV epidemic. Studies in Russian cities conducted between 1997 and 2002 found a wide range of HIV prevalence rates among IDUs ranging from 0 percent in Arkhangel'sk and Pskov to 65 percent in Irkutsk and Kaliningrad (UNDP 2004; Rhodes *et al.* 2004).

Although only 52 percent of registered infections are among IDUs, the Russian Federal AIDS Centre has estimated that in 2002 over 90 percent of actual infections are among IDUs (Rhodes *et al.* 2004).

The number of registered cases of infection transmitted through sexual contact is growing: in 2001, sexual transmission accounted for 4.7 percent of registered cases; by 2003 this number has already reached 17.6 percent. A large part of this increase is among sex workers (many of whom are also IDUs and/or are sexual partners of IDUs): one 2000 Russian study estimated that 80 percent of HIV-positive women in the RF were involved in both injecting drug use and sex work (Smolskaya *et al.* 2000 quoted in Rhodes *et al.* 2004). Studies across the RF suggest that between 15 and 50 percent of female IDUs are involved in sex work (Rhodes *et al.* 2004). The number of infected women is growing, and, consequently, so is the number of children born to HIV-infected mothers: in 2002 the number of women at prenatal clinics testing positive for HIV was 0.1 percent (Transatlantic Partners Against AIDS 2003; UNDP 2004).

Young people throughout the RF are particularly and increasingly vulnerable. HIV is concentrated largely among 18- to 30-year-olds, the average HIV-infected IDU is 24 years old, and up to 5 percent of young people in the Moscow oblast are seropositive. The country is at serious risk of

losing a high proportion of its current generation of youth to AIDS (Burrows, Holmes and Schwalbe 2002). The HIV infection rate among men who have sex with men appears to be very low but this may be a result of this group not being reached adequately with testing. Among 740,000 prisoners tested in 2002, the HIV infection rate was 1 percent (UNDP 2004).

The government's insufficient response

THE RESPONSE TO THE RF HIV/AIDS epidemic has not matched the speed with which infection has spread. Effective HIV prevention programs began only in the late 1990s and most have yet to reach a scale where the epidemic can be brought under control or reversed. In recent years, interest has grown in programming both for HIV prevention and treatment of PLWHA among international agencies, and some oblast and city governments. But the Federal Government of the RF has not yet acted decisively either in policy or funding to address the epidemic.

UNAIDS (2003a) updated an earlier inventory of responses to HIV/AIDS in the RF. The inventory shows that 150 projects were provided by UN and international agencies in the RF with a combined budget of about \$58 million for 2001-03. This contrasts with the earlier inventory, which found that 103 projects had been carried out from these sources up to 2001 with a combined budget of about \$26 million. These figures

will soon be bolstered with a program of activities funded by a \$20 million grant from DFID (UK). In addition, a World Bank loan of \$46.88 million for HIV/AIDS activities has started, and non-governmental organization (NGO) activities should start soon under a \$88.7 million grant from the Global Fund on AIDS, Tuberculosis and Malaria (GFATM).

This international interest has not been matched by the Russian Government. The 2002 Federal Budget for HIV/AIDS activities was \$5.2 million, but this was reduced to \$4 million in 2003 (World Bank 2002; UNIDS 2003b). Dr. Pokrovsky has stated that actual expenditure on HIV/AIDS from the Federal Budget in 2003 was as little as 27 million rubles (less than \$1 million), or less than 18 kopecks (half a cent) per resident of the RF (Transatlantic Partners Against AIDS 2003). The NGO Consortium that applied successfully for GFATM funds predicted that, with appropriate advocacy, annual Federal Government spending could rise to \$15 million by 2006 but that this and all other current funding would leave an annual funding gap of more than \$290 million by the same year (RF NGO Consortium GFATM HIV/AIDS bid document: unpublished).

This is not to say that Russian funding for HIV/AIDS activities is low across the country. Many oblasts and cities seriously affected by HIV/AIDS have decided to devote increasing funds from local budgets to prevention activities. For example, a survey of 26 harm reduction projects in 2001 found that they received on average 30 percent of their funding or in-kind support from local sources (Burrows, 2001). With this local funding and the various international assistance outlined above, HIV/AIDS prevention activities should begin to reach an effective scale at least in some oblasts by 2005-06, but national scaled-up prevention programs and an effective response to HIV/AIDS treatment, care and support will require a massive investment by the Federal Government.

Challenges in information, leadership, and inclusion

UNDP (2004) HAS OUTLINED a series of challenges to address the HIV/AIDS epidemic in the RF and other parts of Eastern Europe and Central Asia. It states that these can be categorized as challenges in information, leadership and inclusion. The first challenge is to ensure that all people in the RF, especially those at greatest risk for HIV infection, are made aware of the basic facts about the disease, transmission and prevention, and about sex and drug use. This challenge also includes building capacity for universal, affordable access to voluntary counseling and HIV testing.

The leadership challenge involves political leadership as well as a concerted response from leaders of all walks of life - including people living with HIV and AIDS. Partnerships are needed between government and NGOs and other civil society institutions in formulating and implementing prevention and care policies. Legal and other barriers that are preventing the rapid development of the NGOs wishing to work in the HIV/AIDS area as well as scaling up of effective prevention and treatment programs need to be removed.

The challenge of inclusion is to include all stakeholders,

especially people living with HIV/AIDS, in designing and implementing appropriate policy responses. This is critical to better policy outcomes. Meeting this challenge will mean de facto decriminalization of injecting drug use and sex work, in favor of measures that provide health services and address social intolerance; integration of harm reduction programs, voluntary testing, and staff training into correctional systems, and dramatically scaling up needle exchanges, methadone replacement therapy, condom distribution, and outreach programs for injecting drug users.

Dave Burrows has worked on HIV/AIDS and drug issues for 18 years in 34 countries. He is Director of AIDS Projects Management Group. dave@aidsprojects.com

Anya Sarang has worked on HIV/AIDS in the Russian Federation and other Former Soviet Union countries since 1997. She is Co-ordinator of the Central and Eastern European Harm Reduction Network. anya@ceehm.org

References

- Burrows D., D. Holmes, and N. Schwalbe. "HIV/AIDS in the Former Soviet Union," *AIDSLink*, No. 72, February/March 2002.
- Burrows D. and U. Weber. *The Time it Takes: When to Start Harm Reduction Programs for HIV Prevention among IDUs*. Paper presented at 12th International Conference on Reduction of Drug Related Harm, New Delhi, India, April 2001.
- Burrows D. *A Best Practice Model of Harm Reduction in the Community and in Prisons in the Russian Federation: Final Project Report*, The World Bank, 2001
- Connor S. "AIDS Epidemic Threatens Western Europe, Warns UN," *Independent*, February 24, 2004.
- Federal AIDS Centre. HIV/AIDS Statistics at February 2, 2004. Data provided to UNAIDS Moscow on request.
- National Intelligence Council. *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China*, Document ICA 2002-04D, Washington DC, November 2002.
- RF GFATM. HIV/AIDS Application to the Global Fund on AIDS, Tuberculosis and Malaria by NGO Consortium, Unpublished, 2003.
- Rhodes T., A. Sarang, A. Bobrik, E. Bobkov E. and L. Platt. Review: HIV Transmission and HIV Prevention Associated with Injecting Drug Use in the Russian Federation. *International Journal of Drug Policy*, 15 (2004): 1-16.
- Transatlantic Partners Against AIDS. *Situation in Russia Continues to Deteriorate as Federal Resources for HIV/AIDS Remain Insignificant*, Press release, November 24, 2003
- UNDP. *HIV/AIDS in Eastern Europe and the Commonwealth of Independent States - Reversing the epidemic: Facts and policy options*, Bratislava 2004.
- UNAIDS. *Inventory on HIV/AIDS Activities Supported by UN Agencies and International Organizations*, Moscow, 2003a.
- UNAIDS. *Plan for Intensified UN Support to the Country Response to HIV/AIDS in the RF*, Moscow, April 2003b.
- UNAIDS. *International Assistance for National Responses to the HIV/AIDS Epidemic in Eastern and Central Europe and Central Asia by 31 December 2001*, as reported by UNAIDS cosponsors, bilateral agencies, and NGOs, Geneva, April 2002.
- World Bank. *Project Information Document: RF Tuberculosis and AIDS Control Project*, Moscow, October 2002.

Learning by Doing

Uganda's AIDS Control Project Empowers Local Managers

**BY JOSEPH J. VALADEZ AND
PETER NSUBUGA**

SURVEILLANCE SYSTEMS IN UGANDA detect that HIV prevalence declined from 21.1 percent in 1991 to 6.4 percent in 2001. The most common explanations for this decrease are that the population mobilized itself with the consequence that more people were faithful to their partners, or abstained from

sexual contact, and used condoms during sexual intercourse (Low-Beer et al 2003). Although one might debate which of these behavior changes contributed most to the apparent reduction in HIV prevalence, no one would claim that Uganda can now become complacent about its HIV/AIDS programs. Quite the contrary. National HIV/AIDS Committees continue to have the responsibility for both covering their populations with the highest quality prevention, care, support, and treat-



ment programs possible, and to improve them constantly.

While this mandate is clear, the process that managers can use to continually enhance programs is not well understood. What contributes to this challenge is that program quality can vary substantially from one area of a nation to another. Diverse geographical, cultural or logistical conditions contribute to this variation. Also, some areas may have had HIV/AIDS programs for several years, while in other areas programs are recently established. Due to these substantial differences, local managers should be in a better position to make decisions about how to make tactical changes to their programs than administrators stationed in a national capital. The people who are responsible on a daily basis for providing services are in the best position to analyze the challenges in their areas and to decide on the tactical changes.

What is Community Learning?

DURING 2003 the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET)—a unit of the World Bank's Global HIV/AIDS Program—launched its Community Learning activities to equip local managers with tools to rapidly assess their program interventions and identify priority areas for improvement. GAMET offered training in tools that are suitable to be used at the local level by service providers, require a small amount of time to collect data, and produce information that is reliable and easy to interpret. GAMET promotes a "Learning By Doing" approach to program management. Such an approach is particularly needed to improve HIV/AIDS programs due to the immense variation in conditions that exists in a nation. By empowering local managers to guide their own programs, the assumption is that solutions can be tailored to specific local conditions.

Central to the Community Learning tool kit is a method called Lot Quality Assurance Sampling. LQAS is an old method, having been developed in the 1920s (Dodge and Romig 1944) as an industrial quality control method to assess industrial batch production (Reinke 1988, Valadez 1986 and 1991, Valadez et al 2002 and 2003 Robertson et al 1997). During the mid-1980s it was adapted to manage public health programs in developing countries.

The Ugandan experience

DURING SEPTEMBER 2003 the Ugandan AIDS Control Project (UACP) on behalf of the Uganda AIDS Commission (UAC), with support from GAMET, was implemented to assess the current status of its programs. By September 30 districts were identified for assistance. For the initial assessment, UACP identified 19 of these districts to participate.

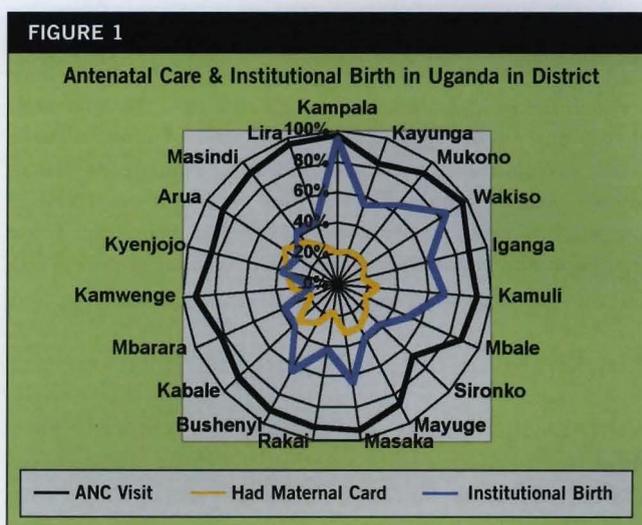
By mid-October all the District HIV/AIDS Committees (DHACs) had been contacted and agreed to participate. They recruited Civil Society Organizations in each county who identified at least 2 people to be trained in LQAS. The DHACs used the national census to identify villages targeted for HIV/AIDS program support. The UACP developed a set of six short questionnaires to collect information useful to program

management, and translated them into six local languages. The six questionnaires were developed to survey small samples of: orphans, mothers of infants, youths, sexually active men and women, and people living with HIV/AIDS. The surveys were intended to provide information for key categories of HIV/AIDS Programs including: Prevention of Mother to Child Transmission, Voluntary Testing and Counseling, Home-Care, Prevention, Behavior Change, Care and Support of people affected and or infected with HIV.

The data collection in most cases took 5-days. A few locations required an additional day due to problems of rain and difficult roads. After that, the teams returned to the training venue in Mukono District to hand tabulate their data. One week later they presented preliminary findings to their own DHACs in their home districts. Soon after, the UACP organized three more workshops. The "Learning By Doing" approach was being successful and teams were becoming increasingly empowered to use Community Learning approaches.

Steering programs by making tactical change

ONCE THE COUNTY TEAMS ANALYZED THEIR DATA, the information was aggregated to display the condition of the program within each of the districts that participated in the LQAS assessment. The LQAS assessment sampled villages some of which were targeted for HIV/AIDS programs and others that were not targeted. This stratification permitted comparisons. However, Figure 1 only displays mothers living in villages targeted by their district for HIV/AIDS programs. The figure is known as a radar-chart. The districts are arranged as though they were on the face of a compass. At the top of the figure are districts in the center of the country. Moving clockwise one finds districts to the East, Southeast, South, Southwest, West, Northwest, and North of Uganda. The figure is very revealing. Firstly, the black line shows that large proportions of women throughout Uganda report they visited a clinic at least once during their pregnancy for Antenatal Care (ANC). This result suggests that women do have access to health facilities.



However, the blue line, which depicts the proportion of women delivering babies in health facilities, varies considerably from one part of the country to another. In the center and eastern districts larger percentages of woman deliver in health facilities. But as one moves towards the west, smaller proportions of woman report they delivered their babies in health facilities. Notice how the line for the western and northern districts attenuates, moving closer to the center of the radar chart. A result such as this one suggest that managers in the western and northern portions of the county need to understand the barriers constraining women to deliver in facilities. Possibly, community outreach programs by clinically trained providers would increase the proportion of woman delivering with someone trained to provide an antiretroviral as well as emergency obstetric care if needed. This is an interesting result since it is obvious women have sufficient access to attend ANC. Local managers are in the best position to investigate and propose tactics to address this problem.

Another example is also associated with a relatively new program: namely, voluntary testing and counseling during ANC. Figure 2 has several interesting characteristics. Firstly, districts in each portion of the country exhibit both high and low levels of knowledge that HIV can be transmitted during delivery (Mother To Child Transmission, MTCT) (blue line). However, few pregnant women, except those living in the urban areas of Kampala and Wakiso are accepting to take an HIV test (white line). This result reminds us once again that knowledge of a risk does not necessarily mean that people will adopt behavior that reduces the risk. The yellow line shows where women are counseled during their ANC to take an HIV test. Once again it is clear that except in the urban areas, counseling is not associated with women taking a test. This is another case in which local managers need to consult systematically with women in their areas to better understand the barrier that make HIV testing less acceptable to them.

A final example concerns people living with HIV/AIDS (PLWHA) (Figure 3). The data are aggregated at a national level. The LQAS data show that 78.3 percent of PLWA were ill during the last month and 94.5 percent of those who were ill sought medical care. This is a very positive evidence that treatment component of the *Home Care* program is functioning as PLWHA are counseled to see medical support whenever they are ill. Despite this positive sign the data also reveal portions of the program that need improvement. The data show that 41 percent of PLWHA are sexually active. However, as the figure reveals only 51 percent of men and 48 percent of women always used a condom. Twenty-four percent of men and 22 percent of women reported they never used a condom. These data show that not only are some PLWHA placing others at risk but they are also exposing themselves to re-infection.

Understanding problems

ANOTHER COMPONENT of Community Learning is a diagnostic phase in which the UACP and the districts try to understand underlying reasons for the problems they detect. Let us consider the above-mentioned result, namely, that pregnant

women are not taking an HIV test despite their knowledge of MTCT and counseling during ANC. The Uganda AIDS Control Project selected 9 districts throughout the country in which to carry out focus group discussions of mothers. As of this writing 5 districts had been visited—information from all visits indicate similar conclusions. Firstly, mothers seldom agree during one ANC visit alone to take a test. Several were required. This meant that more effective promotion of regular ANC visits was needed. Secondly, women reported that they needed social support. They were very concerned that if they were HIV positive they would have to disclose their status to their husbands. This, they feared, would result in them losing their marriage. They worry primarily for their unborn child; should the mother be cast adrift, then the child's health and quality of life would be placed in jeopardy. Mothers recommended that husbands be included in ANC counseling so that they participate in both counseling and testing simultaneously with the women. This finding is being studied in more detail in the districts and discussed locally. A similar finding resulted from interviews of PLWHA. They revealed that they did not use a condom so as not to disclose to their partners they were HIV+. With a regular

FIGURE 2

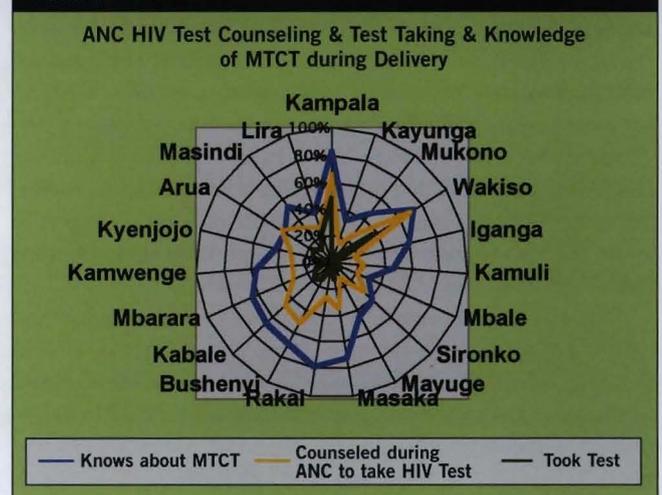
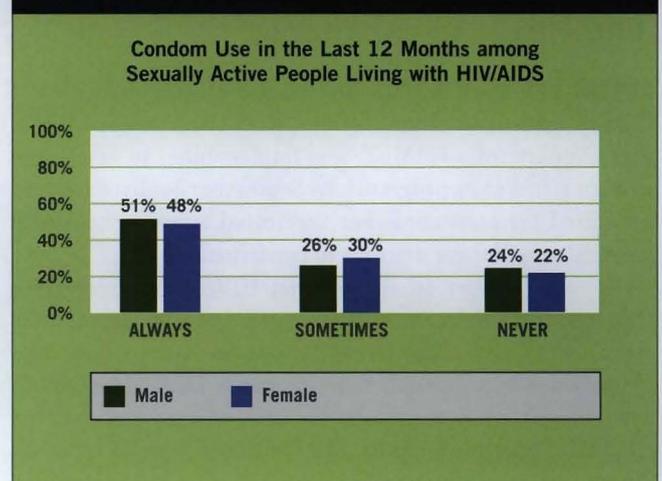


FIGURE 3



partner they said it was not possible to use condoms unless they revealed their status. The next phase will be a strategic thinking workshop in which the district teams will come together and share their interpretations of the results.

A success story?

IT MAY BE TEMPTING to look at Uganda as a success story; however, it may be a disservice to us all to do this. At this stage of the epidemic no one really knows what the propitious program model is that results in a decline in HIV prevalence. If we did, it would be replicated globally. The point of this article is that for now we define a success story as one in which managers are empowered to scrutinize their programs and courageously make tactical changes in an attempt to address their own conditions. The more managers are empowered to do just this, the greater the likelihood that we will be able to gather a set of lessons that can be built upon. Lessons are derived from local people working together to solve their own problems while being provided with the support they need. If local managers can do this, we consider the program to be on the road to success. 

Joseph J. Valadez, PhD, MPH, ScD, Senior Monitoring and Evaluation Specialist, Global HIV/AIDS Monitoring and Evaluation Support Team in the Global HIV/AIDS Program, The World Bank; and Peter Nsubuga, MD, Project Coordinator, Uganda AIDS Control Project, Kampala, Uganda.

The authors gratefully acknowledge the essential contribution of David Kaweesa Kisitu (Evaluation Officer, for the Uganda AIDS Control Project, Kampala) and Joy Mukaire (GAMET Consultant based in Kampala). Without their dedicated efforts the LQAS activities in Uganda could not have been carried out. Also their comments on early versions of this paper were extremely helpful.

References

Dodge, H.F. and H.G. Romig. *Sampling Inspection Tables: Single and Double Sampling*. (second ed.), John Wiley & Sons, 1944.

Low-Bear, D. and R. Stoneburner. "Behavior and Communication Change in Reducing HIV: Is Uganda Unique?" *African Journal of AIDS Research*, 2(1), 2003: 9-21.

Robertson, S.E., M. Anker, A.J. Roisin, N. Macklai, and K. Engstrom. "The Lot Quality Technique: A Global Review of Applications in the Assessment of Health Services and Diseases Surveillance," *World Health Statistical Quarterly*; 50, 1997:199-209.

Valadez, J.J. Lot Quality Acceptance Sampling for Monitoring Primary Health Care Coverage. Office of Health Systems. Pan American Health Organization (WHO), Report No. HSS-SNIS-29, 1986.

Valadez, J.J. *Assessing Child Survival Programs in Developing Countries: Testing Lot Quality Assurance Sampling*. Harvard University Press, 1991.

Valadez, J.J. and B.R. Devkota. "Decentralized Supervision of Community Health Program Using LQAS in Two Districts of Southern Nepal," JRaj Wyon, ed., *Community-Based Health Care: Lessons from Bangladesh to Boston*. Management Sciences for Health, 2002: 26.

Valadez, J.J., B. Weiss, C. Leburg, and R. Davis. *Assessing Community Health Programs: Using LQAS for Baseline Surveys and Regular Monitoring*. Teaching-aids at Low Cost, 2003.



WBI Working Papers

Series on Contemporary Issues in Parliamentary Development

During the 1990s, more than a quarter of the countries of the world revised their constitutions to include an expanded role for their legislatures. To promote a better understanding of issues affecting parliamentary development, a special series of WBI Working Papers has been launched which will promote and disseminate recent research and analyses by both academics and practitioners. These papers typically are written as materials for WBI's seminars, workshops and study groups for parliamentarians or reflect the outcomes of such activities.

- E*Parliaments: The Use of Information and Communication Technologies to Improve Parliamentary Processes • Tess Kingham
- Parliament and the Media: Building an Informed Society • Nicolas Bouchet and Nixon K. Kariithi
- Back from the Sidelines? Redefining the Contribution of Legislatures to the Budget Cycle • Joachim Wehner
- Parliaments and the PRSP Process • K. Scott Hubli and Alicia Mandaville
- The Legislature and the Budget • Rick Stapenhurst

Forthcoming Titles

- Legislative Ethics and Codes of Conduct • Rick Stapenhurst and Riccardo Pelizzo
- Parliamentary Libraries, Institutes and Offices: The Sources of Parliamentary Information • Robert Miller, Rick Stapenhurst and Riccardo Pelizzo
- Trends in Parliamentary Oversight: Proceedings from a Panel at the 2004 Southern Political Science Association Conference • David Olson, Rick Stapenhurst and Riccardo Pelizzo (Editors)

Available in electronic format (Adobe PDF) at
www.worldbank.org/wbi/publications

For information about WBI's parliamentary strengthening program, please visit www.worldbank.org/wbi/governance/parliament

WORLD BANK INSTITUTE
Promoting knowledge and learning for a better world

Democratizing HIV Communication

BY THOMAS SCALWAY

INFORMATION AND COMMUNICATION are the key assets within the global knowledge economy. Economic growth, market access, and the ability to manage risk correlate directly with the rapidity and breadth of information access and the availability of appropriate communication channels (Stiglitz, econlib.org). It would be helpful for economists recognizing the value of information and genuine two-way communication to argue for its importance within the fight against HIV/AIDS, particularly to donors intent on proving "bang for

buck." We know that despite the optimistic buzz around the potential of new information and communication technologies, "the global gap between haves and have-nots, and know and know-nots deepens" (*Human Development Report 1999*). The same applies to knowledge and communication on AIDS. There remain serious divides and disconnects between those creating AIDS information and agendas and those silently affected. Using parallels with the role of information in broader society, this article makes a start at showing how the media can democratize, illuminate and energize the response to the pandemic.



Empowering by information

THE BIENNIAL 15TH INTERNATIONAL AIDS CONFERENCE in Thailand, 2004, centers, around the theme "Access For All". "Access" is not only about AIDS care, treatment and prevention services. Access for all should encompass access to information, and access to platforms to air views and health priorities, particularly those of the most affected. Those working for an independent, critical and responsive media on AIDS hopefully will adopt and rally behind this slogan.

Development economists write of the "information rich" and the "information poor" (Zielinski 2001). The pattern of HIV distribution neatly echoes the distribution of information and communication access. It is the communities most disenfranchised with the information society that bear the brunt of the AIDS epidemic, including the poor, the displaced, sex-workers, young women, migrants, and others. The patterns of poor health, and poor information opportunity are often the result of more fundamental social and political economic inequities. "AIDS moves through the fracture points of society" (Farmer 1992), consistently affecting those already disadvantaged through inequitable gender, social, or economic relations. Media and communication can bridge these divides. The ability to communicate, to create and receive information, and to share perspectives is central to advocacy, activism, and civil society participation.

The relationship between AIDS and information access is not entirely straightforward. The highly networked, such as business elites, politicians, and others prosperous within the information economy, are often also heavily affected by AIDS. But partly through access to information and the right to speak out, HIV amongst these groups remains less prevalent, and less immediately associated with disease and fatality. The early fight for rights, treatment, care, and prevention of AIDS amongst the gay community in the north shows how communication can mitigate the impact of the epidemic.

Mobilizing civil society

A COMMON QUESTION IN HEALTH POLICY CIRCLES is "how can we mobilize civil society?" Too often the answer centers only on pushing out information. The more appropriate question for health policymakers would be "how do we enable civil society to mobilize us?" This is particularly true in countries with weak infrastructure, poor governance, stifled media, and meager resources. And part of the answer to this question is to support media capacity, growth, and freedom to engage with AIDS (Carrington 2002).

In countries facing, or about to face, the brunt of the AIDS pandemic, the media is changing fast. Privatization, globalization, and deregulation of the media industries have transformed the informational landscape. This media information revolution increasingly provides opportunities for a multitude of perspectives to be aired. These changes are characterized by multiple sources of information, including growing numbers of local radio stations and print publications. These are increasingly privately owned in countries once dominated by

the state media. There is television in places where there was none before, with multiple, usually commercial channels where once there was only one. The new technologies of the Internet and mobile telephony are also changing how people communicate. In place of limited information coming from a few authoritative sources, many messages are now passed between growing numbers of individuals and organizations in increasingly networked societies. It has become far more difficult to target information and fewer sources are automatically accepted as authoritative.

Just as within broader economic terms, businesses, governments and other institutions depend not only upon hearing but also on being heard for their success (Branscomb 1994), so too do those within the information economy around HIV/AIDS. Placing HIV within an information economy allows us to draw upon and leverage the resources of economic discourse. More importantly, it lays out within a simple, apolitical, logic the importance of bottom-up communication, as well as top-down information dissemination. This information economy features haves and have-nots, the empowered and the disempowered. It features a currency of life saving information and a monopoly on who produces and transmits it. The Bush administration's approach to AIDS prevention, focusing around abstinence, is a useful case in point. To what extent did this U.S. policy direction sublimate a domestic agenda to enable southern voices to emerge? How would this be read in terms of an AIDS information economy of haves and have-nots? Other donors, the UN and civil society are often also culpable of paying insufficient attention to the importance of empowerment of the voices of those most affected.

Donors, international NGOs, the UN, and others in the forefront of the response are unlikely to be wittingly seeking to control the discourse that shapes the response to HIV/AIDS. Yet in the battle to generate and disseminate AIDS messages and agendas, those high-disease burdened countries and communities at the receiving end are too rarely and insufficiently empowered to speak out on this issue (Scalway 2003). Where those most affected can use media and other communication channels to demand better services, life-saving drugs, and basic rights in relation to health, remarkable successes can follow. The work of the Treatment Access Campaign in South Africa is a notable example.

Creating networks

NETWORKING THE AIDS COMMUNITY involves creating connections across some of the political, social, and gender inequalities that fuel the epidemic (Panos/UNFPA 2001). There is potential for the changes in the contemporary media environments to make this happen through greater pluralism, access to information, and democratization. But these changes also bring about a highly advertising-driven and commercial media, often prone to sensationalism. There has been an explosion of radio stations in many developing countries and an associated upsurge in talk radio. Discussion programs, phone-ins and other talk-based formats are increasingly popular and provide some of the most powerful exam-

ples of development programming. This format brings greater equity to the production of knowledge and understanding about HIV/AIDS. Stories told by HIV positive people, sympathetically treated on a radio program, can arguably have far more effect than more conventional communication messages, and there are many examples of this happening (see Soul City example on www.comminit.com).

Community media, particularly community radio and the telecenter movement, offer useful entry points for this horizontal or bottom-up communication, but still receive little support within the context of HIV/AIDS. Partly because of ease of start-up, and ease of access, online communities offer a range of horizontal communication models amongst special interest groups, yet they are only starting to connect those who were hitherto out of touch. Africa only accounts for one percent of Internet usage for example. Empowering more marginalized groups living with HIV, particularly the rural poor, to enter into private dialogue or public debate about the response remains an imposing challenge. Despite traditional and faith-based community networks, innovations such as neighborhood health committees (Zambia Integrated Health Project 2004), and increasing access to broadcast media, the majority of those currently living with HIV may never have the means to meaningfully air their views to their publics and to their policymakers.

The "Access for All" theme needs to be seized upon by those working with AIDS and communication. Access to information, access to public debate, and access to a media that can speak for, to and across communities are all good rallying calls. All of us working with or for the media could usefully apply this slogan to bringing the communities most affected by HIV/AIDS into the discourses that determine the response. ♣

Thomas Scalway, Director, London Panos Institute AIDS Program
hiv aids@panoslondon.org.uk

References

- Branscomb, A.W. *The Economics of Information. Public and Private Domains of Information: Defining the Legal Boundaries*, 1994, www.asis.org
- Carrington, T. and Mark Nelson. "Media in Transition: The Hegemony of Economics," in *The Right to Tell: The Role of Mass Media in Economic Development*, World Bank, 2002.
- Farmer, P. *AIDS and Accusation. Haiti and the Geography of Blame*, University Of California Press, 1992.
- Human Development Report. *New Technologies and The Global Race for Knowledge*, 1999.
- Panos/UNFPA. *Communication for Development Roundtable Report*, 2001, www.panos.org.uk
- Scalway, T. *Missing the Message? 20 Years of Learning from HIV/AIDS*. Panos Institute, 2003, www.panos.org.uk
- Stiglitz, Joseph E. *The Concise Encyclopedia of Economics: The Library of Economics and Liberty*, www.econlib.org/library/enc/information.html
- Zambia Integrated Health Projects: Presentation, UNICEF Communication for Social Change Meeting, April 2004
- Zielinski, C. *The Changing Role of Information in Development, Health Information for Development Project*, 2001, <http://www.iwsp.org>

SCALING UP THE STRUGGLE

continued from page 14

focusing on women's vulnerability to HIV/AIDS. The Ministry of Tourism and other units have also conducted successful IEC programs, assessed through surveys. The Ministry of Education, Youth Affairs and Sports has sensitized one-third of teaching staff on HIV/AIDS-related issues. The Commission's abstinence program was launched in primary schools, with UNICEF funding.

Lessons Learned

THE BARBADOS NATIONAL HIV/AIDS COMMISSION is now providing technical assistance to other Caribbean National AIDS Programs (NAP), via peer-to-peer technical exchanges. Officers from NAPs of The Bahamas, Suriname, Dominica, Dominican Republic, Jamaica, Trinidad and Tobago, and Grenada have benefited from Barbados' assistance.

The Barbados program provides evidence of the beneficial impact of ART on morbidity and mortality from HIV infection, as has been reported in Europe, United States and Canada. ART effectively restores the immune system, reducing opportunistic infections and greatly improving patient management, costs, quality, and length of life. ART has made it increasingly possible to consider HIV infection as a manageable chronic disease. Best practice is still evolving, so the inclusion of ART in the Barbados program, though initially controversial in 2001, provides important lessons for others. Barbados was suitable as a pilot because of its small size, good fiscal management (making ART financially sustainable), and superior procurement and financial management capacity. Major difficulties, such as low compliance and drug resistance, have not arisen because ART was backed by well established infrastructure supported under the project: laboratory facilities and equipment, timely drug supply, adequately trained staff for diagnosis and treatment, and adequate patient follow up in their communities and in hospital.

In summary, the results in Barbados indicate that ART drugs significantly improve survival, treatment adherence is high, reducing the risk of HIV-drug resistance, and that the expanded program generated considerable client satisfaction and increased health-seeking behavior. Barbados is a model for enhanced HIV/AIDS treatment and care in developing countries. ♣

Patricio Marquez, Lead Health Specialist and Regional HIV/AIDS Focal Point, Human Development Department, Latin America and the Caribbean, The World Bank

Unprotected Women

Gender and the Legal Dimensions of HIV/AIDS

BY A. WAFAS OFOSU-AMAAH

WORLDWIDE, WOMEN'S INFECTION RATES continue to spiral. Women now constitute 50 percent of infected people in the Caribbean, 55 percent in Middle East and North Africa region, and 58 percent in Sub-Saharan Africa (UNAIDS, 2002). In Africa, 68 percent of all young persons infected are female. HIV/AIDS is one of the most complex challenges facing the world, because it poses an unprecedented threat to human welfare. HIV/AIDS is fueled by key economic, socio-cultural,

legal, and physiological factors that are different for women and men. Because HIV/AIDS is spread primarily through sexual contact, it is also driven by the unequal power relations between the sexes.

Gender and HIV/AIDS

RESEARCH CONDUCTED BY THE WORLD BANK shows that the more unequal gender relationships are in a country, the higher is its HIV prevalence rate (World Bank, 2001). Gender



differences affect risk and vulnerability factors for HIV/AIDS in many complex ways because gender norms influence people's attitudes to femininity and masculinity, fidelity, risk taking, and therefore men's and women's relative ability to protect themselves (see box).

Women often have low legal status

THE SUBORDINATE ROLES OF FEMALES in many segments of society, such as in the household or in family relations, places them at a disadvantage as far as HIV/AIDS is concerned (for example, with regard to stigma and alienation). Their subordinate roles are often reinforced under the law as well. Some legal and regulatory systems result in different, often discriminatory, outcomes for women and men, in the following areas:

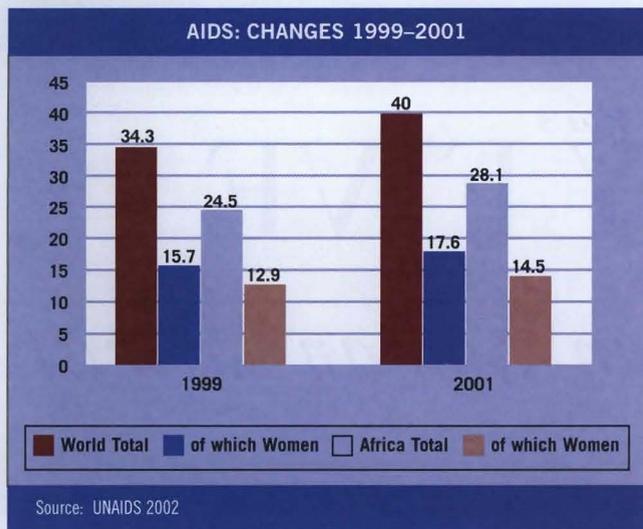
- Property rights: because laws generally deny women the right of inheritance or succession.
- Employment: because laws often do not provide benefits for HIV/AIDS victims and their families.
- Trafficking and sexual abuse: because some laws provide narrow definitions and require trials in open court that effectively deter enforcement.
- Rape, sexual harassment and coerced sex: because narrow definitions for these offenses in some legal systems, coupled with the associated stigma, transform a rape victim into a suspect, deny rights if the victim is married to the offender, or decriminalizes many kinds of unwanted sexual advances.
- Reproductive rights: because some laws do not grant women, especially young women, the right to control their fertility.
- Marriage: because some laws do not recognize co-ownership of family property, equal division of property upon the termination of marriage, or marital rape.
- Mixed legal traditions: because in some legal traditions, discrepancies between statutory law and customary law result in unequal treatment in the areas of inheritance rights, ownership of family property, separation, divorce and child custody.

International human rights and implementation obstacles

MOST MEMBERS OF THE UNITED NATIONS have ratified a number of international human rights instruments, such as the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW). By ratifying CEDAW, the 163 State parties to the convention obligate themselves to incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and enact laws prohibiting discrimination against women. But the lack of strong and effective institutions is a serious obstacle to the implementation of international treaties and national laws. Even at the central level, institutions charged with protecting individual rights have severe capacity and resource constraints. Court systems often do not function effectively, and are clogged and ill equipped. At local levels, this limited capacity creates serious enforcement challenges.

GENDER GENDER NORMS AND RISK AND VULNERABILITY FACTORS

- | GENDER GENDER NORMS AND RISK AND VULNERABILITY FACTORS | |
|--|---|
| FEMALES | <ul style="list-style-type: none"> ▶ Society's notions of femininity often restrict women's ability to ask for information on sex and exposes them to rape and sexual coercion; ▶ The value placed on marriage and marital relations in some societies sometimes hinders a woman's ability to negotiate the conditions of sex or demand the use of condoms by an HIV-positive spouse; ▶ Female roles as caregivers increase their respective share of the HIV/AIDS burden; ▶ Women's economic dependence on male earners increases their vulnerability to coerced sex; ▶ Some traditional practices such as widow inheritance, bride price, and female genital mutilation increase women's risk of contracting HIV/AIDS; ▶ Gender-based violence, especially among intimate sexual partners, increases vulnerability to HIV infection; ▶ Hazards in certain female-dominated professions (e.g., commercial sex work) expose more women to risk; and ▶ The culture of silence around sex limits women's access to information, ability to negotiate safe sex, or avoid stigma. |
| MALES | <ul style="list-style-type: none"> ▶ Society's notions of masculinity prevent males from admitting their lack of knowledge about sex and means of protection; ▶ Socialization of males and tacit condoning of male risk taking, including multiple sexual partners, lead males to engage in high-risk behaviors; ▶ Because of homophobia and stigmatization of men who have sex with men, such men keep their sexual orientation a secret and deny their sexual risk, thereby increasing their own and their partners' risks; ▶ Hazards in certain male-dominated professions, including separation from family for those in the armed forces, long distance drivers, migrant workers, etc., lead many men to seek multiple sexual partners. |



Law enforcement failures

IN MANY CASES WHERE LAWS ARE EQUITABLE, women do not know their rights, nor have the economic means to secure these rights because mandatory court representation by lawyers and official fees restrict access to justice. Excessive delays within the judiciary also impinge on such access to justice. The attitudes of law enforcement officers and agencies, local council and court officials, police and prison service personnel, are influenced by perceptions that are often shaped by prevailing customary and traditional attitudes to gender issues.

Many countries have been considering law reform to promote gender equality, but progress in achieving reforms is often very slow. For example, the reform of the Domestic Relations Law in Uganda commenced in 1965 with a Commission of Inquiry into Marriage, Divorce and the Status of Women. This Commission found that the applicable law provided different grounds for divorce for women and men and recognized customary practices such as widow inheritance. Furthermore, the law contravened Ugandan constitutional provisions outlawing legislation, cultures, customs or traditions that undermine the welfare, interest or status of women. The outcome of this Commission's findings, almost thirty years later, is a Draft Domestic Relations Bill, which is yet to be passed by the Ugandan Parliament.

A broad and challenging agenda

THE NECESSARY LEGAL AND REGULATORY ADVANCES have not kept pace with the evolution of the epidemic. Clearly, a comprehensive and sustainable response to the HIV/AIDS threat must include the establishment of a viable legal and regulatory framework that acknowledge and address the different impacts of the pandemic on males and females. This is a challenging agenda indeed, because it requires that the interconnections between economic, social and cultural issues in this pandemic be addressed from a legal perspective and that the legal system and the courts intervene or respond accordingly. This has not yet been achieved. As an important

first step, it is important to sensitize legislatures, the judiciary, legal and justice sector professional and the law enforcement community, including especially the police, about the gender dimensions of the pandemic.

Entry points for solutions include:

- *Safe and secure environments* for young girls and good quality, youth-friendly information and sexual health services.
- *Privacy and confidentiality* in voluntary-counseling and testing services, including separate counseling for males and females.
- *Legal literacy and legal aid services* to promote and enforce women's rights under customary and statutory law.
- *Sensitization of law enforcement officials, police, legal profession and judiciary* about the gender and legal dimensions of HIV/AIDS. This is important, given the relatively new nature of the epidemic.
- *Strategic litigation*, through filing of test cases on legislation that violates the Constitution, that would force legislatures to act quickly on law reform.
- *Anti-stigma and anti-discrimination* laws, policies, strategies, practices and educational programs targeting the sexual and economic exploitation of females.
- *Criminalization of willful transmission*, including marital rape and spousal forced sex.
- *Reproductive law and policy* to enable women to make decisions free of coercion, violence and discrimination and to promote access to safe services and information.

A multisectoral response, such as the one the World Bank has adopted, is an important approach to addressing women's and men's different vulnerability to HIV/AIDS. This approach should target both women's economic empowerment and women's rights, especially their rights to: safe sex; freedom from coercion; access to resources (i.e., property rights in marriage, divorce and upon death of a spouse); privacy (voluntary counseling and testing being a good entry point); services (health, counseling, legal aid); workplace protections; and protection from stigma and victimization. ▲

A. Waafas Ofoosu-Amaah. Senior Gender Specialist, Gender and Development, Poverty Reduction and Economic Management, The World Bank.

References:

- Albertyn, Cathi. *Prevention and Care in the Context of Human Rights*, prepared for the Expert Group Meeting on the HIV/AIDS Pandemic and its Gender Implications, November, 2000, Windhoek, Namibia. UN Document EGM/HIV-AIDS/2000/WP1
- Human Rights Watch. *Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda*, August 2003, Vol. 15, No. 15 (A).
- Rao Gupta, Gita. *Gender, Sexuality and HIV/AIDS: The What, the Why and the How*, Plenary Address, XIIIth International AIDS Conference, Durban, South Africa, July 2000.
- UNAIDS. Global Update, December 2002, at www.unaids.org
- World Bank, Policy Research Report. *Engendering Development—Through Gender Equality in Rights, Resources and Voice*, Oxford University Press, 2001, www.worldbank.org/gender/prr/

FREE BY FIVE

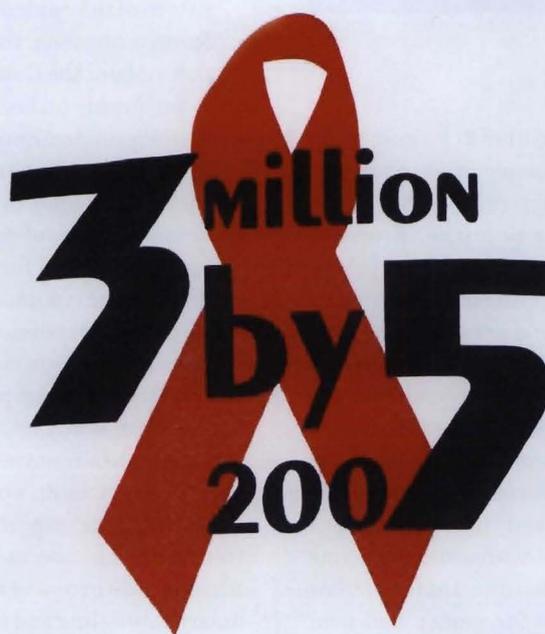
The View of an African Woman Activist

BY ROLAKE
ODETOYINBO NWAGWU

LIKE THAI ACTIVISTS WOULD SAY, I want to be free by five. I want to be free to dream, free to plan for my future, and free to live my life. A meaningful healthy life is what my dreams are made of. The World Health Organization (WHO) gave me a new lease on life and raised my hopes when its plan to treat three million people by 2005 (3 by 5) was announced. In November 2003, I was part of the WHO/UNAIDS meeting in Lusaka, Zambia, for Achieving Consensus on How to Scale-Up Antiretroviral (ARV) in Resource-Limited settings. At the meeting, we made recommendations, which were released on World AIDS Day. You can understand why I am now on my toes, eagerly waiting for life saving medicines to help me live with HIV, rather than die from AIDS.

Drugs are not for all

I AM FULLY CONVINCED that 2004 would see an influx of drugs into Nigeria. If all promises are kept, then at least 40,000 people, about ten percent of Nigerians living with HIV would get ARV. Most of them, sadly, are not the ones who need it the most. City dwellers, who are privy to the knowledge of drug availability, are the ones who will access these drugs, like they did with the Nigerian government's provision of ARV for 10,000 people two years ago. Antiretroviral centers would soon start springing up, but where are the locations? The easiest way to increase access for the privileged class is to put services in centers accessible only to care providers and a few urban individuals. Another way is to make as little noise about



it as possible, knowing that, once those most in need get wind of drug availability, there'll be greater demand. Finally, they would do little or nothing to revamp, upgrade, and staff community health centers, which are the only sources accessible to non-urban dwellers.

If we are sincerely concerned about making AIDS related services accessible to all—*all* being the key word here—then we must remember the poor, marginalized, and hard to reach groups in our local communities. We can't afford to ignore the sisters in the outback who are unable to leave their villages. Women are the care providers, the food

providers, and the ones who give birth. There are large-scale programs all across Africa on PMTCT, but very few of them look beyond the baby and include the mother. In my country, there are at least 4 million people living with HIV, 58 percent of them women. One in every three babies born to HIV positive women is infected. Our women go through mandated HIV testing, but with little or no pre- and post-test counseling. The very first thing a positive pregnant woman is told in the ante natal clinic (which is where most women discover their HIV infection) is that the life of her unborn child should be her key concern. Nobody reinforces her own need for care and treatment or her right to life. She's dealt with only as a vector for HIV, and told that her role is to make sure she does not pass the virus on to the "precious future leader in her womb". What happened to PMTCT plus? Where is PMTCT as an entry point to care and treatment programs? What would happen to those children who fall through the PMTCT cracks? Access for all means access to pediatric ARV for all infected children, or we might assume the current agenda is simply to produce HIV negative orphans.



Coverage of adults in developing countries on antiretroviral treatment, by WHO Region, situation as of November 2003

REGION	Number of people on treatment	Estimated need	Coverage
Africa	100,000	4,400,000	2%
Americas	210,000	250,000	84%
Europe (Eastern Europe, Central Asia)	15,000	250,000	19%
Eastern Mediterranean	5,000	100,000	5%
South-East Asia	60,000	900,000	7%
Western Pacific	10,000	170,000	6%
ALL WHO REGIONS	400,000	5,900,000	7%

Source: WHO 2003

We cannot afford to repeat the same mistake of putting the cart before the horse; let's remember that the scaling up of HIV/AIDS programs cannot and would not happen independent of treatment literacy. The end users of the drugs need education on what these drugs are, who needs them, and how they work in the body; also, on drug interactions and side effects, and the need for complete adherence. We need to clear all doubts in the people's mind, and let them see that ARV, while not a cure for AIDS, sure does save lives. Then we must go a step further and explain the role of nutrition and good hygiene practices in disease management.

Privileging patent drugs

IT IS DISTRESSING to listen to the U.S. government arguing against the safety of generic drugs. Why undermine the Global Fund and WHO? Why create doubts about fixed dose combinations and the safety of available drugs? Why set our people back 5 years by fostering the debate about generic versus patent drugs? If the U.S. wants to set up a parallel body to the Global Fund, then it should do so without using the Pull-Her-Down (PHD) tactic. Access to affordable medicines is what Africa wants. We need to rebuild our faith in our leaders who consistently fail us. It is an uphill task persuading our local communities to accept aids from the "white man," because the last time we welcomed him into our midst our fathers ended up in slave camps. My people could not care less if this white man is called Global Fund, WHO, EU, or U.S.A.; the only thing we know is that these men and women originated from across the ocean. What they hold in their hands are pills rather than bibles, which the first set held 300 years ago, but what they offer is still the same—life. The former promised life after death, the latter offers life before death.

We have moved from being suspicious of the developed countries to accepting that we are partners in the fight against HIV/AIDS, because we are told that the world is a global village. But if this is the case, the patent defenders must stop pulling apart the Treatment Education that local activists spent years and scarce resources putting together. It is no

logic, it makes more sense to 'patently' treat one person than 'generically' treat four. Yet, American tax-payers' money is supposed to provide "Access for All."

Stigma and discrimination

FINALLY, COMPREHENSIVE SCALING UP cannot afford to underestimate the role of the twin brothers from hell—Stigma and Discrimination. Due to the current level of stigma and discrimination associated with HIV infection, many people who are affected in Nigeria are in acute denial. Most would rather die than disclose their HIV status; others do not voluntarily seek to be tested. There is little community support or involvement. Currently, the harms of HIV status disclosure outweigh the benefits. If this problem continues unchecked, HIV infection will increase, causing untold damage to the nation and its population, with women bearing the brunt in a very patriarchal society.

We look forward to "Access for All," and not increased access for some. Let's resist the capitalists' agenda of the rich getting richer and the poor getting poorer—or, to put it more succinctly, the rich getting healthier and the poor getting sicker and dying off.

The HIV positive African woman, without access to drugs, might become an endangered species that would soon be extinct.

Rolake Odetoyinbo Nwagwu is an AIDS educator and activist living with HIV. She coordinates the Treatment Action Movement (TAM) Nigeria, an arm of the Pan African Treatment Action Movement (PATAM). She currently writes a weekly column titled IN MOMENTS LIKE THIS – Living with HIV, in the *Sunday Punch*, Nigeria's most widely read newspaper.

She can be contacted through:

Journalists Against AIDS (JAAIDS) - 42, Ijaiye Road, Ogba, Lagos, Nigeria
234-1-7731457, rolake@nigeria-aids.org

Hope Amidst a Crisis

Zambian Youth at Risk

BY NAMVULA MUNTEMBA RENNIE

KAMBOLE KASWEKA IS THIRTEEN YEARS OLD. If you did not know his story, and took the time to look through his wide smile and into his eyes, you would think that he was just another teenager. But like more and more young people in Zambia, he has found himself having to fend for his younger brother and sister after the death of his parents of AIDS-related diseases, five years ago. His grandmother, who had taken care of the children when their parents died, became too old and sick to work and to take care of them. The children had to drop out of school, and Kambole and his younger brother have turned to begging in order to survive—at times Kambole and his sibling have gone for up to three days without food.

Kambole's story is literally one in a million. Currently, there are close to a million orphans of AIDS in Zambia alone, an especially disturbing fact given that Zambia has a population of only 10 million. These orphans now account for 78 percent of the total number of orphans in the country. Zambia is one of the countries hardest hit by the AIDS pandemic, which has spread across sub-Saharan Africa with devastating speed. Current official estimates place just under one in five adults as being HIV-positive, but in certain major cities up to one in three adults is infected. In 2001 alone, an estimated 120,000 people died of AIDS-related diseases.

Families that were once barely scraping by have become entrenched in poverty, and those relatively well off now find themselves struggling to get by. Since AIDS often strikes people in their most productive years, many families have lost their breadwinners. The severity of the pandemic, the sheer number of orphans, and rising poverty have meant that the extended family, which in the past absorbed orphans, is unable or unwilling to take on the additional burden of caring for AIDS orphans. This leaves young people, such as Kambole, having to fend for them-

selves and their siblings. Like Kambole, many AIDS orphans have to drop out of school. With limited skills and opportunities for employment, they turn to the streets to engage in begging or prostitution, seen as the only avenues open to them.

The problem appears insurmountable: unemployment and the percentage of people subsisting on less than one US dollar per day both stand at about 80 percent; until recently, international commitment to tackling the pandemic was shamefully lacking; funding for prevention and care programs remains inadequate; relatively high drug prices put life-enhancing medications out of reach for the majority of the infected people; effective government intervention has been slow to emerge; while attitudes that fuel the epidemic, such as stigma and denial, persist.

This kind of story we are all too familiar with: Africa the dying continent; Africa the hopeless continent. But there is another side to this story—one of struggle and dignity, and of small everyday victories. Ordinary Africans and other concerned citizens of the global village are fighting a battle that is having a very real impact on stemming the tide, and mitigating the impact of the pandemic. Grassroots organizations and groups have sprung up, ranging from educational drama groups and youth-run magazines, to rehabilitation projects for sex workers and support for children orphaned by AIDS.

In Zambia, too, many people are responding to the problem in innovative and effective ways. The Kwasha Mukwenu (Help Your Neighbor) group, in one of the poorest compounds of Lusaka, the capital city, is one of hundreds contributing to the fight against the impacts of AIDS.

Twenty women engage in income-generating activities, such as tie and dye, and baking, and receive donations to provide schooling, food, and medical assistance to over 2000 orphans in their community. Another project, Mulele Mwana (Look after the Child), teaches skills including tailoring, carpentry, and computing to orphans who have to drop out of

"Voices from the Field" provides first-hand insight into issues of current concern to the development community. To participate, send your stories to: devoutreach@worldbank.org. Make your voice heard.

EIGHTEEN YEAR-OLD ARTIST PAUL OLAJA is from Kampala, Uganda. Paul lost both parents to AIDS, and was brought to live at the Tender Talents Magnet School. While there he was encouraged to pursue his artistic talent. As part of the Children of Uganda Tour of Light in 2002, a dance group that aims to increase awareness of HIV/AIDS and its impact on children, Paul met a couple who were to become his sponsors. Karen and Leon Dillard have spend the past two years encouraging and promoting Paul's art. Paul plans not only to use his painting to fund his own education, but also to help other children in the community.
CONTACT: kdillard@worldbank.org



WATER

school and, like Kambole, have to care for themselves and their siblings. The Ipusukilo (Where You Can Be Saved) project on the Copperbelt provides alternative-to-sex-work sources of income to young women, many of whom are struggling to head households.

Further south in Monze, Kambole's rural hometown, is Monze Mission Hospital, which facilitates an AIDS prevention and care project to raise AIDS awareness and manage home-based care for AIDS patients. When parents die, the project assumes support for the children. Almost 700 children, including Kambole and his siblings, are assisted by the project. Kambole and his brother still cannot afford to go to school, but now they receive food from the project, which helps keep them off the streets. With the help of the project, the two boys are able to send their younger sister, Precious, to school.

On their own, these efforts may not nearly be enough. For there to be noticeable and sustained mitigating effects on the impact of the pandemic, a great deal more commitment from the international community and governments of the affected countries is needed. But the above projects, and thousands more, are reaching out and helping children and families affected by AIDS who might otherwise have found themselves with little hope.

Namvula Muntemba Rennie is an M. Sc student in Violence, Conflict, and Development at London University's School of Oriental and African Studies. This article, with minor changes, first appeared in the School's student magazine, *SOASSpirit*, No. 2, Vol. 1 (January-March 2004).

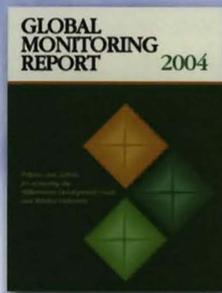


RIVER

HIV/AIDS RELATED TITLES FROM WORLD BANK PUBLICATIONS

Providing comprehensive analysis of HIV/AIDS and its threat to economic and social growth in the developing world.

Global Monitoring Report 2004: Policies and Actions for Achieving the Millennium Development Goals and Related Outcomes

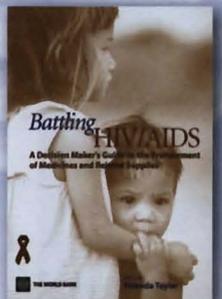


The turn of the century was marked by some significant events for world development, including the Millennium Declaration—signed by 189 countries in September 2000—which led to the

adoption of the Millennium Development Goals. The task now is implementation—to translate vision into action. The new *Global Monitoring Report* provides an integrated assessment of the policies and actions needed to achieve the Millennium Development Goals, which set clear targets for eradicating poverty, combating HIV/AIDS, other diseases, and other sources of human deprivation. Produced in cooperation with the International Monetary Fund (IMF) and other international partners, the Report assesses how the various parties—developing countries, developed countries, and international financial institutions—are playing their part under the agreed development partnership and highlights progress on the development policy agenda.

June 2004. 224 pages. Stock no. A15859 (ISBN 0-8213-5859-6). Price US\$26.

Battling HIV/AIDS: A Decision Maker's Guide to the Procurement of Medicines and Related Supplies



Yolanda Tayler, editor

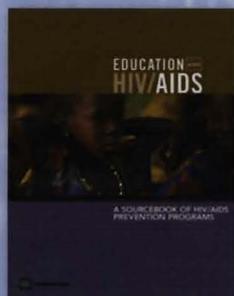
Battling HIV/AIDS sets out principles and provides advice on the procurement of HIV/AIDS medicines and related supplies for programs scaling

up antiretroviral therapy (ART) and associated health services. This technical guide examines the elements required to establish and ensure continuity of supplies, including medicines and other commodities. *Battling HIV/AIDS* is a valuable resource for implementing agencies and donors dealing with HIV/AIDS related procurement.

July 2004. 104 pages. Stock no. A15848 (ISBN 0-8213-5848-0). Price US\$15.

A Sourcebook of HIV/AIDS Prevention Programs

Alexandria Valerio and Donald Bundy, authors



The *Sourcebook* aims to support efforts by countries to strengthen the role of the education sector in the prevention of HIV/AIDS by helping countries share their practical experiences of

designing and implementing programs that are targeted at school-age children. The *Sourcebook* provides concise summaries of these programs, using a standard format that highlights the main elements of the programs, making it easy to compare the programs with each other.

January 2004. 400 pages. Stock no. A15757 (ISBN 0-8213-5757-3). Price US\$35.

French edition: June 2004. Stock no. A15763 (ISBN 0-8213-5763-8). US\$35.

Portuguese edition: January 2004. Stock no. A15765 (ISBN 0-8213-5765-4). US\$15*.

*Content is the same as the English and French editions. Lower price is due to a difference in production quality.

REGIONAL PERSPECTIVES

Addressing HIV/AIDS in East Asia and the Pacific

Michael Borowitz, Elizabeth Wiley, Fadia Saadah, and Enis Baris, authors

Health, Nutrition, and Population Series. August 2004. 120 pages. Stock no. A15916 (ISBN 0-8213-5916-9). Price US\$15.

Averting AIDS Crises in Eastern Europe and Central Asia: A Regional Support Strategy

Olusoji Adeyi, Enis Baris, Sarbani Chakraborty, Thomas Novotny, and Ross Pavis, authors

September 2003. 222 pages. Stock no. A15580 (ISBN 0-8213-5580-5). Price US\$25.

HIV/AIDS in the Middle East and North Africa: The Costs of Inaction

Carol Jenkins and David A. Robalino, authors

September 2003. 196 pages. Stock no. A15578 (ISBN 0-8213-5578-3). Price \$22.

Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis

September 1999. 78 pages. Stock no. A14572 (ISBN 0-8213-4572-9). Price US\$12.

HIV/AIDS in Latin American Countries: The Challenges Ahead

Isabel Nogueira, Karen Cowgill, and Anabela Abreu, authors

Health, Nutrition, and Population Series. October 2003. 328 pages. Stock no. A15364 (ISBN 0-8213-5364-0). Price US\$20.

HIV/AIDS in the Caribbean: Issues and Options

World Bank Country Study. March 2001. 88 pages. Stock no. A14921 (ISBN 0-8213-4921-X). Price US\$22.

To Order:

World Bank Publications

P.O. Box 960, Herndon, VA 20172-0960, USA Telephone: 703-661-1580 or 800-645-7247 Fax: 703-661-1501 www.worldbank.org/publications

AVAILABLE AT BETTER BOOKSTORES

ADOH



WORLD BANK
Publications

The reference of choice on development

Looking for development information, networking opportunities, likeminded partners, a professional exchange? Reaching those goals is as close as your computer screen. A network of development websites will take you to the four corners of the world and will put you in touch with a multicultural cornucopia of knowledge.



THE INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC) is a public corporation created by the Parliament of Canada in 1970 to help developing countries use science and technology to find practical, long-term solutions

to the social, economic, and environmental problems they face. The Center's mission is to strive to optimize the creation, adaptation, and ownership of the knowledge that people of developing countries judge to be of the greatest relevance to their own prosperity, security, and equity. The website includes a library, which contains archives of research materials and photo materials.

Visit: www.idrc.ca

BELOW ARE HIGHLIGHTS FROM TWO RECENT IDRC REPORTS:

INFORMATION AND COMMUNICATION TECHNOLOGIES FOR DEVELOPMENT (ICT4D)

The report provides an overview of HIV/AIDS, the ways ICTs are being used to address the pandemic, and some preliminary information on the views of those working in developing countries. ICTs are seen as a potential tool in the global response to the pandemic because they offer the feasibility, at relatively low cost, of providing access to information and knowledge for those working on the problem, to those who are suffering from the disease or its effects, and to those who need to take preventive actions. However, there is a general concern that scarce resources will be spent on technology rather than on the critical needs of basic infrastructure and that inappropriate attention to ICTs may actually be negative for developing countries and for the poor.

This report is based on information gathered through a review of the literature; a review of HIV/AIDS-related Websites; and surveys of discussion group participants

and AIDS activists. It is evident from this brief review, that for those who do have access to the Internet, there are many useful ways to obtain information and to communicate with others who are working on similar issues. However, there were concerns expressed that discussion fora are more useful to Northern funders/organizations than for those in developing countries. It is apparent that Internet-based technology in Africa will remain limited in availability and use for large numbers of people.

Full report found at:

http://idrinfo.idrc.ca/archive/corpdocs/118897/HIV_ICT_FR.pdf

GOVERNANCE, EQUITY, AND HEALTH (GEH)

Existing research makes it clear that issues of human resource capacity, at the clinical as well as the management level, are central to the strengthening of primary health care (PHC) services. As these services form the basis of South Africa's HIV strategy, how will the scaling-up of HIV programs impact upon human resources and the quality of HIV services? In the context of a health system that has the basic management and health infrastructure in place, this project will be located in two sites rendering primary-level care: one urban "township" site in Cape Town and one remote rural site in the Eastern Cape.

Links to the GEH Study

Assessing the Impact of HIV/AIDS on Health Service Capacity at Primary Care Level

http://web.idrc.ca/en/ev-55639-201-1-DO_TOPIC.html

Sexual violence and HIV risk in South Africa

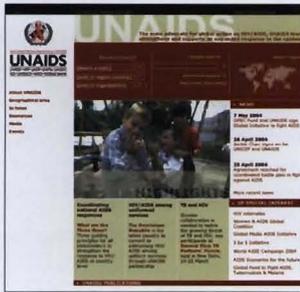
http://network.idrc.ca/ev.php?URL_ID=31681&URL_DO=DO_TOPIC&URL_SECTION=201&reload=105525308

Équité et accès aux soins pour HIV/SIDA au Burkina Faso

http://network.idrc.ca/ev.php?URL_ID=33716&URL_DO=DO_TOPIC&URL_SECTION=201&reload=1057862262

Circles of Care

http://network.idrc.ca/ev.php?URL_ID=31953&URL_DO=DO_TOPIC&URL_SECTION=201&EXIT_URL_ID=24613&EXIT_URL_ID=DO_TOPIC&EXIT_URL_SECTION=201&reload=1055523105



THE JOINT UNITED NATIONS PROGRAM ON HIV/AIDS, UNAIDS, is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and

support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

Visit: www.UNAIDS.org

UNAIDS COSPONSORS:

United Nations Children's Fund (UNICEF)
www.unicef.org/aids/index/html

United Nations Development Program (UNDP)
www.undp.org/hiv/index.html

United Nations Office on Drugs and Crime UNODC)
www.unodc.org/unodc/drug_demand_hiv_aids.html

United Nations Educational, Scientific, and Cultural Organization (UNESCO)
www.unesco.org/education/educprog/pead/

United Nations Population Fund (UNFPA)
www.unfpa.org/hiv/index.html

World Bank
www.worldbank.org/AIDS

World Food Program (WFP)
www.wfp.org/index.asp?section=1

World Health Organization (WHO)
www.who.int/health-topics/hiv.htm

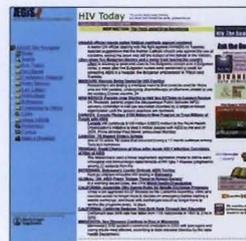
OTHERS



WBI LEADERSHIP PROGRAM ON AIDS supports the World Bank's intensified efforts in AIDS lending and research and contributes to a critically important but still neglected need for leadership and capacity building. The program has been developed in collaboration with World Bank staff and country clients, UNAIDS,

bilateral and multilateral donors, researchers and practitioners, business leaders and the NGO community as well as other partners as appropriate.

Visit: www.worldbank.org/wbi/aidsleadership/



THE EDUCATION GLOBAL INFORMATION SYSTEM (AEGIS) began in the mid-1980s and has continued to be the definitive web-based reference for HIV/AIDS-related information. The collaborative effort of many organiza-

tions and individuals has enabled the creation of this vast database of facts regarding the history, prevention and treatment of HIV/AIDS—to date over 1 million files. Through our keyword-searchable knowledgebase, AEGIS offers cutting edge information via HIV/AIDS specific publications and news sources from around the world. In addition, an array of reference materials is offered. As new aspects of HIV/AIDS arise, AEGIS will continue to extend its efforts towards the dissemination of potentially life saving information.

Visit: www.aegis.com



HIV INSITE is developed by the Center for HIV Information (CHI) at the University of California San Francisco (UCSF), one of the world's leading health sciences institutions. Within UCSF, HIV InSite is produced in collaboration with the San Francisco Veterans

Affairs Medical Center, the Positive Health Program at

San Francisco General Hospital and the Center for AIDS Prevention Studies, components of the University's AIDS Research Institute. Launched in March 1997, HIV InSite's mission is to be a source for comprehensive, in-depth HIV/AIDS information and knowledge. The site has an extensive collection of original material, including the HIV InSite Knowledge Base, a complete textbook with extensive references and related links organized by topic. Unlike many commercially oriented sites, HIV InSite's policy is to link to the best of the Web, and thousands of links to external Web sites are incorporated into the site's original content. It is the policy of HIV InSite to allow free, anonymous access to all of the site's content.

Visit: www.hivinsite.com



THE GLOBAL FUND was created to finance a dramatic turnaround in the fight against AIDS, tuberculosis and malaria. These 3 diseases kill more than 6 million people each year, and the numbers are growing. This massive scaling-up of resources

is already supporting aggressive interventions against all three. As a partnership between governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. The Global Fund does not implement programs directly, relying instead on the knowledge of local experts. As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organizations involved in health and development issues to ensure that newly funded programs are coordinated with existing ones.

Visit: www.theglobalfund.org



THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) is recognized as the lead federal agency in the USA for protecting the health and safety of people—at home and abroad, providing credible information to enhance health decisions, and promoting health

through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people. CDC is an agency of the Department of Health and Human Services.

Visit: www.cdc.gov



THE INTERNATIONAL AIDS ECONOMIC NETWORK (IAEN)

provides data, tools and analysis on the economics of HIV/AIDS prevention and treatment in developing countries, to help developing countries devise cost-effective responses to the global epi-

demic. The network began in 1993 as an informal group of researchers, policymakers, program administrators and others from development agencies, multilateral institutions, universities and NGOs. Since 1997 the network has championed the use of new information technologies—especially e-mail and this website—to link researchers and the HIV/AIDS policy community world wide. Major support has been provided by UNAIDS, the World Bank, and USAID, while additional support has been provided by the POLICY Project, the European Commission, ANRS, and Merck & Co. Inc.

Visit: www.iaen.org



THE SYNERGY PROJECT is a five-year, performance-based contract that provides technical assistance and services to the United States Agency for International Development (USAID) to design, evaluate, and coordinate HIV/AIDS programs and identify and

disseminate lessons learned from these programs. In April 1999, USAID awarded The Synergy Project to the former TvT Associates, Inc. (now TvT Global Health and Development Strategies, a division of Social & Scientific Systems, Inc.) and TvT's subcontractor, the University of Washington. TvT Global Health and Development Strategies (GHDS) has provided technical and advisory services to public health programs in more than 60 countries. In recent years, GHDS has focused on enhancing the international response to HIV/AIDS.

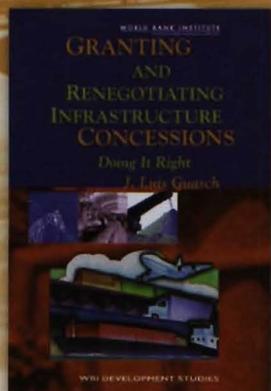
Visit: www.synergyaids.com

Granting and Renegotiating Infrastructure Concessions: Doing It Right

J. Luis Guasch, author

"This fascinating book carries out an empirical analysis of the unfortunate history of concession over the past two decades to offer a blueprint for concession design that holds open the prospects that future concessions might at least avoid the pitfalls of the past, reducing the incidence of renegotiation and improving sector and economic performance."

— Joe Stiglitz, Nobel Prize in Economics, Columbia University



Little over a decade ago, infrastructure concessions promised to solve Latin America's endemic infrastructure deficit. Awarded in competitive auctions, these concessions were supposed to combine private sector efficiency with rent dissipation brought about by competition. Yet something did not go quite right, as concessions were plagued with opportunistic renegotiations, most of them at the expense of taxpayers.

Granting and Renegotiating Infrastructure Concessions is a major contribution toward understanding what went wrong and what should be done differently in the future to reap the potential benefits of infrastructure reform and private

participation in infrastructure provision.

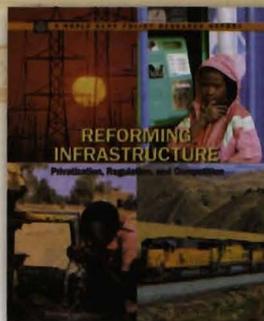
World Bank Institute Development Study. April 2004. 200 pages. Stock no. A15792 (ISBN 0-8213-5792-1). Price US\$25.

Reforming Infrastructure: Privatization, Regulation, and Competition

Ioannis Kessides, author

Recognizing infrastructure's importance, many countries over the past two decades have implemented far-reaching infrastructure reforms—restructuring, privatizing, and establishing new approaches to regulation. *Reforming Infrastructure* identifies the challenges involved in this massive policy redirection within the historical, economic, and institutional context of developing and transition economies.

World Bank Policy Research Report. A Copublication with Oxford University Press. May 2004. 200 pages. Stock no. A15070 (ISBN 0-8213-5070-6). Price US\$25.



Leadership and Innovation in Subnational Government: Case Studies From Latin America

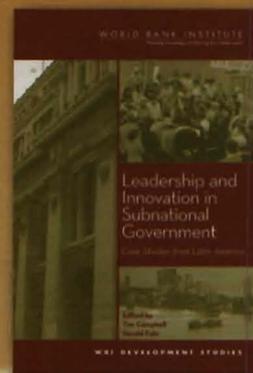
Tim Campbell and Harald Fuhr, editors

As no other book on this subject has done before, *Leadership and Innovation in Subnational Government* provides a deep understanding of the genesis and evolution of change as local leaders cope with the challenges of governing in decentralized democracies.

One of the most striking features shown by the cases studies in this volume is that local authorities have been change makers often without help from outside, from national or international agencies. The authors, Tim Campbell and Harald Fuhr, call these local enterprising risk takers an "engine of change."

While the case studies focus on Latin American local governments, the authors provide a range of useful information on innovations, policy and practice that are applicable to local governments throughout the world, particularly in developing countries.

World Bank Institute Development Study. March 2004. 350 pages. Stock no. A15707 (ISBN 0-8213-5707-7). Price US\$20.



To Order:

World Bank Publications

P.O. Box 960, Herndon, VA 20172-0960, USA Telephone: 703-661-1580 or 800-645-7247 Fax: 703-661-1501 www.worldbank.org/publications

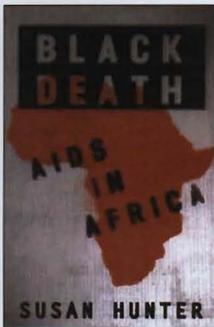
AVAILABLE AT BETTER BOOKSTORES

ADOINL



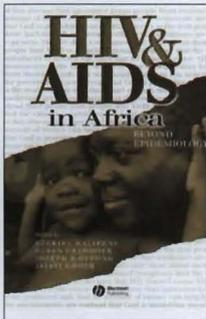
WORLD BANK
Publications

The reference of choice on development



BLACK DEATH: AIDS IN AFRICA,
by Susan Hunter. Palgrave
Macmillan, 2003.

Noted specialist Susan Hunter tells the untold story of AIDS in Africa, home to 80 percent of the 40 million people in the world currently infected with HIV. She weaved together the history of colonialism in Africa, an insider's take on the reluctance of drug companies to provide cheap medication and vaccines in poor countries, and personal anecdotes from the 20 years she spent in Africa working on the AIDS crisis. Taken together, these strands make it unmistakably clear that a history of the exploitation of developing nations by the West is directly responsible for the spread of disease in developing nations and the AIDS pandemic in Africa. Hunter looks at what Africans are already doing on the ground level to combat AIDS, and what the world can and must do to help.

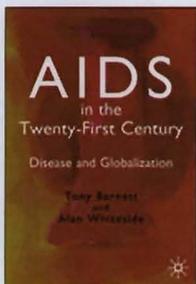


**HIV & AIDS IN AFRICA: BEYOND
EPIDEMIOLOGY,**

by Ezekiel Kalipeni et al, eds.
Blackwell Publishers, 2003.

This book recognizes 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.

International contributors from across the social sciences further our understanding of AIDS by looking at the epidemic from angles often inadequately explored. Ultimately, the underlying message of every contributor to this book is that AIDS is not going to diminish in Africa until social, gender, and economic inequities are addressed in meaningful ways.

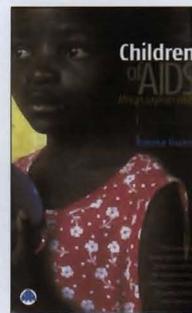


**AIDS IN THE TWENTY-FIRST
CENTURY: DISEASE AND
GLOBALIZATION,**

by Tony Barnett and Alan Whiteside.
Palgrave Macmillan, 2003.

Barnett and Whiteside—experts in the field for over 15 years—argue that it is vital to not only look at AIDS in terms of prevention and treatment,

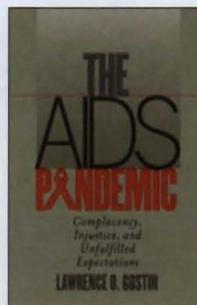
but to also consider consequences which affect households, communities, companies, governments, and countries. This clearly written and informative book is a major contribution toward understanding the global public health crisis, as well as the relationship between poverty, inequality, and infectious diseases.



**CHILDREN OF AIDS: AFRICA'S
ORPHAN CRISIS,**

by Emma Guest. Pluto Press, 2003
(second edition).

This new, fully updated edition of Emma Guest's acclaimed book explores how the AIDS crisis has devastated the world's poorest continent, and shows how families, charities and governments are responding to the next wave of the crisis—millions of orphans. Based on extensive interviews, Guest lets people tell their own stories. The result is a moving and disturbing account of the experiences of orphans, street children, grandparents, aunts, foster parents, charity and social workers and foreign donors across South Africa, Zambia and Uganda.



**THE AIDS PANDEMIC:
COMPLACENCY, INJUSTICE, AND
UNFULFILLED EXPECTATIONS,**

by Lawrence O. Gostin, Michael Kirby,
and Larry Gostin. University of North
Carolina Press, 2004.

In this collection of essays, Lawrence O. Gostin, an internationally recognized scholar of AIDS law and policy, confronts the most pressing and controversial issues surrounding AIDS in America and around the world. He shows how HIV/AIDS affects the entire population—infected and uninfected—by influencing our social norms, economy, and country's role as a world leader. The book argues that AIDS, both in the United States and globally, deeply affects poor and marginalized populations, and many U.S. policies are based on conservative moral values rather than public health and social justice concerns.

CALENDAR

JUNE 2004

- 25-27 United Nations Special Session on HIV/AIDS
New York
www.unaids.org
- 27-30 Pan-African Youth Leadership Summit
Dakar, Senegal
www.africa2015.org/youthsummit.html

JULY 2004

- 5-12 International Youth Parliament
Sidney, Australia
www.iyp.oxfam.org
- 11-16 XV International Aids Conference
Bangkok, Thailand
www.ias.se/aids2004
- 19-21 Traditional Healing & HIV/AIDS
Dakar, Senegal
<http://africa-first.com/4thictm.asp>
- 27-28 Second Annual National Summit on Municipal Governance
Ottawa, Canada
www.strategyinstitute.com/072704_nat_mungov/dsp_nat_mungov.php

AUGUST 2004

- 8/30-9/1 AIDS Vaccine 2004 International Conference
Lausanne, Switzerland
www.aidsvaccine04.org
- 8/30-9/3 International Meeting for the 10-year Review of the Barbados Program of Action for the Small Island Developing States
Port Louis, Mauritius
www.un.org/events/index.html

SEPTEMBER 2004

- 22-29 Forum Barcelona 2004. Dialogue: Contributing to the Global Agenda
Barcelona, Spain
www.barcelona2004.org/eng/eventos/dialogos/ficha.cfm?IdEvento=183

OCTOBER 2004

- 4-5 Annual Meetings of the International Monetary Fund and the World Bank Group
Washington, DC

DEVELOPMENT Outreach Subscription Order Form

SUBSCRIBERS FROM DEVELOPING COUNTRIES WILL CONTINUE TO RECEIVE THE MAGAZINE FREE OF CHARGE.

SUBSCRIPTION FEE APPLIES TO READERS IN THE FOLLOWING DEVELOPED COUNTRIES:

Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Kuwait, Luxembourg, Monaco, Netherlands, New Zealand, Norway, Oman, Portugal, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom, United States, and Vatican City.

Please print or type all information

YES, sign me up for *Development Outreach* for 2004 for just \$18 (three issues per calendar year, January-December)

NAME _____
TITLE _____
ORGANIZATION _____
ADDRESS _____
CITY AND STATE OR PROVINCE _____
COUNTRY _____
ZIP / POSTAL CODE _____
PHONE _____
FAX _____
E-MAIL _____

Please do not send cash. Make checks payable to Development OUTREACH/WBI.

Check no. _____ in the amount of \$ _____ is enclosed.

Mail order to:

Editor, Development OUTREACH
The World Bank
1818 H Street, NW, Room J2-200
Washington, DC 20433 USA



Judicial Reform for Improving Governance in Latin America and the Caribbean

How to improve governance via the justice sector?



Following the Videoconference course, the second phase of the program will be hosted at an

International Conference in Madrid July 7 - 9, 2004

Tribunal Supremo del Consejo General del Poder Judicial
C/ Marqués de la Ensenada, 8, próximo a la Plaza de Colón
Madrid, España

For registration and further information, please contact:

Maria Gonzalez de Asis, <mgonzalezasis@worldbank.org>

Daniel de la Morena, <dde lamorena@worldbank.org>

http://www.worldbank.org/wbi/governance/jr_lac/



Joint World Bank Institute/Private Sector Development Investment Climate Program

The World Bank's overall development strategy emphasizes two pillars for long-term growth and poverty reduction: improving the investment climate and empowering and investing in people. Investment climate has been identified as one of the seven corporate priorities at the 2003 Implementation Forum. The **Joint WBI/PSD Capacity Building Program in Investment Climate** was started this year and is designed to support the implementation of this corporate priority.

The program's objectives are:

- To familiarize clients with the importance of investment climate to growth and poverty reduction.
- To promote new thinking, share knowledge and disseminate best practices on how to incorporate investment climate issues in policy formulation.
- To enhance clients' capacity in assessing and improving investment climate.
- To train local trainers and researchers to build capacity for policy research and training in investment climate.

The target audience for the program includes: policy makers, practitioners and stakeholders in client countries, trainers and local partners, representatives from the international donor community, and Bank staff.

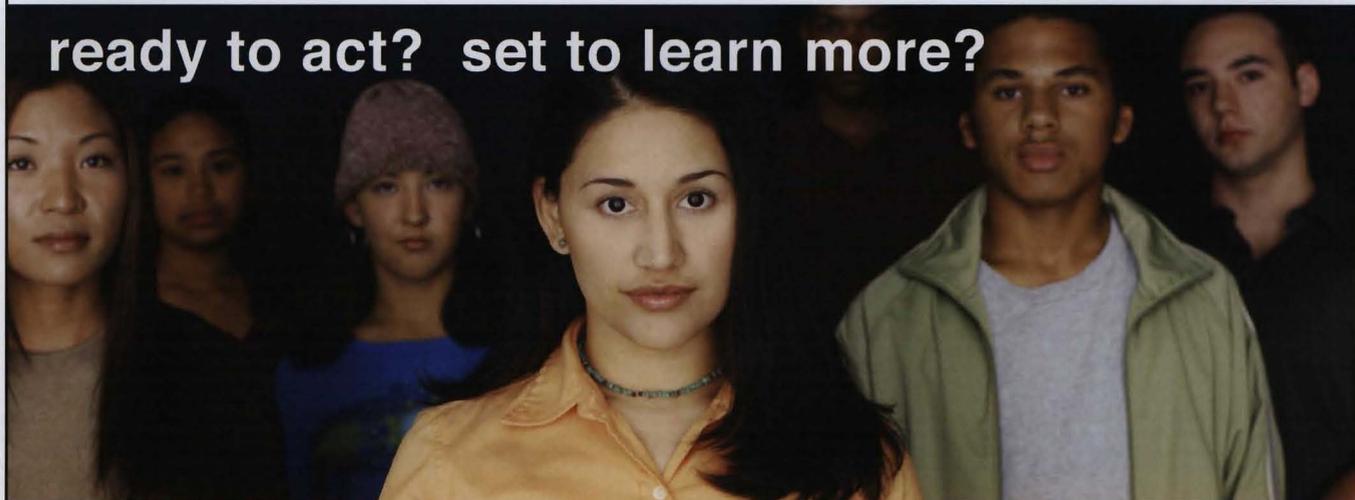
For more information, please email icprogram@worldbank.org.

www.investmentclimate.org

youthink!

actions = results

ready to act? set to learn more?



youthink.worldbank.org

The KULT Program Partners Consortium is pleased to offer:

**Capacity Enhancement Opportunities for
Education Business Entrepreneurs,
Training Executives/Managers and
Professional Trainers &
Learning Technology Specialists**



**HOW TO SURVIVE IN
A GLOBAL TRAINING MARKET
and
AVOID BECOMING A DINOSAUR?

INCREASE THE COMPETITIVE EDGE
and
ENSURE YOUR INSTITUTION'S
FINANCIAL HEALTH**

For more information on the Workshop
and/or to obtain the Application Forms,
please contact:

Mr. Eric Wibisono, Sec. Gen., KULT Consortium
Fax: (62-31) 298-1301
E-mail: SecGen@kult-educ.org

The Knowledge Utilization through Learning Technologies (KULT) Program was originally founded by World Bank Institute (WBI)/The World Bank. It has been transferred to, and is now managed by, the **KULT Program Partners Consortium** consisting of the Asian Institute of Management, Universiti Sains Malaysia, University of Surabaya, American University in Cairo, and SPAAC/Human Empowerment Center of Egypt. These partner institutions will continue to offer KULT Program's international workshops, in collaboration with the International Society for Improving Training Quality (isitQ), --a professional and virtual network of KULT Program alumni.

The following international workshops are offered:

3rd International Workshop on: "Enhancing Training Quality through Quality Customer Service (QCS-3): Caring for Clients Before, During and After Training"

Organized by: University of Surabaya
Bali, Indonesia: August 25-31, 2004
Website: www.kult-educ.org/wksp/qcs-3

7th International Workshop on: "Strategic Management and Marketing of Training (SMMT-7): Ensuring Sustainability and Financial Health of Training Institutions"

Organized by: Asian Institute of Management (AIM)
Manila, the Philippines: September 13-22, 2004
Website: www.kult-educ.org/wksp/smmt-7

6th Trainers' Workshop on: "Improving Training Quality (ITQ-6) through Interactive Learning Technologies and Distance Mentoring"

A 5-phase learning activities, combining face-to-face/group training with online/Internet-based learning as well as distance mentoring/coaching spread over 10-month period.

Organized by: Universiti Sains Malaysia (USM)
Penang, Malaysia: October 4-16, 2004 (1st face-to-face/group training)
Surabaya, Indonesia: April 19-23, 2005 (2nd face-to-face/group training)
Website: www.kult-educ.org/wksp/itq-6

4th International Workshop on: "Innovative Marketing Communication (IMC-3): Promoting and Selling Training in a Competitive Global Market"

Organized by: American University in Cairo (AUC) & SPAAC/Human Empowerment Center
Cairo, Egypt: February 5-11, 2005
Website: www.kult-educ.org/wksp/imc-4

KULT Program Partners Consortium:



University of Surabaya



UNIVERSITI SAINS MALAYSIA



AIM



American
University in
Cairo



Human
Empowerment
Center